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Inter-institutional Agreement for Care and Use of Vertebrate Animals

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University of Maine

Inter-institutional Agreement for Care and Use of Vertebrate Animals

Collaborations among institutions can bring greater expertise and resources to address vertebrate research, teaching or outreach objectives. However, such collaborations can result in uncertainty about which individuals and institutions are responsible for oversight and activities pertaining to the humane care, use and final disposition of vertebrate study subjects. Inter-institutional Agreements are intended to assure that collaborative activities using vertebrate animals receive appropriate Institutional Animal Care and Use Committee (IACUC) review, that all parties involved are aware of their respective roles in providing for humane care and use of study subjects, and that a communication system is in place to meet federally required compliance and reporting requirements (e.g., facility inspections, biannual review of protocols, protocol modifications).

Please note that federal and institutional animal care policies can vary with respect to the nature of the collaborating institutions, funding sources, study organism(s) and animal use contexts. Hence, this agreement is subject to review and approval by the University of Maine's IACUC, the University of Maine's Institutional Official, and a designated official from the collaborating institution. An agreement does not go into effect until a mutually agreed upon version of this document is signed by all parties and the designated IACUC committee(s) approves the associated protocol(s).

("CLICK" IN GRAY BOXES TO ADD TEXT)

SECTION 1: INSTITUTIONAL ANIMAL CARE STATUS

University of Maine (UM):
Name of UM Primary Investigator seeking collaboration:
University of Maine USDA Registration #: 11-R-0006
University of Maine Institutional Animal Welfare Assurance (AWA) #: A3754-01

Collaborating Institution:
Name of Collaborating Institution:
Name of Primary Contact/Collaborator at Institution:
Collaborating Institution USDA Registration # (if applicable):
Collaborating Institution Animal Welfare Assurance (AWA) # (if applicable):
AAALAC Accreditation Status (if applicable):

SECTION 2: IACUC PROTOCOLS AND PERSONNEL

University of Maine (UM) Protocol Information (if any designated activities will be conducted under a UM protocol)	
Title of Project (grant/contract title):	
Principal Investigator on Protocol	
Sponsor or Funding Agency, if any:	
Sponsor's Award Number, if any:	
IACUC Protocol Title:	
IACUC Protocol Approval #:	
IACUC Approval Date:	

Are the collaborating institution's representatives seeking to conduct animal care activities and compliance under this University of Maine protocol? Yes* No

**If 'Yes', names of collaborating personnel must be included in or appended to the UM IACUC protocol. Collaborating personnel may be required to complete UM or equivalent animal care training. This protocol will be provided to the collaborating institution.*

Collaborating Institution Protocol Information (if any designated activities conducted under collaborator's protocol)	
Title of Project (grant/contract title):	
Principal Investigator on Protocol:	
Sponsor or Funding Agency, if any:	
Sponsor's Award Number, if any:	
Collaborator's IACUC Protocol Title:	
Collaborator's IACUC Protocol Approval #:	
Collaborator's IACUC Approval Date:	

Are University of Maine representatives seeking to conduct animal care activities and compliance under this protocol from the collaborating institution? Yes* No

**If "Yes," append the collaborating institution's protocol to this form and provide the names and contact information below for all UM personnel to be covered under the collaborator's protocol.*

UMaine Personnel to be covered (Note: These individuals still require UM Animal Care Training):

SECTION 3: DELINEATION OF ANIMAL CARE RESPONSIBILITIES

Although attention to humane care and use of vertebrate animals is the responsibility of all parties, it is important that each party is aware of their primary responsibilities and authority for major elements of animal care and compliance. Please designate the primary party responsible for the following major care responsibilities (assigning specific procedures is optional).

