POLICY COVER SHEET

(See Faculty Staff Handbook 1460 for instructions at UI policy website: www.webs.uidaho.edu/uipolicy)

[3/09]

Faculty/Staff Handbook [FSH] □ Addition □ Revision* □ Deletion* □ Emergency
Minor Amendment □

Chapter & Title: ____________________________________________________________

Minor Amendment □

Chapter & Title: APM 45.01 -- Animal Care and Use

All policies must be reviewed, approved and returned by a policy sponsor, with a cover sheet attached to apm@uidaho.edu or fsh@uidaho.edu respectively.

*Note: If revision/deletion request original document from apm@uidaho.edu or fsh@uidaho.edu, all changes must be made using “track changes.”

Originator(s): Blair M. Ehlert 03/18/2019
(Please see FSH 1460 C)

Name Date
Telephone & Email: 208-885-7258 bmehlert@uidaho.edu

Policy Sponsor: (If different than originator.)
Janet E. Nelson 03/21/2019

Name Date
Telephone & Email: 208-885-6689 vpresearch@uidaho.edu

Reviewed by General Counsel _X_ Yes ___No Name & Date: __Casey Inge 03/06/19___________

I. Policy/Procedure Statement: Briefly explain the purpose/reason of proposed addition, revision, and/or deletion to the Faculty/Staff Handbook or the Administrative Procedures Manual.
Revised APM to coincide with federal regulations.

II. Fiscal Impact: What fiscal impact, if any, will this addition, revision, or deletion have?
N/A

III. Related Policies/Procedures: Describe other policies or procedures existing that are related or similar to this proposed change.
1640.12 INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)

IV. Effective Date: This policy shall be effective on July 1, or January 1, whichever arrives first after final approval (see FSH 1460 D) unless otherwise specified in the policy.

If not a minor amendment forward to: __________________________________________
Track # ____________
Date Rec.: _____________
Posted: t-sheet ________
    h/c __________
    web __________
Register: ________
(Office Use Only)

Policy Coordinator
Appr. & Date: [Office Use Only]

FSH
Appr. ____________
FC ____________
GFM ____________
Pres./Prov. ____________
[Office Use Only]

APM
F&A Appr.: ________
[Office Use Only]

[Office Use Only]