FOR IACUC USE ONLY

IACUC#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Attending Veterinarian:

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

Application for Animal Care and Use in Institutional Research and Teaching

**Proposed Start Date:** Click here to enter text.

**Project Title:** Click here to enter text.

**Principle Investigator (Faculty/Staff):**

**Name:** Click here to enter text. **Department/College:** Click here to enter text.

**Phone Number:** Click here to enter text. **Email:** Click here to enter text.

**Date CITI Training Completed** (*Attach copy of CITI Training Certificate)*: Click here to enter text.

**Co-Investigator -Student Investigator (**If applicable)**:**

**Name:** Click here to enter text. **Department/College**: Click here to enter text.

**Phone Number:** Click here to enter text. **Email:** Click here to enter text.

**Date CITI Training Completed** (*Attach copy of CITI Training Certificate)*: Click here to enter text.

**Faculty Advisor Name:** Click here to enter text. **Department/College**: Click here to enter text.

**Phone Number:** Click here to enter text. **Email:** Click here to enter text.

**Date CITI Training Completed** (*Attach copy of CITI Training Certificate)*: Click here to enter text.

**Type of Research**

Thesis

Class Project

Faculty Research (Please see information at the bottom of this form if this research pertains to a grant opportunity)

Other (Please explain):

**Please check that all of the following items are attached, if applicable BEFORE submitting the application:**

* Permission from applicable authorities to conduct your research at their facilities.
* Appropriate state or Federal permits for wildlife research

# Purpose/Objectives of Research or Teaching Activity:

(In this section, briefly state the purpose and the problem to be investigated or the learning goal to be achieved. For a research activity, state the specific hypothesis to be tested or specific research questions to be answered. For a teaching activity, describe how the protocol meets the course or course series objectives. For pilot or exploratory studies, discuss the way in which the information obtained will be used in future studies so that the long-term benefits can be assessed.)

Click here to enter text.

# Relevant Background and Rationale for the Research:

(In this section, present the context of the work by explaining the relation of the proposed research or teaching activity to previous investigations in the field or learning outcomes. Please include citations of relevant research largely focused on peer-reviewed articles.)

Click here to enter text.

# Classification by Animal Use:

(In this section, please address the following questions to the best of your ability.)

1. Please list the animals used in this protocol by scientific and common name. Indicate those that are endangered or threatened.

Click here to enter text.

Check the most appropriate description under each category that apply to this protocol.

**Classification**

Research

Training

**Organ System**

Cardiovascular

Digestive

Endocrine

Eye

Hemato/Lymphatic

Integument

Musculoskeletal

Nervous

Respiratory

Reproductive

Urinary

All Systems (e.g. pathology)

**Procedure/Study Area**

Anatomy/Developmental Research

Antibody Production

Behavioral Studies Research

Disease Induction

Immunologic Research

Oncologic Research

Pharmacologic Research

Physiologic Research

Molecular Biologic Research

Nutritional/Chemical Research

Toxicology

**Surgery**

Applicable

Not Applicable

1. **Qualifications.** Describe the RELEVANT (species/procedures) training of investigators and technicians/students enabling them to conduct the procedures described in the proposal and to use the animal species chosen (including any CITI modules completed). If personnel will be trained for the study, please indicate how and by whom.

Click here to enter text.

C) **Assurances**

* Lack of non-painful, non-stressful alternatives: The Principal Investigator (PI) **must consider alternatives** to procedures that may cause pain or distress to animals. Provide a statement when non-painful, non-stressful alternatives are not available and the methods and sources used to determine this. If a computer assisted literature search was conducted, provide the name(s) of the data base(s) searched and the date(s) of the search(es) and keep copies of the search results. Click or tap here to enter text.
* **Research Duplication:** The PI is required by law (CFR9, AWA para.2.31.d) to provide a statement that alternative research models or teaching alternatives are not available and that the proposed research or teaching activity does not *unnecessarily* duplicate previous work. If a computer assisted literature search was conducted, provide the name(s) of the data base(s) searched and the date(s) of the search(es) and keep copies of the search results. Click or tap here to enter text.
* **Rationale for Species:** Enter a brief statement explaining why the *species described* and the *number(s) requested* must be used. Address reasons such as pertinence to previous work, statistical significance, class size, etc.

# Procedures and Methodology:

(In this section, please provide a detailed description of each procedure and each population group, if applicable.)

1. Summarize the overall study design and why this design should be capable of meeting the study objectives.

Click here to enter text.

1. Please provide a detailed description of all study procedures, assessment and participant activities in a sequential format. Attach assessment document(s) as an appendix. Please consider using a table describing each session and corresponding assessment – if your study has multiple sessions.

Click here to enter text.

1. Where will the research be conducted? Are there any health and safety concerns that would be related to this location?

Click here to enter text.

1. State the specific dates/timeframe in which you plan to conduct your research (i.e., duration). Consider including a flow diagram to improve clarity.

Click here to enter text.

**5. Risks and Safeguard Procedures**

Indicate known potential painful/distressful effects on research animals. If, due to experimental procedures, pain/distress occurs in animals, how will it be treated?

Click here to enter text.

Animals will be inspected daily and animal room temperatures monitored. If additional monitoring is needed, how, by whom, and how often are animals monitored? Describe how monitoring will identify any unanticipated problems or adverse events.

List any *in vivo* use of infectious agents or biological or chemical toxins.

**6. Surgical Procedures**

Describe details of surgical procedure for each animal species. Describe the anesthesia dose and frequency that will be used. Details should also include how anesthesia will be monitored, surgeon’s name, location operating/recovery room and any post-operative care that will be needed.

Click here to enter text.

**7. Colony/Housing Supervision**

Name and contact information for colony/housing supervisor and the colony/housing location. Also include the   
 number and species of each animal held.

Click here to enter text.

**8. Unanticipated Problems:**

(In this section, describe the process for reporting any unanticipated problems or adverse event to the University’s IACUC within 7 calendar days.)

Click here to enter text.

**9. Euthanasia:**

If euthanasia is the end point of the study, indicate the method to be used. Include agent and dose for each species. Euthanasia shall be performed in accordance with methods approved by the AVMA guidelines, subject to prior consultation with the investigator.

Click here to enter text.

***Investigator’s Assurance:*** *By submitting this application, I attest that I am aware of the applicable principles, policies, regulations, and laws governing the protection of animals in research and that I will be guided by them in the conduct of this research. In signing this form, I assure animals will be given adequate water and food. The living environment will be cleaned and maintained on a regular basis. I will consult with a veterinarian or euthanize the animal when an animal becomes seriously ill. I will immediately notify the IACUC of any serious illness in my colony. I further assure that licenses and permits for collecting wild animals (if appropriate) have been obtained and are attached to this application.*

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**Principal Investigator Date**

**Time to Review:**

Full reviews may take 20-30 business days. Questions from the committee and approval paperwork will be sent to the email address that you provided on the application at the time of your submission.

**If this research pertains to a grant opportunity: Grant submission deadline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Funding Agency & ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Application reviewed by Provost/Vice President for Academic Affairs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Approved  Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of IACUC Administrator

Next Project Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_