**

**COVER PAGE - Checklist for NEW IACUC Protocol**

|  |  |
| --- | --- |
| **PI Name:** |  |
| **Protocol Number:** |  |
| **Protocol Title:**  |  |

**Check (“x”) the categories that are relevant to this application:**

|  |  |
| --- | --- |
| **For projects supported by a federal granting agency:** * I have attached an appendix file that includes the grant cover page, abstract, and vertebrate animal section with this application.
* If this is a “triennial” IACUC application for a projected funded by a federal agency, I avow that this new protocol does not constitute a “change in scope” of the funded research project which must be reported to the funding agency.
* If this protocol is a triennial application for a continuing project, I have completed the Triennial Section.
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|  |
| **Hazardous chemicals, biological agents, or recombinant DNA** will be used in live animals and I have approved relevant SOPs, or have submitted new SOPs for the following hazardous materials: |  |
| **Personnel** listed on this protocol application have completed enrollment in the occupational health and safety program, including a medical evaluation.  |  |
| **Controlled substances** will be used in the live animal and these are: |  |
| **Radioactive** materials or **Irradiation** will be used in the live animal and I have attached a copy of the approval from radiation safety officer to this application. |  |
| A **laser** will be used in the live animal and I have submitted a copy of the approved laser registration form with this application. |  |
| This project is the subject of a Conflict of Interest (COI) committee **management plan** and I have submitted a copy of the plan with this application. |  |
| ***I have checked the attestation box on the last page of the application and typed my name as an electronic signature.*** |  |

|  |  |
| --- | --- |
| ***Check all AAALAC special consideration categories that apply to this application:*** |  |
| Studies in this protocol include survival surgery. |  |
| Studies in this protocol include multiple survival surgery. |  |
| Studies in this protocol include pain/distress category E. |  |
| Studies in this protocol include prolonged restraint. |  |
| Studies in this protocol include food/water deprivation. |  |
| Studies in this protocol include hazardous agent use in animals. |  |

**

**APPLICATION FOR NEW ANIMAL USE PROTOCOL**

**I. ADMINISTRATIVE INFORMATION**

**Principal Investigator (PI):**

|  |  |
| --- | --- |
| Name: |  |
| Degree/Title: |  |
| Dept. / Institute: |  |
| Email: |  |
| Phone: |  |

**Protocol Information:**

|  |  |
| --- | --- |
| Title of Protocol: |  |
| Funding Agency: |  |
| Date of Initial Submission: |  |
| Date of this Revision (*if applicable*): |  |
| *If this is a triennial, what is the current protocol number?* |  |

*\* For federal grant funded projects (including triennials) you must attach the abstract and vertebrate animal section (VAS) of the grant.*

**II. Non-Technical (LAYpersoN) SUMMARY**

**A. Using language that a *non-scientist* can easily understand, provide a BRIEF SUMMARY of the proposed project that includes the species and the various types of activities that will be done with the animals.** *DO NOT cut/ paste the abstract from a grant proposal. The summary MUST be written so a typical high school student can easily understand it.*

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**B. Provide a brief statement of the Significance of the project using language that a *non-scientist* can understand.** *(50 words or less)*

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|  |

**III. Personnel & Training**

**A. Identify all personnel who will work with animals on this protocol:**

|  |  |
| --- | --- |
|  **Name** | **Indicate whether personnel are trained for their tasks in the project:** |
| **Yes** | **Still in training\*** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\* *This category is relevant for specialized procedures (e.g. surgery, euthanasia, etc) for which additional time may be required to reach proficiency. It is not acceptable for any person to participate in work on the protocol who has not completed both the web-based training modules and a general training/orientation session with the PI or designate.*

**B. For individuals *still in training*, state what arrangements have been made for training before they can begin working independently with animals along with an approximate time-line.**

|  |
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|  |

*NOTE: Be sure to complete an individual training record summary (available on the web-site) for each individual listed on the protocol. Training records must be available in the laboratory for inspection by the IACUC and available upon request. For any individuals still in training, update their records and notify the IACUC when specialized training (e.g. surgery, euthanasia) is completed to proficiency.*

