

**Notice of Intent to Use Avian Embryos**

*Please submit completed form to ACF Office (BMC 222) or send to* [*animal\_care@brown.edu*](mailto:animal_care@brown.edu)*.*

Project Title:

Principal Investigator or Course Instructor:

Department:

Email:

Phone:

**Avian Embryo Use Summary**

**1. Avian Species to be Used.**

*(Specify all species, typical incubation for each, and incubation at planned use)*

|  |  |  |
| --- | --- | --- |
| **Species** | **Length of Normal Incubation** | **Embryo Age(s) at Planned Use** |
| Chicken | 21 days |  |
| Other - Specify |  |  |

*(Note: Add or delete rows as necessary)*

**2. Building and room number where avian embryo use will occur**

**3. Method of euthanasia of embryos < 50% incubation (<10 days for chickens)**

Not applicable. Embryos will be used after 50% incubation

**4. Method of euthanasia of embryos > 50% incubation (>11 days for chickens)**

*(Specify for all species, in the event planned use is delayed for some reason)*

**5. Procedure for euthanasia of inadvertently hatched chicks**

*(See AVMA Guidelines for the Euthanasia of Animals: 2013 and/or consult veterinarians)*

**Investigator Assurance**

I have read the IACUC "Policy for Use of Avian Embryos" and agree to abide by it.

Signature Date