

Memorandum of Understanding Without PHS Assurance

(Albert Einstein College of Medicine will be the performance site for a nimal studies for an unassured contracting institution that has received extramural funding from any source.)

I. Awardee Institution

Name of Awardee Institution:
Address: (street address, city, state, zip code)
Project Title: (from grant application/contract proposal)
Grant/Contract Number:
Principal Investigator:

A. Applicability

This MOU between the Awardee Institution and the Assured Institution (Einstein) is applicable to research, research training, and biological testing involving live vertebrate animals supported by extramural funding from any source, where the Assured Institution's (Einstein's) credentials are used to meet funding a gency requirements for any of the following: OLAW Assurance, AAALAC accreditation, or USDA registration.

B. Awardee and Assured Institutional Responsibilities

- 1. The institutions a gree to comply with all applicable provisions of the Animal Welfare Act and other Federal statutes and regulations relating to a nimals.
- 2. The institutions a gree to be guided by the <u>U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training</u> and comply with the PHS Policy on Humane Care and Use of Laboratory Animals (Policy).
- 3. The institutions acknowledge and accept responsibility for the care and use of animals involved in activities covered by this MOU.
- 4. The Awardee Institution acknowledges and accepts that live vertebrate animals will be housed, maintained, and used at the Assured Institution's animal facilities under the direct oversight of the Assured Institution's animal care & use program (IACUC and Attending Veterinarian).
- 5. The Awardee Institution acknowledges and accepts the authority of the IACUC of the Assured Institution where the animal activity will be performed and a grees to a bide by all conditions and determinations as set forth by that IACUC.

Name of Assured Institution: Albert Einstein College of Medicine

Address: (street address, city, state, zip code)

1300 Morris Park Avenue, Bronx, New York 10461

II. Institutional Endorsement

By signing this document, the authorized official at the Awardee Institution and the Institutional Official and IACUC Chairperson at the Assured Institution (performance site) provide their assurances that the project identified in Part I will be conducted in compliance with the PHS Policy and the Assurance of the Assured Institution.

A. Endorsement of Awardee Institution			
Name of Awardee Institution:			
Authorized Official:			
Signature:		Date:	
Title:			
Address: (street address, city, state, zip code)			
Phone:	Fax:		
E-mail:			
B. Endorsement of Assured Institution (Albert Einstein C	College of Medicin	e)	
Name of Assured Institution: Albert Einstein College of Med	dicine		
Institutional Official: Edward Burns			
Signature:		Date:	
Title: Executive Dean Professor of Pathology and Medicine (Hematology) Address: (street address, city, state, zip code)			
1300 Morris Park Avenue, Bronx, New York 10461			
Phone: (718)430-4106	Fax: (718)430-8714	
E-mail: ed.burns@einsteinmed.edu			
IACUC Chairperson: Louis M. Weiss			
Signature:		Date:	
Title: Professor of Pathology and Medicine (Infectious Diseases) C	Codirector of the Eir	nstein Global Health Center	
Address: (street address, city, state, zip code) 1300 Morris Park Avenue, Bronx, New York 10461			
Phone: (718) 430-2142	Fax: (718)430-8543	
E-mail: louis.weiss@einsteinmed.edu			
Date of IACUC Approval: (within 3 years, pending not acce	ptable)		