***TRIENNIAL RENEWAL SECTION***

***Complete this section ONLY if you are applying to IACUC for a “de novo Triennial Review” of a continuing project. The project must be funded by grant from either a federal agency (NIH, DOD) or a major organization such as the American Cancer Society.*** *(Note: For VA funded grants, IACUC uses the VA forms that contain a triennial section)*

A. Summarize the studies described in the previously approved protocol that have already been completed:

|  |
| --- |
|  |

B. Were there any significant changes approved for the ongoing project during the initial 3 years?

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

If yes, briefly describe the significant changes that were made, as well as any study results that may have prompted the changes.

|  |
| --- |
|  |

C. Details on animal numbers: Indicate the number of approved animals in the original protocol for which this application is a triennial (include any animals added by significant amendments), the number of animals that have already been used (including those reported in annual renewals), as well as the numbers still needed for this continuing project. The total number of animals should correspond to the number approved in the grant award. Add rows as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Species/Strain | Sex | # animals previously approved (initial 3 yrs)  | # animals already used (during initial 3 years)  | # animals remaining that will be used in the project during the **next 3 years** \*  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**\**Note that IACUC approves all protocols for 3 years. If the studies in this triennial application will continue for less than 3 years, you can close the protocol early upon request.***

D. Briefly list and generally outline the studies to be conducted/continue during the next 3 year period here.

|  |
| --- |
|  |

*The remaining sections of this new protocol application must next be completed with a detailed description of the studies and methodology that you plan to conduct during the next 3 years on this research project. Much of this will be similar to the current protocol; if some studies are already completed, indicate this in the text.*

**IV. Animals and Methodology**

**A. Number of Animals**

 **Species/Strain Sex Weight # per yr Total # 3 yrs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*The IACUC approves protocols for a period of 3 years, so the number(s) listed above should state the annual usage as well as the total number of animals requested for the 3-year period.* ***Add lines to the Table as necessary******Be sure to include animals used to maintain a breeding program described in a Breeding Appendix.***

**B.** **DURATION OF STUDY** *(estimated start and finish dates – Month/Year):*

|  |
| --- |
|  |

**C. RATIONALE & JUSTIFICATION FOR ANIMAL USE:**  ***Number your responses****!*

*1) rationale for animal use, including reasons why non-animal models cannot be used;*

*2) appropriateness of the species selected (is the species selected the lowest possible on the phylogenetic scale?);*

*3) justification for the number of animals to be used (is the number of animals proposed the minimum number required to obtain statistically valid results or meet the scientific objectives of the study?* ***A power analysis is best practice****);*

*4) how you ascertained that the proposed work will not unnecessarily duplicate previous experiments.*

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**D. Experimental Design and Animal Procedures:**

**1.** **OVERVIEW:** **Briefly explain the experimental design and specify all animal procedures that will be used. *This description should allow the IACUC to easily understand the experimental procedures done with an animal from its entry into the experiment to the endpoint of the study.***

*Do not elaborate on details of surgical or other procedures in this section since those will be presented in subsequent sections. Do not provide experimental details on studies that will be done using tissue harvested after animals are euthanized).*

|  |
| --- |
|  |

**2. Will any animals be subject to prolonged restraint ( > 15 min)?**

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

\***If yes**, describe and justify any plans for prolonged restraint; include information about sedation, acclimation or training that will be utilized.*(Consult IACUC guidelines on the website for current information required on this topic.)*

|  |
| --- |
|  |

**3. Pain/Distress Category**  *List the number of animals in each applicable pain category below to the best of your knowledge. It may be appropriate to use more than one pain category to describe your project. However, only list a given animal once* ***–*** *using the highest pain category that will apply to that animal.*

