Angelo State University INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)

Instructions for Completing

PROTOCOL FOR THE USE OF LIVE ANIMALS FOR RESEARCH, TEACHING OR DEMONSTRATION Animal Use Form

Information provided on the Animal Use Form will be used by the Institutional Animal Care and Use Committee (IACUC) to evaluate your proposed use of live animals in research or teaching laboratory. Approval or disapproval will be based on compliance to the Animal Welfare Act, The Public Health Service Policy on Humane Care and Use of Animals, the National Institutes of Health Guide for the Care and Use of Laboratory Animals and the Guide for the Care and Use of Agricultural Animals in Agricultural Research and Teaching. Approval by the committee is required before any animal can be ordered or used within Angelo State University.

The principal investigator (faculty member) submitting a protocol is responsible for the actions of all personnel involved with the care and use of animals. Failure to comply with the current regulations will suspend your use of animals at Angelo State University.

- 1. Answer all questions.
- 2. This is a form field document and you must provide the information in the shaded area and in the space provided.
- Completed form should be submitted electronically (select the "submit" button at the end of this document).
- 4. The IACUC meets once during each long semester and as needed to review all animal use forms. Meeting schedules and protocol deadlines are available online.
- 5. Completed forms must be submitted at least 30 days before the research/teaching activities are scheduled to begin.
- 6. Protocols are approved for three years, but regulations require a review and re-approval every 12 months.
- 7. Protocols that involve no pain or distress may be submitted and receive "Designated Review."

Angelo State University INSTITUTIONAL ANIMAL CARE & USE COMMITTEE

(IACUC Use Only) IACUC APPROVAL NO.:
Expiration Date:
Category:

PROTOCOL FOR THE USE OF **LIVE ANIMALS**FOR RESEARCH, TEACHING OR DEMONSTRATION Animal Use Form

A protocol can be reviewed only after all questions have been answered completely. Do not refer to or attach passages from grants. This is a form field document and you must provide the information in the shaded area and in the space provided.

Date F	Filed:						
TITLE	ITLE OF PROTOCOL: (There may be multiple titles)						
Princip	oal Investigator:	Department:					
Teleph	none Number:	E-mail:					
Propos	sed funding source:						
Expec	ted starting date of project:						
Expec	ted completion date of project:						
Projec	et is:						
	☐ Biomedical ☐ Food/Fiber Production ☐ Teaching/Demonstration ☐ Wildlife ☐ Other (please describe)						
1.	Animal model(s):						

A. Common name, sex, age:

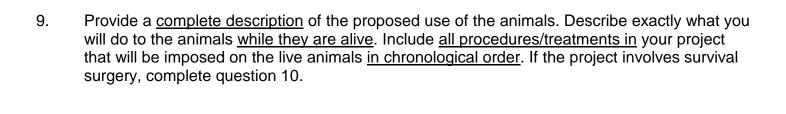
	B.	Number of animals requested for the entire project:							
		(1)	based on 1)	the expec	ted numb	per of stu	dents in the	class, based	nimals needed d on past nts sharing each
		(2)	For animals a rationale for number of a demonstration	or the num	ber of reeded to e	quested ffectively	animals bas maintain a	ed on 1) the working syst	
	C.	Locati	on of animals	and proje	ect:				
	D.	The a	nimals will be	maintaine	ed in wha	it type of	caging/hous	ing?	
	E.	Source	e of animals,	e.g., purcl	hased, in	stitutiona	ılly bred, cap	otured from v	vild:
2.	Does	this pro	oject involve v	vild-captur	ed anima	als?	Yes 🗌	No 🗌	
	If yes,	have r	equired perm	its been o	btained?		Yes 🗌	No 🗌	N/A 🗌
	Please provide permit numbers for appropriate state, federal, or international permits under which these animals are being used.						permits under		
	If permits are not required, please explain in the space provided.								

3.	Will animals be exposed to:					
	A.	Radiation or radioactive materials?	Yes 🗌	No 🗌		
		If yes, are you licensed to use material?	Yes 🗌	No 🗌		
	B.	Recombinant DNA?	Yes 🗌	No 🗌		
	C.	Hazardous chemical, infectious agents, carcin	ogens, toxins	or noxious agents?		
		Yes No No				
		If yes list the agent(s):				
4.	4. Will humans be exposed to hazardous chemical, infectious agents, carcinogens, toxins noxious agents during the course of the project?					
	Yes [☐ No ☐				
5.	Provide a short (200 words or less) nontechnical, lay summary of the project, expressing it significance and your reasons for undertaking the study. Include project objectives and methods in lay terms.					

6.	Provide the rationale and purpose of the proposed use of this species of animals. (State briefly why living vertebrates, especially the species you are using, are required rather than some alternative model.)

