

Investigator Date
 Building/Room Phone e-mail Center No.

SECTION I: Material Submitted Total Number Submitted

#	Antigen(s)/Cell Line(s) Submitted	Origin	Amount of Ascites Requested (ml)
1	<input type="text"/>	<input type="radio"/> DNA Recombinant <input type="radio"/> RNA Recombinant <input type="radio"/> DNA	<input type="text"/>
2	<input type="text"/>	<input type="radio"/> DNA Recombinant <input type="radio"/> RNA Recombinant <input type="radio"/> DNA	<input type="text"/>
3	<input type="text"/>	<input type="radio"/> DNA Recombinant <input type="radio"/> RNA Recombinant <input type="radio"/> DNA	<input type="text"/>
4	<input type="text"/>	<input type="radio"/> DNA Recombinant <input type="radio"/> RNA Recombinant <input type="radio"/> DNA	<input type="text"/>
5	<input type="text"/>	<input type="radio"/> DNA Recombinant <input type="radio"/> RNA Recombinant <input type="radio"/> DNA	<input type="text"/>

Submit separate request(s) for any additional material submitted.

Antibody Purification? Yes No

Study Objectives/Goals for Ascites Work (*in vivo* and/or *in vitro*):

The NCI-Frederick ACUC strongly encourages its investigators to consider utilizing alternative techniques prior to requesting the use of animals for monoclonal antibody production. Please review the information at <http://www.uiowa.edu/~dshbwww/> and <http://altweb.jhsph.edu/topics/mabs/mabs.htm> prior to submitting your request.

Thank you in advance for your consideration.

Investigator Signature Date

Please forward this form to LASP Facility Management Representative in Building 571.

SECTION II: LASP Service Review

Date of Project Discussion

Standard Operating Procedures to Be Utilized	Number of Animals Required	Justification
<input type="checkbox"/> Immunization	<input type="text"/> (10 animals per antigen)	<input type="text"/>
<input type="checkbox"/> Ascites	<input type="text"/> (see justification)	<input type="text"/>

Stock/Strain of Animal to be Used for this Study:

Applicable Testing: MAP Test Attached MAP Test Submitted Human Pathogen Submitted (Antigen Only)

Notes:

LASP Facility Management Representative Date

SECTION III: ACUC Review and Approval

ACUC Proposal Number

ACUC Approval Date

NCI-Frederick ACUC Chairperson Date