***The total animal number here must equal the total number of animals for the 3-year period listed in Item IV.A.***

***\*Be sure to include animals used to maintain a breeding colony noted in Breeding Appendix in category C.***

|  |  |
| --- | --- |
| **SPECIES 1:**  | **Number of animals** |
| Category C\* *(No or momentary Pain or Distress)* |  |
| Category D\*\* *(Alleviated Pain or Distress)* |  |
| Category E\*\*\* *(Unalleviated Pain or Distress)* |  |

|  |  |
| --- | --- |
| **SPECIES 2:**  | **Number of animals** |
| Category C *(No or momentary Pain or Distress)* |  |
| Category D (*Alleviated Pain or Distress)* |  |
| Category E *(Unalleviated Pain or Distress)* |  |

\* Animals in Pain/Distress Category C will not undergo any activity or procedure that will produce no more than momentary pain or distress (For example, breeding, and procedures that might routinely be performed on humans by a physician without provision of anesthesia or analgesia such as injections, phlebotomy, ear tagging, etc.

\*\* Animals in Pain/Distress Category D that will undergo procedures where pain-alleviating methods are used, such as anesthesia, analgesia. *Most surgical animals would fall into this category, even if the procedure is terminal.*

\*\*\* List animals in Pain/Distress Category E that will experience unalleviated pain and/or distress. This should be considered only when the use of a pain alleviating strategy would seriously compromise the validity of the study, and *no other option is available*.

**If any animals are listed in Pain Category E above, provide strong scientific justification and include comments relevant to a Harm-Benefit assessment of your study:**

|  |
| --- |
|  |

**4. SURGICAL PROCEDURES:**

**a. Does the project involve ANY surgical procedures?** *(If NO, continue with #5 below)*

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

**b. Does the project involve Survival Surgery?** [ ] *(Mark YES if animals will* ***recover*** *from the surgical procedure; mark NO if the procedure is terminal and animals are euthanized without recovering from the anesthetic****. Perfusion under anesthesia is considered a non-survival surgery by the IACUC****.*

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

\***If “YES”**, **check which of the following applies:**

**\_\_\_Minor Survival Procedure** *(does not expose a body cavity and causes little to no physical impairment; e.g. procedures that would be done on an ‘outpatient’ basis in veterinary clinical practice, peripheral-vessel cannulation; vascular cut downs; subcutaneous mini-pump placement; male castration).*

**\_\_\_Major Survival Procedure** (e.g. *penetrates and exposes a body cavity or that produces substantial impairment of physical or physiologic functions; e.g. craniotomy, laparotomy, thoracotomy, ocular surgery, nerve injury).*

**c. Provide a Complete Description OF SURGICAL PROCEDURES *including details about Anesthesia.*** *If volatile anesthetic drugs (e.g. isoflurane) will be used for surgery, be sure to also complete Section VI.B. which addresses scavenging issues.*

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**d. Provisions for Post-Operative Care and Monitoring** *(Detail all post-operative care in this section, including* ***Analgesia****).* *Consult IACUC guidelines on the website for required analgesia time frames for minor and major survival surgical procedures.*

|  |
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**e**. **If analgesia will NOT be used after major surgical procedures, or you are proposing to deviate from IACUC guidelines in some manner, provide strong scientific justification**:

|  |
| --- |
|  |

**f. Will *Multiple Major Survival Surgical Procedures* be done on the same animal?** *Note that multiple major survival surgical procedures are* ***not allowed*** *unless compelling scientific justification is provided; conserving funds is not an acceptable reason.*

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

**\*If YES, provide a strong scientific justification here:**

|  |
| --- |
|  |

**g. Location** *(Room(s) where surgical procedures will be performed, including terminal perfusions)*

|  |
| --- |
|  |

**h. Surgeon(s)/Qualifications**  *(Who will perform the various surgical procedures; what is their training and qualifications – LIST ALL INDIVIDUALS who will be doing surgery):*

|  |
| --- |
|  |

**5. Non-Surgical Animal Manipulations:**

**a. INJECTIONS of Drugs or other Agents in Live Animals?**

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

**\*If YES,** **list drugs or other pharmacological agents that will be administered to animals. Give dosage, frequency, route of administration and any other pertinent information.** (*Do not list anesthetic drugs used for surgery here; provide that information in section 5c above)*

|  |
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|  |

**b. BIOSAMPLES Taken from Live Animals?** [ ]

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

**\*If YES,** **list the type of procedures and relevant details here** (*e.g. blood collection, ascitic fluids, tail biopsy for DNA typing in neonates or other procedures that are not considered “surgical”; DO NOT list tissue harvesting done after animals are euthanized).*

|  |
| --- |
|  |

**c. OTHER Animal Activities and Procedures?**

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

**\*If YES, provide information about other procedures that will be done using animals which *have not been covered in detail in the preceding sections:***

*(For example, behavioral studies involving water mazes, foot shock, special diets or food restriction, altered living conditions, the induction of disease states using toxins or tumor implantation and other significant non-surgical procedures should be described here.*

|  |
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**d. For Behavioral Studies, provide details about sanitization of equipment that will be used** *(methods and frequency).*

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|  |

**e. Are any of these other procedures/activities potentially painful or stressful to the animals?** *(For example, food or water deprivation, noxious stimuli, environmental extremes, tumor induction, seizures or diabetes may be painful/stressful.)*

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

**\*If YES, describe the procedures that will be used to *monitor and minimize pain or distress* to the animals:**

|  |
| --- |
|  |

**6. MONITORING OF ANIMAL HEALTH:** *Describe how the health status of your animals will be assured, including answers to the following questions as they apply to the protocol.*

**a. How will the animal’s health status be routinely monitored, how often, and by whom, will this be done?**

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| --- |
|  |

**b. What signs or symptoms will serve as markers requiring *intervention* and more frequent monitoring?** *(e.g. animal showing signs of stress or infection that could be treated before it progresses)*

|  |
| --- |
|  |

**c. How will health concerns be addressed?** *(e.g. euthanasia, veterinary treatment)*

|  |
| --- |
|  |

**d. If applicable for your studies (e.g., studies involving *prolonged survival periods*), identify the intervals at which *more thorough health assessments* will be made** *(e.g. animals that are involved in experimental procedures for several months should be given more complete health examinations/evaluations periodically)*

|  |
| --- |
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**7. Humane Endpoints** To minimize pain and distress, it is sometimes necessary to euthanize an animal *before the experiment is completed*. Humane endpoints are always are always preferable to death as an endpoint since they minimize pain and distress. In most cases, keeping sick/moribund animals in an experiment is not good science**!** *The use of death as an endpoint (letting an animal die as a result of disease or other reasons without intervention) is strongly discouraged by IACUC and, if proposed, must have very strong scientific justification.*

**a. Which endpoint(s) will be used to signal the *early termination* of an animal's enrollment in the proposed studies?** *(Check all that apply):*

|  |  |
| --- | --- |
|  | Moderate to severe clinical signs of pain and distress that is unalleviated by appropriate analgesics |
|  | Anorexia (inability to eat or drink) |
|  | Emaciation (weight loss > 20% of normal weight |
|  | Mutilation of operative site |
|  | Depression/lethargy > 48 hours |
|  | Non-weight bearing/paralysis |
|  | Infection not resolved with antimicrobial therapy |
|  | Diarrhea |
|  | Moribund – lack of righting reflex |
|  | Cyanotic, difficulty breathing |
|  | CNS signs (seizures, circling) |
|  | Hypothermia |
|  | Other *(describe):* |  |

**b. If humane endpoints will NOT be used, provide a scientific justification for this.**

*Be sure to explain what essential information will be obtained between the interval when an animal becomes moribund and death occurs that cannot be obtained in any other way.*

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| --- |
|  |

**8. Euthanasia: Indicate whether the method(s) to be used for euthanizing the animals is/are consistent with the American Veterinary Medical Association (AVMA) Guidelines on Euthanasia and with IACUC guidelines?**

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

***\*If YES, complete section 8a, otherwise complete section 8b****. (In some cases, depending on the experimental plan, both sections will need to be completed.)*

**a. AVMA ACCEPTABLE EUTHANASIA METHODS (2020 Guidelines) that will be used:**

***(Check all that apply)***

 **Species 1:**  **Species 2:**

|  |  |  |
| --- | --- | --- |
| \*CO2 exposure  |  |  |
| Overdose using anesthetic agent\*\* by injection or inhalation\*\*\* |  |  |
| Cervical dislocation under anesthesia |  |  |
| Decapitation under anesthesia |  |  |
| Exsanguination under anesthesia |  |  |
| KCl (Potassium chloride) injection intravenous or intracardiac under general anesthesia |  |  |

**\*If CO2 or anesthetic drug inhalation will be used, check which secondary method(s) will be used to confirm death? *(required)***

|  |  |
| --- | --- |
|  | Decapitation |
|  | Cervical Dislocation |
|  | Opening Thorax |
|  | Exsanquination or Major Organ Removal (e.g. brain, heart) |

\*\***If anesthetic drugs will be used for/during euthanasia, provide the**

**following information:**

 **Species 1:**  **Species 2:**

|  |  |  |
| --- | --- | --- |
| Name of agent  |  |  |
| Dose mg/kg or % |  |  |
| Route of administration |  |  |

***NOTE: If volatile anesthetic drugs will be used for euthanasia, be sure to also complete Section VI.B. of this application form to addresses safety/ scavenging issues.***

**b. AVMA CONDITIONALLY ACCEPTABLE OR NONACCEPTABLE\* EUTHANASIA METHODS (2020 Guidelines) that will be used (*requiring further scientific justification*):**

 **Species 1:**   **Species 2:**

|  |  |  |
| --- | --- | --- |
| Cervical dislocation *without general anesthesia*(**Note:** *rodents only*) |  |  |
| Decapitation *without general anesthesia* (**Note:** *rodents only*) |  |  |

**\*Provide scientific justification for the proposed deviation from the AVMA and IACUC recommended euthanasia methods.** *(If only a portion of the experimental animals will be euthanized by non-recommended methods, provide an estimate of how many animals will be euthanized in that manner.)*

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| --- |
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**\*Additionally, provide information about the specialized training of the personnel who will carry out the non-recommended euthanasia procedures (*required*).**

|  |
| --- |
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**9. ENVIRONMENTAL ENRICHMENT**: **Can animals be placed in the standard animal environmental enrichment program?**  *Note that for rodents this may include group housing to allow social interactions, provision of “nesting” materials for the rodents to shred, and provision of small shelters in the cages. Single housed rodents are typically provided a “Nylabone” or other chew toy.*

|  |  |
| --- | --- |
| **Yes** | **No\*** |
|  |  |

**\*If NO, explain/justify:**

|  |
| --- |
|  |

**10. ANIMAL DISPOSITION: Check what will be done with animals when the study is over.**

|  |  |
| --- | --- |
|  | Euthanasia |
|  | Transfer\* to different protocol |

**\*Explain your plan here, noting that surgical animals may NOT be transferred.**

|  |
| --- |
|  |

**V. CONSIDERATION OF Alternatives\***:

**If any procedures fall into pain/distress category D or E (*causing more than momentary or slight pain or distress to the animals*), describe how you considered alternatives and used the information to design the study or determined that appropriate alternatives are not available.** *Alternatives include ways that the investigator will: (1) Refine existing tests to minimize animal pain or distress, (2) Reduce the number of animals, (3) Replace whole-animal use with in vitro or other tests (the “3 Rs”).*

***\*Be sure to update this section for a triennial renewal application***

**A. Specific Databases that were searched** (*include at least 2*):

|  |
| --- |
|  |

**B. Years Covered by Searches:**

|  |
| --- |
|  |

**C. Key Words / Search Strategies Used** *(always include “alternatives” in the key words)***:**

|  |
| --- |
|  |

**D. Date of Search(s):**

|  |
| --- |
|  |

**E. Narrative of Findings:** *Number your responses to EACH of the 3“Rs” in your narrative.*

|  |
| --- |
|  |

**VI. Health and safety issues**

**A.** **Use of Biological Substances Potentially Hazardous to HUMANS.**

**This protocol involves the *administration or treatment of live animals* with bacteria, viruses, parasites, recombinant DNA or other potentially infectious material:**

