

# Interinstitutional Assurance

The Interinstitutional Assurance is used by U.S. institutions that receive Public Health Service (PHS) funds through a grant or contract award when the institution has neither its own animal care and use program, facilities to house animals, nor an Institutional Animal Care and Use Committee (IACUC) and will conduct the animal activity at an Assured institution (named as a performance site).

## I. Awardee Institution

Name of Awardee Institution:
Address: <i>(street address, city, state, zip code)</i>
Project Title: <i>(from grant application/contract proposal)</i>
Grant/Contract Number:
Principal Investigator:

### A. Applicability

This Interinstitutional Assurance between the awardee institution and the Assured institution is applicable to research, research training, and biological testing involving live vertebrate animals supported by the PHS and conducted at the Assured institution.

### B. Awardee and Assured Institutional Responsibilities

- i. The institutions agree to comply with all applicable provisions of the Animal Welfare Act and other Federal statutes and regulations relating to animals.
- ii. The institutions agree to be guided by the [U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training](#) and comply with the PHS Policy on Humane Care and Use of Laboratory Animals ([Policy](#)).
- iii. The institutions acknowledge and accept responsibility for the care and use of animals involved in activities covered by this Assurance. As partial fulfillment of this responsibility, the institutions will make a reasonable effort to ensure that all individuals involved in the care and use of laboratory animals understand their individual and collective responsibilities for compliance with this Assurance, as well as all other applicable laws and regulations pertaining to animal care and use.
- iv. The awardee institution acknowledges and accepts the authority of the IACUC of the Assured institution where the animal activity will be performed and agrees to abide by all conditions and determinations as set forth by that IACUC.

Name of Assured Institution:
Address: <i>(street address, city, state, zip code)</i>

## II. Institutional Endorsement

By signing this document, the authorized official at the awardee institution and the Institutional Official and IACUC Chairperson at the Assured institution (performance site) provide their assurances that the project identified in Part I will be conducted in compliance with the PHS Policy and the Assurance of the Assured institution.

<b>A. Endorsement of Awardee Institution</b>	
Name of Awardee Institution:	
Authorized Official:	
Signature:	Date:
Title:	
Address: <i>(street address, city, state, zip code)</i>	
Phone:	Fax:
E-mail:	
<b>B. Endorsement of Assured Institution</b>	
Name of Assured Institution:	
Institutional Official:	
Signature:	Date:
Title:	
Address: <i>(street address, city, state, zip code)</i>	
Phone:	Fax:
E-mail:	
IACUC Chairperson:	
Signature:	Date:
Title:	
Address: <i>(street address, city, state, zip code)</i>	
Phone:	Fax:
E-mail:	
Date of IACUC Approval: <i>(within 3 years, pending not acceptable)</i>	

**III. PHS Approval** *(to be completed by OLAW)*

Signature of OLAW Official:	Date:
<p>Office of Laboratory Animal Welfare (OLAW)  National Institutes of Health  6705 Rockledge Drive  RKL1, Suite 360, MSC 7982  Bethesda, MD 20892-7982 (express mail zip code 20817)  Phone: (301) 496-7163      Fax: (301) 915-9465</p>	
Grant/Contract #:	Animal Welfare Assurance #:
Effective Date:	Expiration Date: <i>(duration of project, up to 5 years)</i>