**Laboratory Animal Purchase Application**

(Need to Collection, Use, Provision of

Personal Information Agreement)

**1. Applicant**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Principal Investigator** | **Name** | (Sign) | **IACUC Approval No.** | UNISTIACUC -  |
| **Applicant** | **Name** | (Sign) | **Office Tel./ C.P.** | / |
| **Affiliation****(Department/ lab.)** |  | **E-mail** |  |
| **Position****(Mark V)** | □ Professor □ Researcher □ Graduate student □ Undergraduate student |
| **Research title** |  |

**2. Laboratory Animal Purchase**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Delivery date** | **Species** | **Strain** | **Age****(weeks)** | **Sex** | **Heads** | **Housing Zone****/ Room No.** |
| **1** | 20 . . . | Mouse/ Rat |  |  |  |  | / |
| **2** | 20 . . . | Mouse/ Rat |  |  |  |  | / |
| **3** | 20 . . . | Mouse/ Rat |  |  |  |  | / |
| **4** | 20 . . . | Mouse/ Rat |  |  |  |  | / |
| **5** | 20 . . . | Mouse/ Rat |  |  |  |  | / |
| **Animal Source****(Vender)** | **Domestic** |  | **Note** |  |
| **Foreign** |  |
| ※ Purchase application of domestic animals: deadline is 3:00 p.m. every Wednesday.※ Purchase of imported animals: Please submit the latest 18 months of Health monitoring report.※ Inquiry/ Application: Lee, Yoonjin (leeyj0926@unist.ac.kr/ T. 052-217-5214)**※ Please also submit your personal information collection application (attached below).** |

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| **Personal Information Processing Consent Form** |

Under the provisions of the Personal Information Protection Act (PIPA), UNIST `UCRF IVRC(*in vivo* Research Center) wishes to obtain consent from the IVRC users for operation and management to the collection and processing of their personal information. Please read this document in its entirety before giving consent (select each blank as appropriate).

**▶ Collection and Use of Personal Information**

|  |  |  |
| --- | --- | --- |
| **Items** **to be collected** | **Purposes of** **collection and use** | **Period** **of holding and use** |
| Name, Affiliation, Position | Researcher identification &IVRC operation and management | **Destroy one year after creation date** |
| Contact (Office Tel / C.P), email address | Application changes, Notices | **Destroy one year after creation date** |

※ You have the right to refuse consent. However, you may not be provided with the aforementioned services due to rejection.

I give my consent for all personal information to be processed for the purposes described in this document and understand that I can withdraw my consent at any time.

**□ Give consent □ Do not give consent**

Name of Individual providing Consent:

Signature:

Date of Signature: