

City of Cambridge

Office of the Commissioner of Laboratory Animals
119 Windsor St. Ground Level
Cambridge, Massachusetts 02139
Telephone (617) 665-3800 Fax (617) 665-3888

Application for Laboratory Animal Use Permit

Name of Institution _____

Address _____

Telephone () _____ Fax () _____

Contact Person _____

Telephone () _____ Email _____

Institutional Animal Care and Use (IACUC) Committee Members

1. **Chairperson** _____

Title _____

Telephone () _____ Email _____

2. **Veterinarian** _____

Telephone () _____ Email _____

3. **Community Representative** _____

Address _____

Telephone () _____ Email _____

Occupation _____

4. **Scientist Member** _____

Title _____

Telephone () _____ Email _____

5. **Non-Scientist Member** _____

Title _____

Telephone () _____ Email _____

Institutional Official _____

Title _____

Telephone () _____ Email _____

Species to be used _____

Purpose of Animal Use _____

Intended Start Date _____