FACULTY OUTPROCESSING CHECKLIST

DIVISION OF COMPARATIVE MEDICINE

Submit to the Division of Comparative Medicine at:

CompMed@usf.edu or MDC 20, or fax 974-9432

**In accordance with IACUC Principles and Procedures V.10,** *“Prior to departure of employment, faculty must complete this out-processing checklist with the Assistant Director, which delineates the affected IACUC protocols, describes the final disposition of animals, the disposition of any PI-owned equipment and supplies, ensures that all costs will be covered, and ensures that access to animal facilities has been withdrawn.”*

**PI name & contact information**:

**Forwarding address/new contact information**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Anticipated departure date**:

1) List all applicable **IACUC protocol numbers**:

2) Are there any **animals** remaining in animal facilities?

**□** No **□** Yes If yes, identify facility:

 **□** ALZ **□** BPB **□** CAMLS **□** CPH **□** IDRB **□** ISA **□** MDC **□** MDD **□** PCD □ SRB

If yes, identify a plan for final disposition of the animals:

 □ Animals will be shipped prior to departure

 (assist with request to ship research animal forms)

 □ Animals will be euthanatized prior to departure

 (notify facility manager)

 □ Animals will be transferred to another PI with a current IACUC protocol

 (assist with reassignment of research animal forms)

 □ Study is going to be continued under another investigator

 (change in PI requires submission of a procedural change to your IACUC application)

 □ Animals will be shipped following departure

 (assist with request to ship research animal forms and identify any associated costs)

1. Are there any PI-owned **equipment and/or supplies** remaining in an animal facility?

 **□** No **□** Yes If yes, identify facility:

 **□** ALZ **□** BPB **□** CAMLS **□** CPH **□** IDRB **□** ISA **□** MDC **□** MDD **□** PCD □ SRB

 If yes, describe disposition:

1. Have **controlled substances** been issued to the PI? (Confirm with Facility Manager)

□ No □ Yes If yes, identify the controlled substances to be returned:

5) Are all **payments** current regarding direct charges from Comparative Medicine? (Confirm with accountants)

 **□** Yes **□** No If no, discuss payment with accountants

6) What arrangements have been made for costs incurred after departure?

**Billing information**: contact:

 Research account number:

1. **Withdraw access** from animal facility,

 (turn in any keys and/or dedicated access cards; request removal from a system, contact CSS).