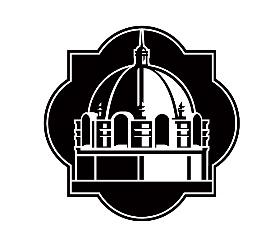
|  |
| --- |
| **IACUC OFFICE USE ONLY** Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project# \_\_\_\_\_\_\_\_\_\_  Approval Date \_\_\_\_\_\_\_\_\_\_\_\_  Expiration Date \_\_\_\_\_\_\_\_\_\_\_ |

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Texas A&M University-San Antonio

Institutional Animal Care and Use Committee

**ANIMAL USE PROTOCOL APPLICATION**

(*Please type*)

1. **Principal Investigator/Project Director**

Name:       Department:

Address:       Office Telephone:

E-mail:

1. **Additional collaborators:**

Name:       Department:

Name:       Department:

1. **Project title or course name/number:**
2. **Funding Source:**       Grant #       Account #
3. **Animal locations:**

Housing  Day use only  Field:

1. **Principal Investigator assurances**. (Signify by initialing each box)

I have a working knowledge of the PHS “Guide for the Care and Use of Laboratory

Animals” and the USDA “Title 9 Animal Welfare Act” and its revisions…………………

The proposed work does not unnecessarily duplicate previous experiments, based

upon the following type of computer literature search: ……..………………..……………

Sources consulted

Years of search

Keywords used

All personnel involved in this project have been trained in the procedure to be used.

A letter documenting this training has been sent to the IACUC Chair…....……………......

I and all personnel on the project have read any pertinent safety information, IACUC

requirements, and security procedures…………….…………………………….………….

1. **Principal Investigator assurances**. (Signify by initialing each box)

I shall be responsible for maintaining records of all animals used and the procedures

carried out …………………………………………………………………………………..

Any discomfort, distress or pain that may be associated with this research will be held

to the absolute minimum…………………………………………………………………….

Alternatives to any procedures that may cause pain or discomfort have been considered…

I will strictly adhere to all DEA regulations involving receiving, storage, use, documentation

and disposal of all controlled substances utilized in my animal care program….……….…

Note: Items 8-12 on following pages should be answered for *each species* of animal to

be used. If several species are involved, please duplicate the pages as necessary.

8. Species:       Strain/Stock:       Common Name:

Source:       USDA Vendor: Yes  No

Duration of project (years):       Maximum # of animals to be housed at one time:

Estimated number per year:       Total through course of project:

1. **Procedures performed on animals**: In the space provided, give a brief layperson’s description of the procedures performed on animals in this project. Provide page # of continuation if needed.
2. **USDA Classification** of animal use (see INSTRUCTIONS attached)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Period\*** | | **Number of Animals by Category:** | | | |
| From (mo/yr) | To (mo/yr) | B | C | D | E |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\*Include total anticipated period of project funding and animal use. Anticipated use of animals more than three years beyond approval date should be included, even though new IACUC approval will be required.

11. **Special requirements for maintaining Animals**: Yes  No

If yes, indicate the requirements below, such as caging, bedding, type of water and dietary requirements. If no, animals are to be maintained according to the standard operating procedure of the animal facility.

Other special instructions for animal care staff:

1. Instructions for treatment and disposition of animals (check ALL applicable boxes):

Illness Death Pest Control

Call Investigator  Call Investigator  None

Treat  Necropsy  Veterinarian’s Option

Terminate  Bag for Disposal or  Call Investigator

Prepare Museum

Specimen

13. **Wild** or **exotic** species Yes  No  Permits? Yes  No

1. **Invasive procedures** (other than blood collection, catheterization,

intubations, etc.)?……………………………..……………..…………Yes  No

a. If yes, will the procedure be done under anesthesia?………………Yes  No

1. If yes, describe the anesthesia to be used including dose and route of administration.

If no, explain in detail why anesthesia is not used:

1. Person(s) responsible for post-anesthesia recovery?

15. **Restraint** (Chairs, slings, tethers, stanchions, metabolism cages or other devices)……….Yes  No

If yes, answer a-e:

1. Method:

b. Duration:

c. Frequency:

1. Frequency of observation during restraint:

e. Person responsible for observation:

16. **Surgery**:……………………Survival  Multiple  Terminal  None

1. Location (building/room) of surgical suite:

b. Surgical procedure(s):

description:

c. Anesthetics, analgesics, or tranquilizers used……………………...Yes  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Drug | Dose (mg/kg) | Route | Times/Day | #Hours/Day |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Describe the post-operative care (survival procedures only):

Where are the animals held post-operatively?

Person responsible for postoperative observation:

Neuromuscular blocking agents: ……………………Yes  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Drug | Dose (mg/kg) | Route | Times/Day | #Hours/Day |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

How and by whom will the animal be monitored?

Under what circumstances will incremental doses of anesthetics-analgesics be administered?

If neuromuscular blocking agents are being used without general anesthesia, provide justification:

17. **Intervention** for pain or distress….  analgesia  euthanasia  other

What interventions are withheld?….  analgesia  euthanasia  other

Circumstances under which interventions are to be used:

as recommended by Vet.  Other (describe):

Circumstances under which interventions are to be withheld (Explain why intervention is inappropriate):

18. **Disposition of animals** (check all that apply):  euthanized  other  release to

former habitat

(Explain below)

1. Person(s) performing the euthanasia:
2. Describe method(s) (for drugs, give name, route and dose):
3. Death assured by:

19. **Hazards to personnel** (if applicable):

Radioisotope

Carcinogen

Biohazard

Other

1. **Personnel**

|  |  |  |
| --- | --- | --- |
| Name | Position | Training |
|  |  |  |
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21. **Body fluids** or **tissue** from these animals may be utilized by other investigators………………………………………………………………..…….Yes  No

Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. **Controlled Substances**…………………………………………………….Yes  No

If yes, please initial assurance:

I am responsible for procurement, storage, administration, and record keeping for all

controlled substances………………..………………………………...……Yes  No

1. **Summary and Judicious Use of Animals:**

On separate pages, attach an expanded summary to describe your work to the Institutional Animal Care and Use Committee. Include:

1. Objective and significance of the project/course, including the probable benefits of this work to human and/or animal health, the advancement of knowledge, or the good of society.
2. A detailed description of the procedures to which the animals will be subjected.
3. Your reason for selecting the species and justification of number of animals used. Are other animals, specifically non-vertebrates, suitable for these studies?
4. Describe your experience with the proposed animal model and manipulation.

* Do not submit a grant proposal, abstract, teaching syllabus, or reprint in place of the summary statement. Use language appropriate for a scientist outside your field. Append additional sheets as needed.
* Outside review of scientific and/or educational content of the protocol application may be necessary if no peer review is complete or planned (item 5, page 1), particularly if the animal use falls under USDA category E. If this is the case, a more detailed summary will be required for item (23) (See IACUC chair for instructions).

**PRINCIPAL INVESTIGATOR ASSURANCE:**

As Principal Investigator, I am aware that I have the ultimate responsibility, on a day-to-day basis, for the proper care and treatment of the laboratory animals. I agree to adhere to all federal, state and local laws and regulations governing the use of animals in teaching and research. I further assure the Texas A&M University-San Antonio Institutional Animal Care and Use Committee that the minimal number of animals will be used for the project and that every possible step will be taken to minimize stress or pain to the animals. I have carefully considered and concluded that no reasonable alternatives to the use of animals could be applied to this project, and that this project is not an unnecessary duplication of any previously published work.

I will submit appropriate annual review forms for this project and obtain formal approval from the Committee prior to implementation of any changes in this protocol.

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Principal Investigator/Course Director Date

The Texas A&M University-San Antonio Animal Care Facility can satisfy the animal housing and maintenance requirements of this protocol. Where used, the type and amount of analgesic, anesthetic, or tranquilizing drugs above are appropriate by current professional standards, for relief pain and/or distress. The methods of euthanasia are compatible with the recommendations of the AVMA Guidelines on euthanasia (June 2013).

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Veterinarian Date