



Campus Correspondence

Southeastern Louisiana University Health Center
985-549-5718 phone
health@selu.edu

Date:

TO: Southeastern IACUC

FROM: Southeastern Louisiana University Health Center

RE: Verification of Health Consult for Animal User

Please be informed that _____,
(animal user name)

W# _____, has received a health consultation regarding health issues related to working with live vertebrate animals. This includes a health history with risk assessment, which is filed in the Student Health Clinic.

Signing RN/MD that Conducted Consult: _____