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| **Animal Protocol Application Form RESEARCH** | Application No:Expiration date:*For Office Use Only* |

# 1. Protocol Title

|  |  |
| --- | --- |
| Project title (in full): |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Proposed start date | Proposed end date | Protocol is a renewal | Previous protocol # (renewals only) | Expiration date of previous protocol |
|  |  | [ ] \* |  |  |

\* Double click the check box to activate or de-activate the box

|  |
| --- |
| Progress report for renewing projects only: how does this protocol differ from the original in the objective and procedures? If all or some of the studies proposed appear to be identical to those in the original protocol, please provide a brief explanation as to whether they have not yet been done, or are ongoing, or must be repeated, etc. |
|  |

2. Project Category

|  |  |  |  |
| --- | --- | --- | --- |
| Independent research | Collaborative research | Survey | Component of a higher degree |
| [ ]  | [ ]  | [ ]  | [ ]  |

3. PI Contact Record

|  |  |
| --- | --- |
| Principle investigator |  |
| Title |  |
| Department |  |
| Work phone |  |
| Cell phone |  |
| E-mail address |  |
| Mailing address |  |
| PI Department Chair |  |
| E-mail address |  |
| PI Faculty Advisor (if indicated) |  |
| E-mail address |  |

4. Participating Personnel, Protocol Contacts & Occupational Safety Designee (OSD)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and title | Project role\*\* | OSD (y/n) | Protocol contact\* (y/n) | Animal work (y/n) | E-mail address for OSDs and protocol contacts  |
|  |  |  |  |  |  |
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5. General information (check all that applies to this protocol)

[ ]  Collaborative project

|  |  |  |
| --- | --- | --- |
| Other institution | Contact name, phone and e-mail address | Describe nature of collaboration |
|  |  |  |

[ ]  Hazardous Materials

|  |  |
| --- | --- |
| Hazardous materials used in the protocol  | Describe how the hazards will be controlled |
|  |  |
|  |  |
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6. Funding source (departmental and non-departmental funding sources)

|  |  |
| --- | --- |
| Funding source | Fund title (if different from protocol title) |
|  |  |
|  |  |

7. Lay summary

|  |
| --- |
| Lay summary |
|  |

8. Specific objective/hypothesis

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| --- |
| What is the specific goal of this project? What is the research hypothesis? |
|  |

[ ]  Check here if the work hasany human biomedical application

9. Description of Procedures

|  |
| --- |
| Description of procedures |
|  |

10. Animal Usage

 **a. Categories of Manipulation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Experimental group | Species | Category of manipulation | Number of animals (estimate for complete protocol; maximal 3 years) | Maximum number of days per animal |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 **b. Origin of animals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client-owned | Faculty/student/staff owned | SGU-owned | Wild/feral animals | Other\* |
| [ ]   | [ ]   | [ ]   | [ ]   | [ ]   |

\*Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| What is the total number of animals from this protocol expected to be housed in the SGU’s animal care facilities at any given time? |
|  |

 **b. Justification for category of manipulation and species**

|  |
| --- |
| Explain the rationale for animal use, including why non animal models can not be used |
|  |
| Describe how the category of manipulations for each experimental group of animals was determined |
|  |
| Please provide scientific justification for the species requested, addressing why animals from a “lower” species cannot be used to achieve the desired results |
|  |

 **c. Statistical justification**

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| --- |
| Briefly describe the statistical justification for the number of animals requested in each experimental group.  |
|  |

11. Methodology

 **A) Husbandry**

 Please include all details with regards to the animal husbandry.

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| --- | --- |
| Where will the animals be kept |  |
| How will the animals be kept |  |
| Who is responsible for the animals (include e-mail address and (cell-) phone number |  |
| What is the feeding regime for the animals |  |

[ ]  **B**) **Palliative therapy for procedures** **(complete for procedures in category C-E)**

|  |  |
| --- | --- |
| Palliative agent/therapy (including warming pads, bedding or food, analgesics, etc.) |  |
| If analgesics are used: dose, frequency of administration, number of days administered |  |

[ ]  **C**) **Anesthesia and/or sedation for** procedures

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List procedure where general anaesthesia is used | Drugs | Dose | Route of administration | Duration of anaesthesia |
|  |  |  |  |  |

|  |
| --- |
| Describe patient monitoring incl. monitoring equipment used: |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| List procedures where sedative is used | Drug | Dose | Route of administration | Duration of effect | Frequency of administration | # days of administered |
|  |  |  |  |  |  |  |

[ ]  **D**) **NO palliative therapy offered for procedures with pain category of E**

|  |
| --- |
| Justification for withholding palliative therapy |
|  |

[ ]  **E**) **Euthanasia** ***(Please note – all protocols using live animals must include this section)***

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| --- |
| Please list all non-SGU animal care locations where euthanasia will take place |
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| --- |
| List the methodology used to euthanize the animals used in this protocol. Include a description of the pre-sedation agents and methodology used, or justify the lack of pre-sedation |
|  |

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| --- |
| How will death of the animals be confirmed? |
|  |

 **F) Animal disposal**

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| --- |
| How will the carcasses be disposed of? Describe how the animal remains will be transferred, the final destination and eventual disposition |
|  |

12. Documentation

***Scientific Literature Search, including an alternative methods search:***(Think *Reduction* in the number of animals and *Refinement* of the proposed work; *Replacement* of animals with alternatives such as cell or tissue cultures, models, simulations, animals lower on the phylogenetic scale, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Literature Review (must be within last 6 months) | Years Covered in Review: (must go back at least 10 years) | Databases, Indexes, or Other Sources Used for Review of Literature: | Keywords Used: |
|  |  |  |  |
| ***Results:*** |
|  |

Does this research duplicate previous work? No [ ]  Yes [ ]

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| --- |
| If **YES**, provide justification for this study: |
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13. Principal Investigator Assurance & Signatures

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| --- |
| Protocol Title: |
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 To the best of my knowledge, the information contained herein is accurate.

1. I affirm that all procedures involving animals will be carried out humanely and will be performed by IACUC certified persons, and that as the designated Principal Investigator, I am responsible for all work conducted under this protocol.
2. As Principal Investigator, I assure that the proposed activities do not unnecessarily duplicate activities.
3. I have considered alternatives (if any) to all of the above-listed procedures that may cause more than momentary slight pain or distress.
4. I affirm that the protocol noted above accurately reflects procedural information contained in the grant application to the agency noted on this form.
5. I understand that federal regulations authorize the attending veterinarian to utilize his/her discretion in the implementation of the procedures herein described in order to assure the welfare of the animal subjects.\*
6. I further understand that any other variance from what is written in the protocol form would constitute a violation of Animal Welfare guidelines. Any revisions to animal care and use procedures in this project will be forwarded promptly to the IACUC for review. Revisions to protocols will not be implemented until IACUC clearance has been obtained. Animals will not be transferred between Investigators without prior written approval.
7. I certify that this protocol has been reviewed for scientific merit and that I will share the approved protocol with all personnel identified in section 6 and they will read and understand all elements described for the study.

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| --- | --- |
| Principal Investigator Certification | Department Chair |
| Names | Date | Name | Date |
|  |  |  |  |

|  |  |
| --- | --- |
| Date of Application submission  |  |
| \*\*Signature Principle Investigator |  |
| \*\*Signature Department Chair |  |
| \*\*Signature Faculty Advisor |  |