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

*\* Use of such materials in animals must be reviewed and approved by the Office of Environmental Health & Safety (EHS), and possibly the Institutional Biosafety Committee. You may be asked to submit additional information designed to ensure the safety of personnel working with these animals (both your lab personnel and BRF animal caretakers).*

**\*If YES, answer questions 1-10 below** *(add rows as needed).*

**1. List of agents:**

|  |
| --- |
|  |
|  |
|  |

**2. Will you use or generate recombinant DNA?**

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

 **\*If YES, provide relevant information** *(add rows as needed)***:**

|  |  |
| --- | --- |
| Name of Construct | Source of Material *(e.g. generated in your lab, purchased from vendor, gift from collaborator who is named along with institution below)* |
|  |  |
|  |  |
|  |  |

**3. Will HUMAN blood, tissue, cells, body fluids be used in live animals?**

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

 **\*If YES,** describe here:

|  |
| --- |
|  |

**4. Will human tumor cell lines be used in live animals?**

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

 **\*If YES,** list name(s) and pertinent information about the cell line(s):

|  |
| --- |
|  |

**5. Describe *the potential risk to humans* of the biological substances that will be used in your experiments** (e.g. via direct contact with the animals or their excretions/bedding) **as well as a description of how risk will be controlled:**

|  |
| --- |
|  |

**6. Where will the biological substances be administered to the animals (room number(s)?** *If outside of the BRF, discuss precautions to be used during animal transport.*

|  |
| --- |
|  |

**7. Have arrangements been made with the BRF management for special housing of these animals?**

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

**8. Where will the treated animals be euthanized (room number/s)?**

*Note that if this is outside of the BRF, you will likely need to provide information about animal transport, carcass disposal, treatment of used cages and other issues in a SOP.*

|  |
| --- |
|  |

**9. If animals will be perfused with fixatives as part of the euthanasia, the use of a fume hood is required. List room number(s) where perfusions will be done:**

|  |
| --- |
|  |

**10. Do animal handlers/caretakers require vaccination prior to exposure to these animals?**

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

**\*If YES,** **provide information and provisions that have been made:**

|  |
| --- |
|  |

**B. Use of Chemical Substances/TOXINS Potentially Hazardous to HUMANS.**

**This protocol involves the administration or treatment of live animals with a hazardous chemical, drug or toxin:**

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

*\* Use of such materials in animals must be reviewed and approved by the Office of Environmental Health & Safety (EHS), and possibly the Institutional Biosafety Committee. You may be asked to submit an SOP designed to ensure the safety of personnel working with these animals (both your lab personnel and BRF animal caretakers). Contact the IACUC Chair if you have questions about what is needed.*

**\*If YES, answer questions 1-8 below.**

**1. Complete the chart below for all hazardous chemicals, toxins or drugs (*including volatile anesthetics*) used in this protocol.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Substance** | **Dose** | **Route of Administration** | **Poses hazard to workers through direct or indirect contact with the animal or bedding?*****DO NOT leave blank*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2. Describe the potential risk to *humans* (e.g. via contact with the animals or their bedding or excretions) and include an explanation on how the risk will be controlled:**

|  |
| --- |
|  |

**3. If anesthetic gases will be used for surgery and/or euthanasia, indicate how these will be scavenged:**

|  |  |
| --- | --- |
|  | Filtering with charcoal canister  |
|  | Used in a fume hood  |
|  | Other method (describe):  |