- 7. Provide justification of the number of animals requested.
 - A. Explain all treatment and /or study groups. (Example: 5 animals/treatment group X 5 treatment groups/study group X 4 study groups = 100 animals required).
 - B. Explain how you determined the total number of animals requested. Whenever possible, the number of animals requested should be justified statistically (research projects only). Two methods are commonly used to statistically justify the numbers of animals: 1) a power test or 2) peer reviewed publication of methods. It is important to include all animals for pilot studies and any expected losses resulting from technical development.

- 8. Describe the availability or appropriateness of the use of less-invasive procedures, lower species, isolated organ preparation, cell or tissue culture, or computer simulation. Provide the methods and sources used to determine that alternative procedures are not available and do not unnecessarily duplicate previous experiments. Methods would include the key words (the word "alternative" is required in any search) used in the search. Sources can be databases, such as biological abstracts, Index Medicus, Current Research Information Service, Animal Welfare Information Center, etc., or specific references can be cited. The minimal written narrative should include:
 - 1. A list of the sources or databases searched or other sources consulted
 - 2. List date(s) of the search
 - 3. List years covered by the search
 - 4. List the methods or key words and (or) search strategy used\
 - 5. List results of the search (State why alternatives are not suitable)



10.	Does	this protocol involve survival surgery? Yes \(\square\) No \(\square\)
	If yes	, contact the University Veterinarian (325-653-1037) and complete the following:
	A.	State where the aseptic surgery will be performed.
	В.	Individual(s) performing the surgery.
	C.	List the sedation, analgesic and anesthesia and their dosages.
	D.	Describe the surgical procedure. (Indicate if multiple surgeries are required.)
	E.	List the post-surgical analgesic dosage and duration.
11.	includ	e proposed animal activities involve potentially painful procedures? (Painful procedures de surgery and procedures that may cause more than momentary or slight pain or ess to the animals.)
	Yes [□ No □
	•	, contact the University Veterinarian (325-653-1037) and complete the following: (Note: rotocol may not qualify for "Designated Review")
	A.	Describe the procedures for ensuring that discomfort, distress, pain, and injury will be limited to that which is unavoidable in the conduct of this project.

	B.	List the analgesics, anesthetics and (or) tranquilizing drugs and their dosages to minimize discomfort, distress, pain and injury.
	C.	If any procedure(s) will cause pain or distress and analgesia/anesthesia cannot be administered, list each procedure with justification for the exclusion of analgesia/anesthesia.
	D.	If painful or stressful outcomes are anticipated in this project, describe the criteria and process for timely intervention, removal of animals from a study, or euthanasia.
	E.	The attending veterinarian must be involved in planning this project. Was the attending veterinarian involved? Yes \(\scale \) No \(\scale \)
12.	Provid	de information on the care of the animals.
	A.	List the individuals responsible for the routine daily animal care.
	В.	Veterinary care provided by whom?
	C.	All health, veterinary treatment, and surgical records must be available for review by the IACUC. State the location(s) of these records:

13.	If euthanasia of any animals is necessary during the project, list the method/agent of euthanasia: (Include dosages where applicable).				
	Is this metho	od consistent with the recommendation of the 2007 AVMA Euthanasia Guidelines?			
	Yes 🗌	No 🗌			
	If no, give ju	stification for not following the Panel's recommendation.			
14.	State the dis	sposal of the animals at the end of the study.			
15.	All individuals that utilize <u>live</u> animals in this project must be appropriately qualified and trained in the proposed animal use and care. List the personnel that will utilize <u>live</u> animals, including their title/position and describe their training and experience with the procedures used in this project. Give the years of training/experience with each species in this protocol.				
	Name	Title/Position			
	Species				
	Training				
	Experience				
	Name	Title/Position			
	Species	Traisir Soliion			
	Training				
	Experience				
	Name	Title/Position			
	Species	THE/FUSITION			
	Training				
	Experience				
		<u> </u>			

Name	Title/Position			
Species				
Training				
Experience	nce			
Name	Title/Position			
Species				
Training				
Experience	nce			
Investigate	ator Assurance:			
I hereby certify that to the best of my knowledge, the statements in this protocol are true and accurate. I further assure Angelo State University that I am fully aware of our institutional policy, the Animal Welfare Act, the Public Health Service "Guide for the Care and Use of Laboratory Animals," and the "Guide for the Care and Use of Agriculture Animals in Agriculture Research and Teaching" as they pertain to the use of animals in research and teaching. By signing this statement, I am assuring the Institutional Animal Care and Use Committee (IACUC) that any and all animal use will be as described in the protocol by trained personnel and in accordance with the above existing policies. Any significant changes in the proposed project or personnel will be submitted in writing by amendment to the IACUC prior to proceeding with any animal use.				
Assurance of Non-Duplication: (Required by Title 9, Code of Federal Regulations, Part 2, Subpart C.)				
I hereby assure that these experiments do not, to the best of my knowledge, unnecessarily duplicate any previous experiments.				
Principal I	Investigator's Signature Date	_		
Please su	ubmit this form to the IACUC Chair.			

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