***Office use only***

***Receive Date:***

***Application No:***

***Meeting Date:***



**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

**DEPARTMENT OF VETERINARY SERVICES (IACUC-DVS)**

**Check list for ApplicantS**

* Please check [√] and enclose the following documents as itemised below.
* Once completed, please email the application form (IACUC-DVS 01 / 02) with the following documents to [**huda@dvs.gov.my**](mailto:huda@dvs.gov.my).

|  |  |  |  |
| --- | --- | --- | --- |
| **Documents** | | **Applicant** | **IACUC-DVS**  **Secretariat**  **(for office use only)** |
|  | IACUC-DVS 01 /02 Form |  |  |
|  | Brief research proposal\* |  |  |
|  | Client consent form - if applicable |  |  |
|  | One or two pertinent research paper(s) related to the proposed animal study\* |  |  |
|  | Supporting document(s)  e.g. pictures of animal facility, curriculum vitae/training experience of all personnel involved in animal handling, annual practice certificate of attending veterinarian, animal monitoring sheet, grant offer letter, permit etc. |  |  |
| Signature:  Name:  Date: | | |  |

\*Documents needed only for IACUC-DVS 01 (Research) application.