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| **To ensure that there are no unnecessary delays in the processing and review of your submission, please make sure that you read all instructions throughout the form carefully before submitting your request.**   1. This separate Section I Form is to be used to request water or diet/prey samples and/or **ARCHIVED MATERIALS**, including but not limited to **data/media** (e.g., animal records, photos, videos) and **samples** (e.g., water, environmental, biological). Requests for the collection of new data/media and/or samples requires the completion of the GAI IACUC Application Package. 2. All necessary documents must be submitted to [iacuc@georgiaaquarium.org](mailto:iacuc@georgiaaquarium.org) as **Word** documents once completed. Hard copies, PDFs, scanned hard copies, and faxed copies of applications will not be accepted. |

**SECTION I. SPECIMEN OR DATA REQUEST**

**I1. PERSONNEL INFORMATION\***

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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Protocol Title: |  | | | | | | | | | |  | | | | | | | | | | | Principal Investigator: | | |  | Institution/Department: | | | |  | | |  | | | | | | | | | | | Office Phone: |  | | | | Cell Phone: |  | | | | |  | | | | | | | | | | | E-mail Address: | |  | | | | | Funding Source: | | Choose an item. | |  | | | | | | | | | | |

**I2. SPECIMEN REQUESTED\***

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Water sample | | | Animal records (specify): | | | |  | | |  | |  | | Diet/prey sample | | | morphometrics | | medical | |  | | |  | |  | | Photo/Video (archived) | | | feeding | | behavioral | |  | | |  | |  | | Other - Not Listed, explain: | | | water chemistry / environmental / LSS | | other, explain: | |  | |  |  | |  | | |  | |  | |  | | Archived tissue (specify): | | | |  | |  | | plasma | | necropsy | |  | |  | | serum | | muscle | |  | |  | | other, explain: | | | |  | | | | | | |  | | | |  | | |  | | | |  | | | Describe the sample request in detail, including target species, sample volumes, preservation methods, storage and shipping requirements: | | | | | | |  | | | |  | | |  |  | | | | | |  | | | |  | | |

**I3. SCIENTIFIC OBJECTIVES\***

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| |  |  |  | | --- | --- | --- | | Please briefly describe the project scope and main objectives and how this request will achieve these objectives: | | | |  | |  | |  |  | | |  | |  | |

**I4. TIMEFRAME AND DURATION OF PROJECT\***

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**I5. PROCEDURE/SPECIMEN NEEDS**

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| This section is for requests for water and/or diet/prey samples only. |

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**I6. SHIPPING AND PERMITS\***

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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | If samples are to be shipped, please provide shipping details, preferred carrier, and account numbers.  Shipping is not required.  Yes, shipping is required: | | | | | | | | | | |  | | | | |  | | | | | |  | Shipping details (name of recipient, address, email, phone number): | | | | | | | | |  |  | | | | | | | | |  | | | Carrier: |  | | Account #: |  | |  | | | | |  | | | | Do the requested samples require a permit for transfer:  No.  Yes, please explain and provide copies of applicable permits or authorizations (e.g., NMFS, USFWS, CITES): | | | | | | | | |  | | | | | | | | |  | |  | | | | | | |  | | | | |  | | | |

**I7. DATA END USE\***

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| |  |  |  | | --- | --- | --- | | Will this data be used for scientific publication, conference presentation, or other publishing?  No  Yes, please explain: | | | |  | |  | |  |  | | |  | |  | | How will Georgia Aquarium be represented: | | | | Acknowledgement  Co-authorship | | Both  Neither | |  | |  | |

