

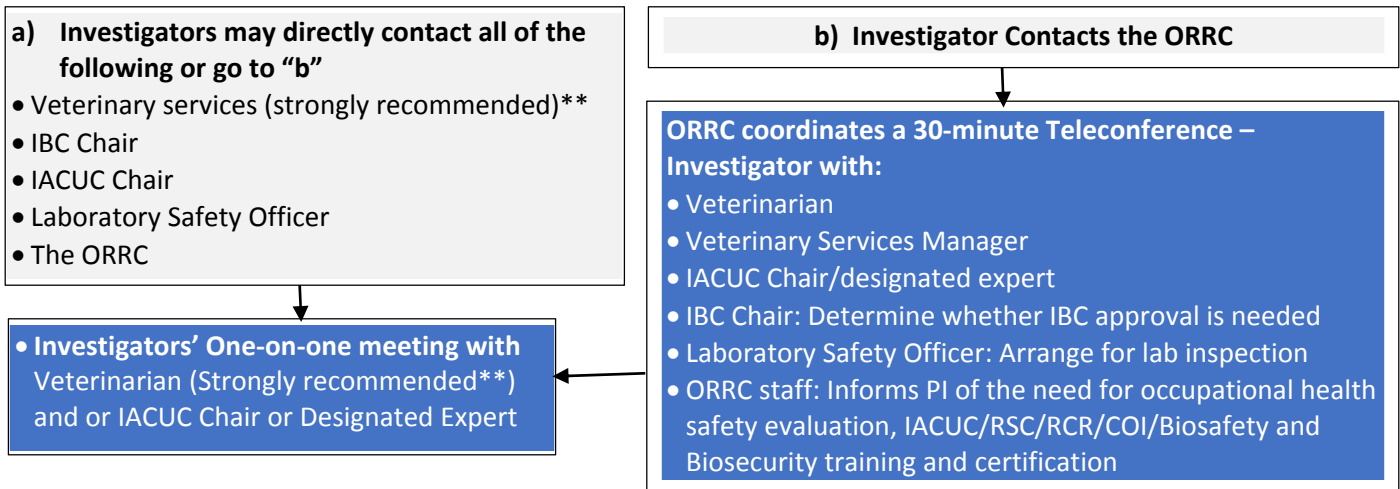
**HOWARD UNIVERSITY**  
**OFFICE of REGULATORY RESEARCH COMPLIANCE (ORRC)**  
**IACUC Protocol Development Process**

- **Pre-application Consultation**
- **Application Pre-review**
- **Initial Application Submission and Review by the IACUC**
  - Prior to the IACUC meeting, we strongly encourage reviewers to engage the investigators, clarify minor issues, and request correction of errors or modifications as appropriate.
  - This communication can be channeled through the ORRC for proper documentation
- **Resubmission:**
  - **Designated Member Review (DMR)**
  - **Full Committee Review (FCR)**
- **Approval Letter from the ORRC**

