

## Human and Vertebrate Animal Tissue Form (6B)

Required for research involving fresh/frozen tissue (including primary cell lines, human and other primate established cell lines and tissue cultures), blood, blood products and body fluids. If the research involves living organisms please ensure that the proper human or animal forms are completed. **All projects using any tissue listed above must also complete Form 6A.**

Student's Name(s) Alexis Krayevsky

Title of Project Stimulating Innate Immunity via TLR9 agonist CpG ODN in a Non-Human Primate Model

### To be completed by Student Researcher(s):

1. What vertebrate animal tissue will be used in this study? Check all that apply.

- ☒ Fresh or frozen tissue sample
- ☐ Fresh organ or other body part
- ☐ Blood
- ☐ Body fluids
- ☐ Primary cell/tissue cultures
- ☐ Human or other primate established cell lines

2. Where will the above tissue(s) be obtained. If using an established cell line include source and catalog number.

Monkey brain tissue was obtained from the Squirrel monkey Breeding Research Resources (SMBRR) located at the University of Texas MD Anderson Cancer Center Michale E. Keeling Center for Comparative Medicine and Research.

3. If the tissue will be obtained from a vertebrate animal study conducted at a research institution attach a copy of the IACUC certification with the name of the research institution, the title of the study, the IACUC approval number and date of IACUC approval.

see attached

### To be completed by the Qualified Scientist or Designated Supervisor:

☒ I verify that the student will work solely with organs, tissues, cultures or cells that will be supplied to him/her by myself or qualified personnel from the laboratory; and that if vertebrate animals were euthanized they were euthanized for a purpose other than the student's research.

#### AND/OR

☒ I certify that the blood, blood products, tissues or body fluids in this project will be handled in accordance with the standards and guidance set forth in U.S. Occupational Safety and Health Act, 29CFR, Subpart Z, 1910.1030 - Blood Borne Pathogens.

Henrieta Scholtzova

Henrieta Scholtzova

Digitally signed by Henrieta  
Scholtzova  
Date: 2019.07.12 20:26:46 -05'00'

07/12/19

Printed Name

Signature

Date of Approval  
(Must be prior to experimentation.)

Associate Professor (Research)

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Title

Phone/Email

NYU School of Medicine, Department of Neurology

Institution

## APPROVAL OF SUBMISSION

June 27, 2019

Dear Henrieta Scholtzova:

On 6/27/2019, the IACUC reviewed the following submission:

Type of Review:	Triennial Review
Title of Protocol:	Triennial Review for IA16-01112
Investigator:	<a href="#">Henrieta Scholtzova</a>
IACUC ID:	TR201900052
Funding:	<ul style="list-style-type: none"><li>• Name: NIH-NINDS, Grant Office ID: , Funding Source ID: 1R01 NS102845-0</li><li>• Name: ALZHEIMERS ASSOCIATION, Grant Office ID: , Funding Source ID: AARG-16-440596</li></ul>

The protocol referenced above has been approved by the Institutional Animal Care and Use Committee (IACUC).

Approval Date: 6/27/2019

Effective Date: 7/18/2019

Annual Expiration Date: 7/18/2020

Final Expiration Date: 7/18/2022

Protocol approval does not guarantee availability for housing. Please contact DCM (DCM@nyumc.org) for questions pertaining to housing and caging requirements for your study.

Proposed changes to this IACUC-approved protocol require submission and IACUC approval of the amended protocol describing the proposed changes.

Approval of this project is not automatically transferable to any other sponsored or non-sponsored project.