

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) Kimberly Liao

Title of Project Identification of a Model Agnostic Disease Driver in Non-alcoholic Steatohepatitis; Implications for Drug Development

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.

I obtained banked frozen mice liver tissue sacrificed for a purpose other than my study for RNA isolation and gene identification. Banked hematoxylin and eosin stained and picrosirius red stained liver slides were obtained to the presence of non-alcoholic steatohepatitis.
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 copy 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.

Prakash Narayan

Printed Name

PC Narayan
Signature

6/27/19

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

VP Preclinical Research

Title

pnarayan@angion.com

Phone/Email

Angion Biomedica Corp

Institution

Angion Biomedica Corp.
PHS Approved Animal Assurance A4532-01
NOTICE OF DECISION

TO: Quaisar Ali, PhD
FROM: Latha Paka, PhD
Vice-Chair, IACUC

DATE: 05/19/2019
SUBJECT: Animal Care Committee
Protocol Status ☐ Category E

Protocol Number: 2019-014

Previous Protocol Number:

Protocol Name: ROCK2 Inhibitors in Liver Disease

Principal Investigator: Quaisar Ali, PhD

Date of IACUC Review: 05/02/2019

Your protocol is Approved

Expiration Date (Approval is valid until): 05/19/2020

PLEASE NOTE : PROTOCOLS ARE NOT APPROVED UNLESS AN EXPIRATION DATE IS INDICATED ABOVE!

Modifications: IACUC recommended modifications made and accepted



Latha Paka, PhD
Vice-Chair, IACUC

Explanation:

APPROVED: Protocol is approved as of the date of review. Valid for 3 years subject to annual renewal/progress report approval.

MODIFICATIONS REQUIRED TO SECURE APPROVAL: Protocol will be approved upon receipt, review and final approval of any modifications requested. This includes modifications listed on this form and/or requests made directly to the PI by reviewer of Committee member.

Modifications must be received within 3 months of original review or you will be required to resubmit the entire protocol for full Committee re-review.

DEFERRED: Protocols must be revised and resubmitted to the committee for re-review at the next meeting.

REJECTED: protocol did not meet guidelines and/or regulations.

WITHDRAWN: Principal Investigator withdrew protocol.

ANY MODIFICATIONS OR REVISIONS MUST EITHER BE IN BOLD LETTERING OR UNDERLINED AND INCORPORATED INTO THE REVISED PROTOCOL.