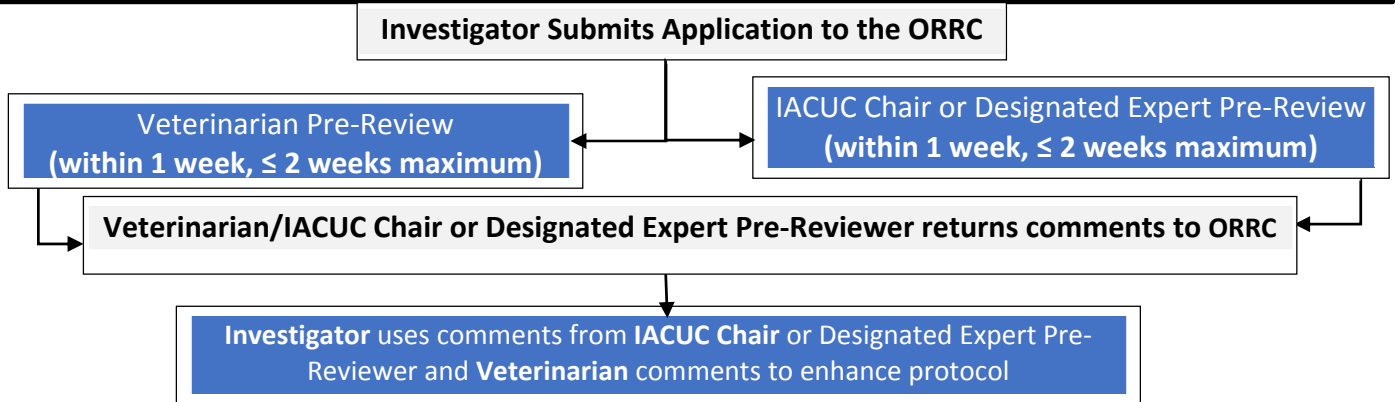
<b>IACUC Pre-Application Checklist to Expedite The Application Process</b>				
<b>Please, respond "YES" or "NO" to the following questions/items</b>			<b>YES</b>	<b>NO</b>
<b>Assess whether your protocol needs Institutional Biosafety Committee (IBC) review and approval. (A "YES" response means that your protocol requires IBC review.)</b>				
1	Are you using body fluid of any kind, tissues, cells or established cell lines?	<input type="checkbox"/>	<input type="checkbox"/>	
2	Are you using viruses, viral vectors or potentially infectious materials?	<input type="checkbox"/>	<input type="checkbox"/>	
3	Does your protocol involve recombinant DNA/RNA?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Does your protocol involve toxins or pathogenic microorganisms?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Does your protocol require a material transfer agreement (MTA)?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Does your protocol require IBC review/approval?	<input type="checkbox"/>	<input type="checkbox"/>	
7	If IBC Review is required, have you submitted the protocol to the IBC?	<input type="checkbox"/>	<input type="checkbox"/>	
8	If your protocol was submitted to IBC, has it received IBC approval?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other Assessments</b>				
9	Have you completed occupation health and safety assessment?	<input type="checkbox"/>	<input type="checkbox"/>	
10	Has your laboratory undergone a laboratory safety inspection (Dr. Nandedkar)?	<input type="checkbox"/>	<input type="checkbox"/>	
11	Do you need a Biological Safety Cabinet (BSC) to carry out your work?	<input type="checkbox"/>	<input type="checkbox"/>	
12	If you respond "YES" to item 11 (need BSC) above, is the BSC currently certified?	<input type="checkbox"/>	<input type="checkbox"/>	
13	Do you need a Chemical Fume Hood (CFH) to carry out your work	<input type="checkbox"/>	<input type="checkbox"/>	
14	If you respond "YES" to item 13 (need CFH), is the CFH currently certified?	<input type="checkbox"/>	<input type="checkbox"/>	
15	Do you need a Radiation Safety Cabinet (RSC) to carry out your work?	<input type="checkbox"/>	<input type="checkbox"/>	
16	If you respond "YES" to item 15 (need RSC), is the RSC currently certified?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Training/Certification</b>				
17	Completed Responsible conduct of research training (RCR)? (Needed)	<input type="checkbox"/>	<input type="checkbox"/>	
18	Completed Institutional Animal Care and Use 101? (Needed)	<input type="checkbox"/>	<input type="checkbox"/>	
19	Completed Conflict of Interest (COI)? (Needed)	<input type="checkbox"/>	<input type="checkbox"/>	
20	Completed Biosafety and Biosecurity (B&B) (if protocol needs IBC-approval)	<input type="checkbox"/>	<input type="checkbox"/>	
21	Completed relevant Veterinary hands-on training (if required)	<input type="checkbox"/>	<input type="checkbox"/>	

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**IACUC Protocol Development Process**

**Pre-Application Consultation (Complete within 1 Week of Initiation)**



**Pre-Review (no more than 1 - 2 weeks)**



**IACUC Review (no more than 6 weeks)**

