Comparative Medicine
University of South Florida

Photography Permission

I, ______________________________ (name), from ______________________________ (company or university) request permission to photograph research or teaching animals and/or within the animal facilities/laboratories.

- Photographs of animals, gross anatomical tissues, personnel, or facilities can be used only for technical training, diagnostic, research, teaching, or publication purposes.

- Photographs involving animals, animal procedures, gross anatomical tissues, or animal facilities or personnel must incorporate humane animal practices, and appropriate occupational safety practices, including precautions to prevent zoonotic disease exposure (e.g., the use of gloves, clean lab coat, mask, eye protection) when warranted.

- A copy of this consent will be with the individual while taking any photographs or videos of research or teaching animals and/or within the animal facilities/laboratories.

- No person other than the above named individual will be permitted to take photographs or videos without a separate consent.

By signing below, I agree that I have read, understand, and will abide by the requirements pertaining to photography of a research or teaching animal and/or within the animal facilities/laboratories. No photographs will be taken before this consent is signed by Comparative Medicine and/or the public relations officers or administrators of University affiliate hospitals or hosting sites, as appropriate, granting permission for such photography. If animals will be photographed, approval is also required from the Principle Investigator of the protocol under which the research animals are held.

______________________________ ____________________________  _______________
Signature of Photographer              Print Name                      Date

______________________________ ____________________________  _______________
Signature of Comparative Medicine                       Print Name                      Date

______________________________ ____________________________  _______________
Host Site public relations official, or administrator           Print Name      Date

______________________________ ____________________________  _______________
Signature of Principle Investigator                                      Print Name                      Date

Signed form must be held by the individual while taking photographs.