



ANIMAL CARE AND USE PROTOCOL  
Mahidol University-Institute Animal Care and Use Committee  
(MU-IACUC)

Offsite Animal Care and Use Protocol Form

*\*Purpose: This offsite form is intended to be filled by MU researcher who is planning to conduct the experiment under the animal protocol elsewhere, outside of MU.*

Protocol number		This section will be completed by MU-IACUC
Date of submission (dd/mm/yyyy)		

1. Protocol title:

(Thai).....

(English).....

\* Please attach the Protocol or proposal for consideration

1.1 Please clarify whether this protocol is a part of the main research project or not?

☐ Yes (Please provide the main project title) ☐ NO (Skip to number 2)

(Thai).....

(English).....

1.2 Please specify your role in the main research project

☐ Principal investigator

☐ Co-investigator

☐ Other, please specify.....

1.3 Principal investigator of the main research project

Name.....Position.....

Department .....Faculty/Institute.....

Tel.....Fax.....

E-mail .....

2. Personal data: (Detail of MU researcher who is responsible for this submitted protocol)

Name.....Position.....

Department.....Faculty/Institute.....

Tel.....Fax.....

E-mail .....

Animal Use License Number (issued by NRCT) .....

**3. Anticipated protocol period from ..... to .....**

*(Anticipated protocol period refers to the start and end dates of the animal procedures in this protocol.*

*This is not related to the funding period.)*

**4. Type of animal protocol**

☐ Research: In the Field of .....

☐ Testing/Monitoring (please specify).....

☐ Biological Production: (please specify) .....

☐ Animal Breeding (please specify) .....

☐ Other (please specify) .....

**5. Name of institution/ company /third party where the project will be conducted**

*(if the submitted protocol is designated to be performed in more than one location, please specify accordingly.)*

**Location Name:** .....

**5.1 Please indicate the site of animal housing**

☐ Institution/ company /third party where the project will be conducted

☐ Others, please specify .....

**5.2 Does that place have the registration number from national authority for animal use? (For example: from NRCT: National Research Council of Thailand)**

☐ Yes, provide the registration number .....

☐ No

**5.3 Does that place have the IACUC?**

☐ Yes, please provide the IACUC approval detail and Certificate of Approval (CoA)

IACUC approval from ..... Approval no .....

Date of Approval from.....to.....

*(For example: IACUC approval from Faculty of Science (Mahidol University), Faculty of Tropical Medicine (Mahidol University))*

☐ No, please provide other relevant certification detail and the official document

Accredited certification from.....

Date of Approval from.....to.....

*(For example: Accredited certification of company/Third party from AAALAC International accreditation, certificate of accreditation (ISO/IEC 17025:2005), certificate of GLP)*

**6. Signatures**

*Your signature as P.I., Co-investigator on this application verifies that the information herein is true and correct and that you are familiar with and will comply with standard of animal care and use established*

under the ethical guidelines and policies of the Mahidol University and Office of the National Research  
Council of Thailand (NRCT) and the animal for scientific purpose act., B.E. 2558

Investigator from MU: Name .....

\_\_\_\_\_  
(Signature) (Date)

Head of Faculty/Institute: Name .....

\_\_\_\_\_  
(Signature) (Date)

Faculty/Institute: .....

.....

***This section will be completed by the MU-IACUC***

Acknowledgement from  
MU-IACUC:

\_\_\_\_\_  
(Assoc. Prof. Dr. Parntep Ratanakorn) (Date)  
Chairperson of MU-IACUC

Date of Acknowledgement (dd/mm/yyyy).....