**Animal Care and Use Protocol Review Application**

**Institutional Animal Care and Use Committee**

**Southern Utah University**

(Required for Use of Non-Human Vertebrate Animals in Teaching and Research)

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| Protocol Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PI or Faculty Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Campus Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Protocol Starting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IACUC may approve protocols for up to three years duration. However, animal continuation reports are required for each year of the protocol approval period. |
| Proposed animal use is for (check the appropriate box):  **Laboratory and Classroom Settings** **Field Settings**  Faculty Research Faculty Research  Student Research Student Research  Teaching: Course Number(s) Teaching: Course Number(s) |
| Mail the signed original of this application to:  Valerie Cheeseman Phone: 435-865-8175  Director, Office of Sponsored Research & Grants Email: cheeseman@suu.edu  304-C Administration Bldg. (The Milton & Steven Bennion Bldg.)  Southern Utah University  351 W. University Blvd.  Cedar City, Utah 84720  Application Deadlines: IACUC applications must be made at least two weeks prior to a regularly scheduled IACUC meeting. For meeting dates, please contact: [smetanka@suu.edu](mailto:smetanka@suu.edu) (Committee Chair) |
| This space for IACUC  IACUC Protocol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date disapproved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chair of IACUC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| All Persons Using Animals (list responsible person first. For teaching protocols, class lists are not required.  Name and Department Email Phone  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ |
| Unusual Conditions of Use and Care:  Yes No  \_\_\_\_ \_\_\_\_ Collaboration with another university? If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ \_\_\_\_\_ Animal exposure to biohazards?  If so, what agent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ \_\_\_\_\_ Animal exposure to radiological hazards?  Isotope(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Radiological activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ \_\_\_\_\_ Will animals be used outside of approved animal facilities?  If so, what location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ \_\_\_\_\_ Are there any other animal health concerns that might result from the  proposed research? If yes, specify in the protocol.  \_\_\_\_\_ \_\_\_\_\_ Will the implementation of this protocol directly or indirectly result in  Unusual health risks for humans? If yes, specify in the protocol. |
| Funding:  Is this research externally funded? YES \_\_\_\_ NO \_\_\_\_\_ PENDING \_\_\_\_  If externally sponsored, list sources below:  PI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grant title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grant title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funded by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grant title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  For funded projects, are contents of this protocol the same as those described in the funding application? YES \_\_\_\_\_ NO \_\_\_\_\_  If externally funded, submit a copy of the grant application narrative to the IACUC  Committee with this application. |

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| Animal Use Summary for Duration of Protocol Approval Period  Pain/Distress Categories:   * Minimal (USDA Category C) = no pain/distress and no use of pain-relieving   Drugs (routine procedures [ e.g. injections and blood sampling]).   * Moderated (USDA Category D) pain/distress for which appropriate anesthetic   Analgesic,or tranquilizing drugs are used.   * Unmoderated (USDA Category E) pain/distress for which the use of   Appropriate anesthetic, analgesic or tranquilizing drugs are withheld due to  Adverse effects on procedures, results or interpretation.  Answer for each species. Indicate applicable USDA category. Answer for first year of use.  Subsequent years of the protocol will be addressed on the annual continuation report form.  For Field Studies, **attach Field Study Supplement**.  Species of animal Pain/Distress Total animals\* Surgery  (& common name) Category (yes/no)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*If total is unknown, include minimum and maximum number. |
| Required Signatures   * All people using animals under my direction will be trained to use appropriate methods and will read and agree to comply with this protocol. * All animal use will be in accordance with the guidelines set forth in Animal Care   Policy in the SUU Policy and Procedures Manual.  PI or Faculty Sponsor  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department Chair or Dean  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Animal Protocol Preparation Instructions**:

Answer questions 1-7 below. If more space is needed attach additional pages. Clearly number each item as listed below. If references are used, list full reference citation.

