



Offsite Animal Care and Use Protocol

(กรอกข้อมูลเป็นภาษาไทย หรือ ภาษาอังกฤษ)

Protocol number		This section will be filled by the BUU-IACUC
Date of submission (dd/mm/yyyy)		
Date of approval (dd/mm/yyyy)		

1. Protocol title:

(Thai)

(English)

2. Principal investigator of the submitted protocol: *For a student thesis, the principal investigator is the principal adviser and the student is a co-investigator.*

Name Affiliation

Phone..... E-mail.....

Animal use license no Expired date

3. Co-Investigators:

3.1 Name..... Affiliation

Phone..... E-mail.....

Animal use license no Expired date

3.2 Name..... Affiliation

Phone..... E-mail.....

Animal use license no Expired date

3.3 Name..... Affiliation

Phone..... E-mail.....

Animal use license no Expired date

4. Name of inter-institute providing IACUC review

.....

5. Contact person in inter-institute

Name Affiliation

Phone..... E-mail.....

6. Type of animal protocol:

- ☐ Research: in the field of
- ☐ Testing/Monitoring, specify
- ☐ Teaching: course title/ level
- ☐ Biological production, specify
- ☐ Animal breeding, specify
- ☐ Other, specify

7. Anticipated protocol period: From to**8. Grant proposal:** Please select **ONE** of the following options

- ☐ To be submitted; from
Amount requested
Funding period fromto
- ☐ Has been submitted; from
Amount requested
Funding period fromto
- ☐ Received from.....
Amount requested
Funding period from to
- ☐ Other

Brapha University remains responsible for ensuring compliance with the IACUC's determinations and with the Terms of its ANIMALS FOR SCIENTIFIC PURPOSES ACT, B.E. 2558 (A.D. 2015) and Ethical Principles and Guidelines for the Use of Animals.

Approval:**BUU-IACUC review:**☐ Approved☐ Disapproved_____
(Chair, BUU-IACUC)_____
(Date)

Burapha University
Offsite Protocol Format
for Permission of Animal Care and Use

1. Protocol title:

(Thai)
 (English)

2. Non-technical summary

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3. Objective(s): Provide goal/specific aim of this project.

.....

4. Description of animals:

Common name	Genus and Species	Strain/Stock

5. The animals will be housed at:

.....

6. Any additional informations (describe):

.....

Your signature(s) as Principal investigator (PI) and Co-investigator(s) on this application verify that the information herein is true and correct and that you are familiar with and will comply with the standard of animal care and use established under the ethical guidelines and policies of Burapha University (BUU) and Office of the National Research Council of Thailand (NRCT).

Principal investigator: Name

(Signature)

(Date)

Co-investigator: Name

(Signature)

(Date)

Co-investigator: Name

(Signature)

(Date)

Note: Once this offsite protocol has been approved by inter-institute IACUC review, please send a copy of IACUC approval document to BUU-IACUC