*Current Date*

Institutional Animal Care and Use Committee

University of Evansville

Dear Board members:

Attached is a research project proposal that we have developed as partial fulfillment of the requirements for the *(specify a class or program if appropriate.)*. If approved by the Institutional Animal Care and Use Committee, we intend to begin data collection *(specify when data collection will commence)*, and complete the research by *(specify when data collection will be completed)*.

We have complied with Title 7 of the United States Code, sections 2131-2156 (The Animal Welfare Act), all United States Department of Agriculture policies, and all University of Evansville policies.

Our faculty sponsor for the research is *(identify the faculty sponsor(s) and department(s) for student research).* Thank you for your consideration and assistance in our endeavor.

Sincerely,

*List the names of all researchers, including students and faculty, with signatures*

For IACUC use only

Protocol #\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received\_\_\_\_\_\_\_\_\_\_

Date Approved:\_\_\_\_\_\_\_\_\_\_

ANIMAL CARE AND USE COMMITTEE

University of Evansville

ANIMAL USE PROTOCOL

New Protocol\_\_\_\_\_\_\_\_\_ 3 year renewal protocol\_\_\_\_\_\_\_\_\_\_ Prior Protocol #\_\_\_\_\_\_\_\_\_

SECTION 1

I. APPLICATION DATA

TITLE OF PROTOCOL:

STARTING DATE: PROJECTED COMPLETION DATE:

PRINCIPAL INVESTIGATOR (faculty or staff sponsor):

DEPARTMENT:

ADDRESS:

TELEPHONE: (H) (O)

RESEARCH ASSISTANTS (students or technicians)

1.

2.

3.

4.

Emergency Notification:

Provide name(s) and contact phone number(s) for at least one person responsible for animal procedures and care in the PI’s absence. Emergency contact information must also be provided in the animal room (on cage card or posted on room door).

II. CATEGORY OF RESEARCH (Check appropriate category)

\_\_\_\_\_B Animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.

\_\_\_\_\_C Animals upon which teaching, research, experiments, or tests are conducted involving no pain, distress or use of pain-relieving drugs.

\_\_\_\_\_D Animals upon which experiments, teaching, research, surgery, or tests are conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs are used.

\_\_\_\_\_E Animals upon which experiments, teaching, research, surgery, or tests are conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs will adversely affect the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests.

III. ANIMAL CHARACTERISTICS AND HOUSING NEEDS

SPECIES:

STRAIN/BREED:

SEX:

AGE or WEIGHT CLASS:

VENDOR (FOR PURCHASED ANIMALS):

COLLECTOR’S PERMIT (FOR FIELD COLLECTED ANIMALS):

OTHER CHARACTERISTICS (e.g. diabetic, immunosuppressed, etc.):

TOTAL NUMBER OF ANIMALS REQUESTED FOR THIS STUDY:

CAGING OR HOUSING DETAILS:

FEEDING and SCHEDULE:

LIGHTING CYCLE:

ROOM/CAGE TEMPERATURE:

IV. BIOHAZARDOUS MATERIAL

If the animal use involves biohazardous materials, the appropriate category should be checked. Attach a detailed list of safety procedures and a copy of your approval letter(s) or permit(s). Mark all pertinent categories:

Infectious agents\_\_\_\_; Carcinogens\_\_\_\_; Radioisotopes\_\_\_\_; Recombinant DNA\_\_\_\_; Other biohazards (list):

Not applicable:\_\_\_\_\_\_\_

SECTION 2

INSTRUCTIONS: The following information is required by the Committee pursuant to its charge by the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals and the US Department of Agriculture (USDA) Animal Welfare Act. Answer each section completely. If the question is not appropriate to your protocol, answer NA. Answers must be provided on these sheets and not simply provided in an attachment (e.g. grant proposal).

I. PURPOSE OF THE STUDY

A. 1) specific scientific objectives and goals.

2) Does this project have a primary purpose of teaching or research?

