

## 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.

Sari Strizik

Student's Name(s)

Title of Project Neuronal HMGB1 Facilitates the Inflammatory Response via Increased Release of Proinflammatory Cytokines

### 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.

The tissues will be obtained from mice that were already sacrificed for ongoing research in the lab.
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 a of IACUC approval.

IACUC certification 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.

Huan Yang

Printed Name

Signature

06/20/19

Date of Approval (mm/dd/yy)  
(Must be prior to experimentation.)

Associate Professor

(516) 562-3467/hyang@northwell.edu

Title

Phone/Email

The Feinstein Institute for Medical Research

Institution

**THE FEINSTEIN INSTITUTE  
FOR MEDICAL RESEARCH**

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**Institutional Animal Care and Use Committee (IACUC)**

**NOTICE OF DECISION**

**Protocol Number: 2016028**

**Date: 09/30/2016**

**To: Kevin Tracey, MD**  
**Department: Biomedical Science Lab**

**Re: Protocol Number - 2016028      Category E: ☒ Year Term: Term 1: Years 1-3**

**Protocol Title: Modulation and Manipulation of Pain Response in Rodents**

**Principal Investigator: Kevin Tracey, MD**  
**Co-Investigator:**

**Date of IACUC Meeting/or Polling: 08/29/2016**  
**Date of Most Recent Review: 09/30/2016**

**Protocol Status: Approved**  
**Annual Review Expiration Date: 09/30/2017      Term Expiration Date: 09/30/2019**

**Comments:**

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*Michelle A. Quinn*      *9/30/16*  
**IACUC Office      Date**

**Explanation of Protocol Status:**

**Approved:** Protocol is approved as of the date of most recent review. Valid for 3 years subject to annual review.

**Modifications required in (to secure approval):** Protocol requires modifications requested by the IACUC in order to secure final approval.

**Approval withheld:** Protocol not approved. Requires resubmission addressing IACUC comments.

**Completed:** As per annual review, study is completed effective term expiration date or per PI request.

**Withdrawn:** Study withdrawn by Principal Investigator.