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| 1. Acquisition of Animals:    1. Where will the animals be procured?    2. Who is the responsible receiving party?    3. What is the protocol for delivery? Include what measures have been take to ensure that the animals are delivered when a responsible party can receive them.    4. How will animals be moved between and within facilities? Specify what methods will be used to minimize stress, injury and chance of escape.   NOTE: The Director of the Animal Care and Use Program must be notified at least two weeks before procurement. Procurement is contingent upon the availability of housing and physical plant limitations. |

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| 1. Rationale:    1. What is the purpose and value of the research? For classroom and teaching use, include a description of the goals of the course and the relationship to the protocol.    2. Is this a duplication of previous research? If yes, explain.    3. Why must animals be used? Are there alternatives?    4. Why is this species being used?    5. Provide a justification for the number of animals used and explain procedures for determining the total number of animals. |

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| 1. Procedures:   Describe all experimental procedures using animals. Include detailed information about all aspects of animal use, for example:   * 1. Environment in which experiments will be conducted.   2. Experimental manipulations   3. Chemical and pharmaceutical manipulations (include dose, frequency, rout of administration, etc.)   4. Food deprivation (or any unusual feeding patterns).   5. Animal handling.   6. Animal transportation from housing site to experimental site. |

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| 1. Husbandry:   Include information for the first year only. You will be asked to address subsequent years use on the annual continuation form. (Note: This section should only be filled out for those animals that are held for more than 12 hours).   * 1. Where will the animals be house and used?   2. Who is responsible for daily care?   3. What feeding regimen will be used?   4. What cleaning regimen (method and frequency) will be used?   5. Provide type of housing used and number of animals per unit.   6. Describe the temperature, humidity and light requirements of the animals and how those requirements will be met.  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Species | Total animals per semester | | Maximum daily census | | Initial date of animal use | | Ending date of animal use | |  |  | |  | |  | |  | |  |  | |  | |  | |  | |  |  | |  | |  | |  | |  |  | |  | |  | |  | | Animal use location | | Animal housing location | | Housing is in an approved facility?  (yes/no) | | Animal Care by IACUP Staff?  (yes/no) | | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | | |  | |  | |  | |  | | |

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| 5. Disposition of Animals:  Include a description of how animals will be disposed of at the end of use.   1. For transfer to another protocol of same investigator, provide approved protocol number. 2. For transfer to another researcher at SUU, provide name and approved protocol number. 3. For transfer to another researcher/institution, provide name of individual or entity receiving the animals, how the transfer will be handled and how the animals will be used following the transfer. 4. For euthanasia describe the method to be used as well as the methods by which death will be confirmed before the disposal of the animals. All euthanasia methods should comply with the 2000 Report of the American Veterinary Medical Association (AVMA) Panel on Euthanasia: <http://www.avma.org/resources/euthanasia.pdf> 5. For adoption, submit an adoption form at the time of adoption. 6. For release into the wild, provide location as well as all pertinent information regarding the animals’ ability to survive as well as their environmental impact. |
| 1. Pain/Distress   For Moderated and Unmoderated Pain/Distress Categories:   * 1. These categories have the potential for more than momentary or slight pain or distress. Include a description of the methods used to assess pain and a written narrative describe the methods and sources used to determine that alternative procedures (i.e., less painful or distressful) are not available. Investigators might consult with staff veterinarian, Dr. \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ or other sources which such as the Animal Welfare information Center at email : AWIC@NAL. USDA.GOV or other relevant sources. The narrative might include information similar to that in the following sample:   I have performed the following database searches (insert database titles and key words used). Based on (insert number) of years of experience in this field in conjunction with periodic consultation of bibliographic sources (insert titles) and a number of other references including journals (insert titles), I believe there is no alternative to performing this potentially painful/distressing procedure. Based on the aforementioned references and my experience, this (insert species) animal model is the most appropriate for conducting research.   * 1. Provide a list of anesthetics (including paralytics) and other drugs. Include dosage, routes, and frequency of administration.   2. For Unmoderated Pain/Distress Category ONLY   Provide written explanation of the procedures producing pan or distress for any portion of the protocol and the reason drugs can not be used to fully alleviate pain/distress. Include the species, number of animals affected and the criteria used for determining from the experimental view point or the timely intervention for removal of animals from the pain and distress. Investigator(s) may be requested to attend an IACUC meeting to discuss proposed research. |
| 1. Training of Personnel   Describe how personnel who perform animal anesthesia, surgery or other experimental manipulations are qualified through training and/or experience to accomplish these tasks in a humane and scientifically acceptable manner. If any personnel are in need of training, indicate who will train them prior to personnel’s use of the animals. |