

**ANIMAL RESEARCH PROTOCOL APPROVAL FORM**

*Effective 5/19/16*

Assurance of Compliance with *Public Health Service Policy on the*

*Human Care and Use of Laboratory Animals by Institution*

(Assurance No. A3393-01, currently inactive)

***Instructions:*** *Please submit this form both as an electronic (in .doc or .docx format) and as a hard copy to the chair of the Institutional Animal Care and Use Committee. The hard copy must have the faculty signature in Section X. All faculty submitting protocols are asked to complete the CITI training module entitled “Working with the IACUC” and other modules that are appropriate for the procedures being proposed. For registration for the CITI courses go to:* <http://citiprogram.desk.com/customer/portal/articles/1231781-new-learner-account-registration-2-0>. *To log in to complete the modules go to:* <https://www.citiprogram.org/>

**Protocol Number:**  \_\_\_\_\_\_\_\_

Faculty Member Supervising Research:

Protocol Title:

Person Conducting Research:

Course number (if applicable):

**REVIEW BY ANIMAL CARE AND USE COMMITTEE**

\_\_\_\_ Approved after Animal Care and Use Committee review

\_\_\_\_ Approved by Animal Care and Use Committee without a formal meeting of the Committee following circulation of the protocol without objections raised by any member. Designated member approving protocol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Deferred pending further information

\_\_\_\_ Disapproved

**Comment**

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

 Chair, Animal Care and Use Committee Date

**PROTOCOL DESCRIPTION**

**I. Project identification** (check applicable categories; protocols are approved for a maximum of 3 years). Education protocols should be accompanied by a copy of relevant handouts.

 New: \_\_\_\_\_ Renewal: \_\_\_\_\_ Modification: \_\_\_\_\_

 Education: \_\_\_\_\_ Research: \_\_\_\_\_

 Duration of project: Funding agency, if external funds are sought:

**II. Modifications.** If this proposal is for a modification of a currently approved protocol, explain here the changes that are being planned. If these changes are minor, then it is not necessary to complete the rest of the form with the exception of the signature section.

*\_\_ Not applicable*

**III. Objectives or significance of experiment justifying animal use.**  Provide a statement in terms that can be understood by nonscientists.

**IV. Species or strain Age/Sex Maximum**

 **Number**

(Please note that multiple uses of animals for noninvasive procedures are encouraged.)

**V. Housing/environmental requirements:**

 Standard \_\_\_\_\_ Exceptions (explain under Comments) \_\_\_\_\_

 Dietary restrictions:

 Comments:

**VI. Will the animals be exposed to any biological hazards** (carcinogens, toxins, recombinant DNA, experimental or controlled drugs, radioisotopes, infectious agents)?If so, list the substances and include a description of their expected effects).

 *\_\_ Not applicable*

**VII. Procedures**

 **A. Summary of the method** of the study, including a clear statement of the experimental design and disposition of the animals after the research is completed.

 **B. Drug administration.**  *\_\_ Not applicable*

 Pre-anesthetic agent(s): dose: route:

 Anesthetic agent(s): dose: route:

 Euthanasia agent(s): dose: route:

 Other: dose: route:

 **C. Surgical procedure(s):**  *\_\_ Not applicable*

1. **Postsurgical procedure(s).** *\_\_ Not applicable*
2. **Postsurgical pain treatment.** (If postsurgical pain treatment is to be withheld, then a veterinarian’s statement of approval must be included here.) *\_\_ Not applicable*

 **F. Any other procedures that might place the welfare of the animal at risk.**

*\_\_ Not applicable*

**VIII. Consideration of alternatives for the protocol.**

Please explain the rationale for the use of the protocol that is proposed *vis á vis* principles of replacement, reduction, and refinement of scientific use of animals.

Literature Review: Database: Date of search: Key words:

**IX. Disposition of animals**

\_\_\_ donation to the Utica Zoo \_\_\_ disposal as non-regulated biological waste

\_\_\_ returned to colony \_\_\_ disposal as regulated biological waste

 \_\_\_ other (explain) \_\_\_ not applicable

**X. Declaration of Intent (Must be signed and submitted as a hard copy)**

 This project will comply with the procedures approved by the Institutional Animal Care and Use Committee and the NIH Guide for the Care and Use of Laboratory Animals, PHS, NIH publication no. 85-23, 1985. The information provided above is accurate to the best of my knowledge. Any revision to the above animal care and use data will be promptly forwarded in writing to the chair or the Animal Care and Use Committee. Any variance from the protocol which would have an impact on animal health or comfort will be submitted to the Animal Care and Use Committee for approval. My signature below also indicates that I have completed the relevant CITI modules for this protocol. If my course or research students are involved in hands-on experimentation with animals as described above, then my signature indicates that I will require them to complete the appropriate modules.

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

 Signature of Faculty Member Date

XI. **Declaration of Intent by Students and Collaborators**

 This section should be completed *after the protocol has been approved* by the Institutional Animal Care and Use Committee. The following signatures indicate that the individuals involved in the research described in this protocol are familiar with the information and will comply with the procedures described. All participants must provide signatures and the faculty member must maintain those records. Additional sheets for this purpose should be added as necessary.

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 Signature of Individual Participating in the Project Signature of Individual Participating in the Project