Animal Care Responsibilities	Responsible Party
Ownership and decisions on final disposition of animals is the responsibility of:	<input type="checkbox"/> UMaine <input type="checkbox"/> Collaborator* <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other:
Purchasing/Acquisition/Collection of animals is the responsibility of: <i>(includes state, federal or other permitting)</i>	<input type="checkbox"/> UMaine <input type="checkbox"/> Collaborator* <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other:
Payment for animal care and procedures is the responsibility of:	<input type="checkbox"/> UMaine <input type="checkbox"/> Collaborator* <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other:
Housing of animals is the responsibility of: <i>(includes facility inspection, accreditation, disaster planning)</i>	<input type="checkbox"/> UMaine <input type="checkbox"/> Collaborator* <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other:
Daily husbandry and veterinary care are the responsibility of:	<input type="checkbox"/> UMaine <input type="checkbox"/> Collaborator* <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other:
Emergency veterinary care and guidelines for unplanned euthanasia are responsibility of:	<input type="checkbox"/> UMaine <input type="checkbox"/> Collaborator* <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other:
Specific Procedures: <i>(optional – list procedures below)</i>	<input type="checkbox"/> UMaine <input type="checkbox"/> Collaborator* <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other:
Specific Procedures: <i>(optional – list procedures below)</i>	<input type="checkbox"/> UMaine <input type="checkbox"/> Collaborator* <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other:

* 'UMaine' and 'Collaborator' refers to the institutions and associated personnel listed in section 1 and 2 above.

Note: Checking 'Other' requires identification of a third party and may entail further inter-institutional agreements.

SECTION 4: CONDITIONS OF COLLABORATION

The *University of Maine* requests that the collaborating institution provide, as applicable:

- Documentation of IACUC approval, protocol modifications and annual reviews of the protocols where University of Maine representatives are covered under the collaborating institution's IACUC protocol.
- Notification of review and reporting of any incidents of non-compliance with PHS Policy, the *Guide for the Care and Use of Laboratory Animals*, or any suspension of this activity by the IACUC
- Additionally, the University of Maine requests that the collaborating institution provide notification of any changes in PHS Assurance status or AAALAC International Accreditation status for facilities in use by this collaborative research.

Where *University of Maine* representatives conduct work under the animal care protocol of the collaborating institution, the *University of Maine* remains responsible for ensuring compliance with the collaborating IACUC's determinations and with the terms of its OLAW-approved Animal Welfare Assurance. Likewise, where collaborators conduct work under a *University of Maine* animal care protocol, the collaborating institution remains responsible for ensuring compliance with the *University of Maine's* IACUC determinations and with the terms of the *University of Maine's* OLAW-approved Animal Welfare Assurance. This document must be kept on file by both parties and provided to OLAW upon request. Completion of this document provides assurance that the review performed by an Institution's IACUC meets animal welfare requirements prescribed in the institution's OLAW-approved Animal Welfare Assurance.

ADDITIONAL CONDITIONS OF COLLABORATION, IF APPLICABLE:

- The institutions agree to comply with all applicable provisions of the Animal Welfare Act and other applicable Federal statutes and regulations relating to animals.
- As applicable, the institutions agree to be guided by the U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training and comply with the PHS Policy on Humane Care and Use of Laboratory Animals (Policy)
- The institutions acknowledge and accept responsibility for the care and use of animals involved in activities covered by this Agreement. As partial fulfillment of this responsibility, the institutions will make a reasonable effort to ensure that all individuals involved in the care and use of laboratory animals understand their individual and collective responsibilities for compliance with this Agreement, as well as all other applicable laws and regulations pertaining to animal care and use.

ADDITIONAL CONDITIONS OF COLLABORATION, IF ANY (describe below):

SECTION 5: REVIEW AND INSTITUTIONAL APPROVALS

Name and Signature of *University of Maine Investigator* requesting this collaboration:

(Type Name)

Signature

Date

Submit this form to:

University of Maine Institutional Animal Care and Use Committee
umric@maine.edu

FOR ADMINISTRATIVE USE ONLY

Reviewed and Accepted on behalf of the *University of Maine IACUC*: _____

Date

In signing this document, the institutional officials listed below signify that the institutional animal care status information (section 1) is accurate to their best knowledge, recognize which institutional IACUC is responsible for protocol review, approval and amendment (section 2), acknowledge the respective roles of each institution in meeting animal care responsibilities (section 3), and enter into this collaboration under the conditions specified above (section 4).

Name and Signature of Institutional Official (or Designee) for *University of Maine*:

Signature: _____

Date: _____

Amanda Ashe
Director of Research Compliance
University of Maine

Name and Signature of Institutional Official for *Collaborating Institution*:

Signature: _____

Date: _____

(Type or Print Name)

(Type or Print Title)