**4. Room number(s) where the hazardous chemical/agent will be administered/used?**

|  |
| --- |
|  |

**5. Will animals exposed/treated with the hazardous chemical/agent be housed in the BRF?**

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

**6. Have arrangements been made with the BRF management for special housing of these animals?**

|  |  |
| --- | --- |
| **Yes** | **No** |
|  |  |

**7. Where will the treated animals be euthanized?** (room number)*If this is outside of the BRF provide information about animal transport, carcass disposal, treatment of used cages and related issues below or indicate that you have attached a SOP.*

|  |
| --- |
|  |

**8. If animals will be perfused with fixatives as part of the euthanasia, the use of a fume hood is required. Indicate where (room number) animal perfusions will be done:** *If this is outside of the BRF provide information about animal transport, carcass disposal, treatment of used cages and related issues below or indicate that you have attached a SOP.*

|  |
| --- |
|  |

**C. Use of Radiation/Radioactivity Potentially Hazardous to Humans.**

**This protocol involves the administration or treatment of live animals with radioactive material:**

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

***\*All protocols using radiation/radioactivity in animals must be reviewed and approved by the Radiation Safety Office from the Office of Environmental Health Safety (EHS) prior to final approval by IACUC.***

**\*If YES, answer questions 1-5 below:**

**1. Type of isotope(s)?**

|  |
| --- |
|  |

**2. Where will the isotope(s) be administered (room number)?**

|  |
| --- |
|  |

**3. Will animals exposed/treated with radioisotopes be housed in the BRF?**

|  |  |
| --- | --- |
| **Yes** | **No** |
|  |  |

**4. Have arrangements been made with the BRF management for special housing of these animals?**

|  |  |
| --- | --- |
| **Yes** | **No** |
|  |  |

**5. Where (room number) will the radioactive animals be euthanized?** *If this is outside of the BRF provide information about animal transport, carcass disposal, treatment of used cages and related issues below or indicate that you have attached a SOP.*

|  |
| --- |
|  |

**D. Does this protocol involve *whole body irradiation of LIVE ANIMALS* using a gamma irradiator source? *(NOTE that Special Approvals and arrangements including FBI background checks, registration with Homeland Security, special training, and more are required; allow ample time (~6 months) for these processes!)***

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

 **\*If YES, describe the procedures to be used, including information about *post- procedural care and monitoring* of the irradiated animals.**

|  |
| --- |
|  |

**E. Protection of Colony Animals: Use of Biological Substances Potentially Infectious to OTHER ANIMALS. *[Special Veterinary Review and approval and special arrangements with BRF are required; An SOP be required. Attach relevant documents to this application].***

 **Will rodents be injected or inoculated with cells, plasma or tissues of animal origin?**

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

*\*To prevent the possible spread of pathogens into our rodent colonies, all cells, plasma, tissues of animal origin that will be injected/ inoculated into rodents must be tested for possible contamination with certain infectious agents.   Results of pathogen testing must be submitted to the Veterinary staff for review and approval before the studies commence. See IACUC website or contact veterinary staff for information.*

**\*If YES, answer questions 1-7 below:**

**1. List the agents that are potentially infectious to other animals in the colony:**

|  |
| --- |
|  |

**2. List of Natural host(s) and any species that can be potentially infected:**

|  |
| --- |
|  |

**3. Provide details about pathogen surveillance testing that was done on these materials:**

|  |
| --- |
|  |

**4. Where (room number(s) will the biological materials be administered to animals?**

|  |
| --- |
|  |

**5. Have arrangements been made with the BRF management for special housing of these animals?**

|  |  |
| --- | --- |
| **Yes** | **No** |
|  |  |

**6. Where (room number) will the treated animals be euthanized?** *If this is outside of the BRF provide information about animal transport, carcass disposal, treatment of used cages and related issues below or indicate that you have attached a SOP.*

|  |
| --- |
|  |

**7. If animals will be perfused with fixatives as part of the euthanasia, the use of a fume hood is strongly recommended. Indicate where (room number) the animal perfusions will be done:** *If this is outside of the BRF provide information about animal transport, carcass disposal, treatment of used cages and related issues below or indicate that you have attached a SOP.*

|  |
| --- |
|  |

**VII. Instructions FOR Veterinary and BRF STAFF**

**A. Will all of the animals be housed in the Biological Resource Facility at RFUMS?**

|  |  |
| --- | --- |
| **Yes** | **No\*** |
|  |  |

 *\*If NO, you must attach all documentation about the alternative (satellite) animal housing arrangements that have been inspected and approved by the IACUC.*