3) If this is a continuing project, include long term goals and findings to this date.

B. Provide an outline of the experimental protocol. Include timing of all procedures, drugs, treatments, treatment groups, etc.

II. RATIONALE FOR THE USE OF LIVING VERTEBRATE ANIMALS

A. Are methods available whereby the scientific or teaching goals of this project can be as effectively achieved without the use of live animals? Why or why not?

B. Justify the appropriateness of species or strain to be used in this study.

C. Justify the number of animals requested.

III. PREVIOUS APPROVAL: Has this protocol or any part been previously approved by the IACUC of the University of Evansville? If yes, when?

IV. ANIMAL PROCEDURES

A. Injections, immunizations, medications, or other drugs used in the study separate from anesthetics, analgesics or agents used for euthanasia. Please include all substances used to date and\or those to be used in the study. If substances have been discontinued please note:

1 2 3

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Material

Frequency

Dose

Route

Concentration

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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B. Tissue Collection Procedures (include tissue removed and method):

C. Blood Collection (include method, amount and frequency)

D. Surgical Procedures: List specific operation(s) and note if animals will have multiple survival operations. In cases of survival surgery, describe specific aseptic techniques that will be used.

E. Postoperative care and monitoring (frequency and method)

F. Analgesics, Hypnotics, Sedatives and Tranquilizers, Anesthesia, Euthanasia

1 2 3

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications

(Drug name)

Frequency

Dose

Route

Concentration

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Anesthesia

(Drug name)

Frequency

Dose

Route

Concentration

1 2 3

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Euthanasia

(Drug name)

Dose

Route

Concentration

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G. Use of restraints (device, duration, frequency of use, adaptation method)

H. Other procedures (e.g. irradiation, tumor inoculation, chemical exposure, behavioral testing, etc.)

I. Painful or Distressful Procedures

1. Will any procedures be done that produce pain or distress without the use of appropriate analgesics or anesthetics?

How will the animal be monitored for pain and distress?

What criteria will be used to determine if the animal is in pain or distress?

2. What methods will be used to reduce the time period of pain and/or distress? Indicate at what point will an animal be removed from the study or euthanized?

3. What is the scientific justification for all procedures that cause more than slight or momentary pain or discomfort that are performed without sedation, analgesia or anesthesia?

V. ASSURANCES (Completion Required)

A. Assurance is provided, as required by Federal regulations, that:

This experiment does not unnecessarily duplicate previous experiments. The following reference sources and data base searches confirm this assurance. (Note that at least TWO databases must be searched for compliance):

Database search 1:

Date search was conducted:

Years covered by the search:

Keywords used:

Database search 2:

Date search was conducted:

Years covered by the search:

Keywords used:

Alternative procedures have been considered for any procedure likely to produce pain or distress in an experimental animal and no other procedures are suitable. The following alternative procedures were considered (and rejected) related to this assurance:

The following techniques will be used to minimize pain and discomfort to the animals:

B. The Principal Investigator provides assurance that he/she is familiar with the animal care and use requirements of the Public Health Service (NIH Guide for Grants and Contracts, vol. 143, no. 8, June 25, 1985 or the PHS Guide for the Care and Use of Laboratory Animals), the Code of Federal Regulations (Title 9), and the University of Evansville policies for animal care and use, and that this investigation will be conducted in accordance with those guidelines and regulations.

c. The Principal Investigator certifies that he/she is qualified to conduct or direct the animal research outlined in this protocol and accepts responsibility for maintaining standards of animal care required by the Animal Welfare Act.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator Date

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Signature of Department Chair Date

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Signature of ACUC Chair Date

Date of full approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of approval termination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of addendum approval(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date of audit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auditor(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deficiencies noted?:\_\_\_\_\_\_yes \_\_\_\_\_\_no

Adapted from protocols of Davidson College, Butler University, University of Missouri, and Yale University

by Noah Gordon, 11/27/11

Protocol revised: