

REQUEST TO USE EXPIRED MEDICAL MATERIALS OR DEVICES IN ACUTE TERMINAL PROCEDURES IN ANIMALS USED IN RESEARCH OR INSTRUCTION

Principal Investigator:	Campus Phone:
Email Address:	Fax Number:
Department:	Campus Box Number:
Study Title:	Current IACUC Approval #:
	IACUC Approval Expiration Date:
IMPORTANT NOTES:	
<p>a) Once approved, a signed copy of this form must be kept on file in the protocol Logbook with your protocol. b) All authorized personnel must be informed of this request and trained in the proper procedures for using the expired materials or devices approved in the list below. c) A separate request must be filled out for each protocol. d) Approval is considered valid until the next full committee application and must be renewed at that time.</p>	
1. Provide a justification for the use of the expired medical materials or medical devices in your study in the space below.	
2. Identify the room and describe the exact location where you will store the expired items. NOTE: Items must be kept in a segregated area (a closet, a cabinet, a shelf) and that area must be <u>clearly labeled</u> with a red label available through LARC that reads "Expired Medical Materials: For Use in Acute Procedures Only."	
3. Identify the individual who will be responsible for making sure that all expired items are segregated and clearly labeled, as described below, and that only those items on the list below are used.	
4. List and describe expired medical materials and/or expired medical materials to be used	Describe intended use of each item.
NOTE: All expired medical materials or devices must clearly display a red label available through LARC that reads "Expired medical Materials: For Use in Acute Procedures Only."	
5. Describe how proper sterility will be assured. (See guidelines on IACUC website for information about sterility.)	

Signature of Principal Investigator _____

_____ Date

Signature of IACUC Representative _____

_____ Date