**B.** **Are there any other *special instructions* for BRF staff for this protocol that are not discussed above?**

|  |  |
| --- | --- |
| **Yes\*** | **No** |
|  |  |

**\*If YES, describe these below (include special lighting, special caging, special diets, individual housing and other such issues). Indicate that you have discussed this with the BRF management or not.**

|  |
| --- |
|  |

**C.** **In the event that an animal(s) is found sick or dead, including weekends or holidays, does the PI want to be notified?**

|  |  |
| --- | --- |
| **Yes** | **No** |
|  |  |

**PI Home or Cell Phone:**

|  |
| --- |
|  |

**Other Emergency Contact:**

|  |
| --- |
|  |

 **Disposition of Dead animal(s):**

|  |  |
| --- | --- |
|  | **Discard** |
|  | **Freeze** |
|  | **Refrigerate** |
|  | **Other Specify:**  |

**VIII. Principal Investigator Assurance & Signature**

**1. *Usage*:** Animals will be used only in the manner described in this protocol;

\*I certify that appropriate pain-relieving drugs will be used throughout the entire study to relieve pain or distress whenever it occurs, including postoperative or post procedural care, *unless specifically stated otherwise* in this protocol.

\*Any deviation or modification from the procedures detailed in this protocol will receive prior approval from the IACUC. If I wish to change any of the procedures or personnel in the protocol, I will request IACUC approval by submitting the details of the change(s) in writing and obtain approval before initiating such changes.

\*All applicable laws, regulations, and guidelines will be followed. I agree to abide by the provisions of the NRC *Guide for the Care and Use of Laboratory Animals*, the PHS *Policy on Humane Care and Use of Laboratory Animals*, USDA’s *Animal Care and Use Regulations*, and all University Policies regarding animals.

**2. *Oversight:*** All experiments, surgeries, or manipulations involving live animals will be performed under my supervision or that of another qualified, individual(s) whom I designate. For procedures involving survival surgery and those involving more than minimal pain or distress, I have consulted with a veterinarian on ways to minimize pain and distress.

**3. *Training*:**  I assure that the personnel performing animal procedures described in this protocol have been properly trained to ensure that no unnecessary pain or distress will be caused to the animals. Additionally, I will maintain documentation of appropriate animal training for all personnel involved.

**4. *Duplication of Effort****:* A reasonable, good faith effort has been made to ensure that the activities in this protocol do not unnecessarily duplicate previous experiments.

**5. *Experimental Design/Statistics:***  I assure that there has been a thorough evaluation of the design of the experiments in this proposal, and that the minimum number of animals needed for scientific validity is proposed.

**6. *Radiation/Biohazards/Risk/Safety*:**  Proper consideration regarding all applicable rules and regulations concerning radiation, biohazards and recombinant DNA has been given; I have included appropriate documentation of such approvals as required. Personnel listed on the protocol who will have contact with animals are enrolled in the Occupational Health and Safety Program.

**7. *Extramural Funding*:** If funded by an extramural source, I assure that this animal protocol accurately reflects the procedures involving animals, which are described in the grant proposal to the funding agency, unless specifically noted in the protocol.

**8. *Study Duration:*** I understand that animal protocols are approved for 3 years but this is contingent upon my filing of annual renewal applications in a timely manner. I also understand that it is my responsibility to notify the IACUC when my study is completed.

***Before submitting an electronic copy of this application, click on the attestation box below and type your name and today’s date. After checking the attestation box, please save a copy of this application form and send the signed/attested form as a Word file to*** ***IACUC@rosalindfranklin.edu******.***

**Principal Investigator**

I certify by checking the attestation line below that the information provided in this application is complete and accurate. I also pledge that I will agree and abide by the Assurances stated above.

Attestation of Principal Investigator

**Name of PI (typed):**   **Date:**

**Final Review and Approval by the Institutional Animal Care and Use Committee:**

 Name: Monica M. Oblinger, Ph.D. (Chair)

 Signature: Date: