

IACUC Grant Congruency Check Request			
Form			
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# **Grant Congruency Check Request Form**

Directions: Please complete the following form in its entirety. Submit this form along with a copy of the Research Strategy Section, Specific Aims, Performance Sites, Vertebrae Animal Section (VAS) of the grant application to <a href="mailto:iacuc@drexel.edu">iacuc@drexel.edu</a>

Requestor Name: Requestor Email:

Requested Review-by Date:

#### **Grant Submission Information**

- 1. Principal Investigator (PI) on Grant:
- 2. Office of Research and Innovation Grants Administrator:
- 3. Grant Number:
- 4. Grant Title:
- 5. Sponsor:

## **IACUC Protocol Information**

- 1. IACUC Protocol Number(s):
- 2. PI on Protocol:

#### Subcontract/Collaborations

Does the grant include any proposed subcontracts in which animal work will be performed outside of Drexel University Yes No

If Yes, please complete the following questions about the collaboration and provide a copy of the collaborator's approval letter. (This information will also help in the execution of an IACUC Oversight Memorandum of Understanding):

- 1. PI Name:
- 2. PI Email:
- 3. Institution Name and Location of Animal Work:
- 4. Protocol Number(s):
- 5. Species Used:
- 6. Briefly describe work conducted by collaborator (e.g. scope of work, VAS):



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It is the PI's responsibility to provide the appropriate approvals from collaborating institutions. If requested, the IACUC Office can assist with this process.

## Additional Information

Please provide any additional information that may be important/helpful to the reviewer. (e.g. Major changes to aims or approaches, species used, surgeries, drugs/agents/cell lines, anesthetics/analgesics, euthanasia methods, or experimental conditions that will not be conducted as they are described in the grant application since the initial submission)