**CUVCSC Screening Protocol**

**Cornell University, College of Veterinary Medicine**

**Please fill out and email back to Carol Frederick at c.frederick@cornell.edu**

**Protocol Title:**

**Name of Filer:**

**Phone:**

**E-mail:**

**The application provided herein is true and accurate. I understand that all personnel associated with study will need to fulfill educational training programs requirements in support of animal care and use.**

**Signature of Filer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A. INFORMED CONSENT: All clinical trials require informed consent of owners, and must clearly state the costs for which the client is liable in the event of complications. Please attach a copy of your informed consent form (Client Consent Template).**

**B. PROVIDE A DETAILED DESCRIPTION OF THE PROCEDURES TO BE FOLLOWED, INCLUDING STANDARD OPERATING PROCEDURES TO BE USED.**

**C. SUMMARY:**

**Provide the species used and number of animals involved on an annual basis, defining the nature of the study population:**

**Indicate how animals might benefit from the study:**

**Provide an estimate of the overall time frame for completion of the clinical study:**

**Provide the location(s) where the work will be performed.**