

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) Rhea Rasquinha

Title of Project Determining the Kinetics of IRF4 and IRF5 Expression in B- and T-Cell Activation

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.

Tissues will be obtained from male and female BALB/c and CS57BL/6 wildtype and IRF5 full-body knockout mice.
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.

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.

Betsy J. Barnes

Printed Name

Betsy J. Barnes

Signature

06/26/19

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

Professor/Investigator

Title

bbarnes1@northwell.edu/516-562-0434

Phone/Email

The Feinstein Institute for Medical Research

Institution

**THE FEINSTEIN INSTITUTE
FOR MEDICAL RESEARCH**

350 COMMUNITY DRIVE, MANHASSET, NY 11030 (516) 562-FIMR (3487)

Institutional Animal Care and Use Committee (IACUC)

NOTICE OF DECISION

Protocol Number: 2016044

Date: 12/12/2016

To: Betsy Barnes **Department:** Autoimmune and Musculoskeletal Disease

Re: Protocol Number - 2016044

Category E: ☒ **Year Term:** Term 1: Years 1-3

Protocol Title: Role of IRF5 as a regulator of murine B cell differentiation and effector function

Principal Investigator: Betsy Barnes

Co-Investigator:

Date of IACUC Meeting/or Polling: 10/28/14 *WU*

Date of Most Recent Review: ~~12/6/2016~~ 12/12/17 *WU*

Protocol Status: Approved

Annual Review Expiration Date: 12/12/2017

Term Expiration Date: 12/12/2019

Comments:

Michelle G. Panto
IACUC Office

12/12/16
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.