**JUSTIFICATION**

This form allows to record the research projects or teaching or outreach activities that, although they do not use live animals, they do use tissues, organs, histological preparations, images or any other research material, previously generated in projects, institutions, companies or veterinary clinical services that have their due ethical and/or health authorization. This record is reviewed expeditiously and leads to the issuance of an approval Act for the use of the aforementioned samples at the *Pontificia Universidad Católica de Chile*.

SECTION 1. ADMINISTRATIVE BACKGROUND

|  |  |
| --- | --- |
| **Indicate code of the protocol:** |  |

|  |  |
| --- | --- |
| **Project title:** |  |
| **Indicate Source of Financing and assigned number: (Eg. Regular Fondecyt 11170303)** |  |
| **Indicate if this research is: research unit / undergraduate thesis / doctorate / master / teaching / etc.:** |  |
| **Other participating institutions (example: INACH, industry, other universities):** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE OF**  **MEMBER** | **Name:** | **Role:** PI, Researcher, Co-researcher, Associate Researcher, Postdoctoc, PhD thesis student, lab manager, laboratory technician, etc.)and **Academic Category if applicable** (Instructor, Associate Professor, etc.): | **Institution:** | **e-mail:** |
| **UC Responsable Academic** |  |  |  |  |
| **Principal Investigator** |  |  |  |  |
| **Team member** |  |  |  |  |
| *...Add more rows if required* |  |  |  |  |

**\*All research must have a UC Responsible Academic**

|  |  |
| --- | --- |
| **CONTACT INFORMATION:** | |
| **Name:** | **Phone:** |
| **Name:** | **Phone:** |

**SECTION 2. PURPOSES AND JUSTIFICATION OF THE RESEARCH**

|  |
| --- |
| **2.1. SCIENTIFIC BASIS.** Indicate the main relevance of the Project. |
| *Explain the general scientific justification for the project and the use of animal samples (max. approx. 300 words, delete this sentence upon completion).* |

|  |
| --- |
| **2.2. BASIS FOR THE COMMON CITIZEN**. This section may be public knowledge. |
| *Use a non-technical language, understandable for the common citizen (max. approx. 300 words, delete this sentence when completing).* |

SECTION 3. INFORMATION ON THE SAMPLES TO BE USED

|  |
| --- |
| **3.1. QUANTITY AND TYPE OF SAMPLES** |

|  |  |  |
| --- | --- | --- |
| **Species** | **Type of samples (organs, tissues, histological samples, etc.)** | **Quantity (Specify the number of samples)** |
|  |  |  |
|  |  |  |
|  | ***(Add rows as needed)*** |  |
| **Total** | |  |

|  |
| --- |
| **3.2. ANIMALS FROM WHICH THE SAMPLES ORIGINATED (Species, breed, strain, and/or transgenic line)** |
|  |

|  |  |
| --- | --- |
| **3.3. ORIGIN AND MAINTENANCE OF SAMPLES:** | |
| **a) Origin of the sample(s)** | *(Institution, Service, Faculty, Department or location in case of field collection, companies)...* |
| **b) Indicate the place where the sample(s) are kept during the development of the protocol** |  |
| **c) Describe the procedures for handling and disposing of the samples** **and the person(s) responsible (this information may lead to the CEC CAA requesting an evaluation by the University's biosafety committee)** |  |

|  |  |  |
| --- | --- | --- |
| **3.4. CODES OF ETHICAL APPROVAL FOR THE ANIMALS THAT ORIGINATED THE SAMPLE(S):** | | |
| **CODE** | **NAME OF THE PROJECT** | **INSTITUTION THAT CARRIED OUT THE ETHICAL APPROVAL** |
|  |  |  |

*If the sample(s) do not have ethical approval, fill in Not Applicable (N/A) and complete the following table.*

|  |  |
| --- | --- |
| **3.5. IF THE SAMPLE(S) DOES(DO) NOT HAVE ETHICAL APPROVAL, BRIEFLY JUSTIFY:** | |
| **Justification:** | *(samples from companies, slaughterhouses, hospitals or veterinary clinics. In these cases, indicate the sanitary authorization code - SAG).* |