**I8. TERMS AND CONDITIONS**

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| Georgia Aquarium Inc. hereby releases, acquits and forever discharges [**RECIPIENT**], its parent company, and the parent, related, affiliated and subsidiary companies of each, and the directors, officers, employees, agents and assigns of each (collectively, “Releasees”) of and from any and all rights, claims, demands, liabilities, judgments, suits, expenses, actions, causes of action, damages, costs, losses, compensation, contracts, agreements and debts (including, without limitation, attorneys’ and consultants’ fees and costs) (collectively, “Claims”), which Georgia Aquarium Inc. may now have or may hereafter have against the Releasees arising out of or related to the Materials.  [**RECIPIENT**] hereby releases, acquits and forever discharges Georgia Aquarium Inc., its parent company, and the parent, related, affiliated and subsidiary companies of each, and the directors, officers, employees, agents and assigns of each (collectively, “GAI Releasees”) of and from any and all rights, claims, demands, liabilities, judgments, suits, expenses, actions, causes of action, damages, costs, losses, compensation, contracts, agreements and debts (including, without limitation, attorneys’ and consultants’ fees and costs) (collectively, “Claims”), which [**RECIPIENT**] may now have or may hereafter have against GAI Releasees arising out of or related to the use of the Materials by [**RECIPIENT**]. |

**I9. SUPPLEMENTAL APPROVALS\***

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| All Principal Investigators must collaborate with Georgia Aquarium’s compliance, research, and/or veterinary departments prior to submitting a Section I application to the IACUC. This collaboration can be established by e-mailing the Research and Conservation Department at ([gairesearch@georgiaaquarium.org](mailto:gairesearch@georgiaaquarium.org)). Applications that do not have the appropriate code(s) will be immediately sent back to you.  **Approval Types:**   * Research & Conservation Director: All submissions to the IACUC must have an approval code from this director. * Compliance Officer: Any submission that includes a request for animal records. * Animal Health Veterinarian or Manager: Any submission that includes a request for archived samples from animals being housed and/or owned by Georgia Aquarium. |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 1. Research & Conservation Director: | |  | | | | |  | |  | | | | | 1. Compliance Officer: | |  | | | | |  | |  | | | | | 1. Animal Health Veterinarian or Manager: | |  | | | | |  | |  | | | | | All principal investigators that are employees of Georgia Aquarium must also have their supervisor’s approval to conduct research at Georgia Aquarium, at partner facilities, or in the field. By providing the information of your supervisor below, you are certifying that you have obtained such approval to submit this research request: | | | | | | | | | Name: |  | | Title: | |  | | |  | | | |  | | | | | I am not an employee of Georgia Aquarium. | | | | | | | | |  | | | |  | | | | |

**I10. AGREEMENT TO TERMS AND CONDITIONS\***

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| **Information Release\*:** Georgia Aquarium’s IACUC has a legal responsibility to protect all information related to trade secrets and proprietary information and to not release such information unless it has met the criteria outlined in the IACUC’s policies. However, in working with Georgia Aquarium, all non-exempted information related to this research may be openly shared with internal personnel, the scientific community, and/or the public at any time. Projects that do not allow information sharing will not be approved by the IACUC. I understand, and agree, that Georgia Aquarium may share information about this research project.  **Standard Approval Conditions\*:** I have reviewed and will abide by the IACUC’s Research Approval Standard Conditions and Research Policy and understand that any work performed without IACUC approval may result in federally required reporting of non-compliance.  **Submission Review Availability\*:** I will make myself available during the scheduled review meeting of this submission, in case the IACUC needs to ask additional questions. If I am not available, I understand that the review of my project may be delayed pending the return of requested information and/or materials to the IACUC. |

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| I have carefully reviewed, understand and agree to all the above agreement clauses (required for a submission) for: |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Project Title: |  | | | | |  | | | |  | | Ideal Project Start Date (Not Guaranteed): | | |  | | |  | | | |  | | Principal Investigator Signature:  To insert your signature, hover over and click on the photo icon to the right and select a saved photo of your signature. | | **A white square with a blue border  Description automatically generated** | | | |  | | | |  | |

**I11. SPONSOR**

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| This section is required if the applicant is not a university faculty member, research scientist, or health professional. |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name: |  | Date: |  | | | |  | | | | | Title: |  | Sponsor Signature:  To insert your signature, hover over and click on the photo icon below and select a saved photo of your signature. | | | |  | | | | | | | Affiliation: |  | **A white square with a blue border  Description automatically generated** | | | | |  |  | |  | | | | | | |