Union College
IACUC
Laboratory Animal Protocol Form

Please Leave Blank
Protocol Approval #:
Approval Date:
Expiration Date:

Date:

See Appendix A for form instructions.

A. ADMINISTRATIVE DATA

Department:

Principal investigator:

Mailing address:

Phone: Fax: E-mail:

Project title:

Initial submission: ☐ Renewal: ☐ Modification: ☐

Funding Source:

List the names of all individuals authorized to conduct procedures involving animals under this proposal and identify key personnel *[e.g., co-investigator(s)]*, providing their department, telephone, and e-mail:

B. ANIMAL REQUIREMENTS

Genus: *[e.g., Mus]* Species: *[e.g., musculus]*

Strain, subspecies, or breed: *[e.g., C57BL/6]* Common name: *[e.g., Black6]*

Approximate age, weight or size:

Sex:

Bacteriological status: *[e.g., germfree (axenic), defined flora (gnotobiotic), specific pathogen free (SPF), conventional]*

Viral status: *[e.g., simian immunodeficency virus, simian retrovirus]*

Source(s): *[e.g., name of vendor or breeder, or bred in-house]*

Primary housing location(s): *[Facility manager must certify in Section S that facility has the resource capability to support the study. If animals will be housed in lab or anywhere else outside central facility for more than 12 hours, provide building and room number.]*

Location(s) where manipulation will be conducted:

Number of animals to be used:
Year 1: Year 2: Year 3:

Total number of animals to be used:

C. TRANSPORTATION

D. STUDY OBJECTIVES

E. RATIONALE FOR ANIMAL USE

F. DESCRIPTION OF EXPERIMENTAL DESIGN AND ANIMAL PROCEDURES

G. SURGERY

H. PAIN OR DISTRESS CLASSIFICATION AND CONSIDERATION OF ALTERNATIVES

Species (common name)	USDA Classification* B, C, D or E	Number of animals used each year			3 years total number of animals
		Year 1	Year 2	Year 3	
Total number of animals					

I. ANESTHESIA, ANALGESIA, TRANQUILIZATION, OTHER AGENTS

J. METHOD OF EUTHANASIA OR DISPOSITION OF ANIMALS AT END OF STUDY

K. HAZARDOUS AGENTS

Hazardous Agent	Yes	No	Agent	Date of Biosafety Approval	Tracking #
Radionuclides					
Biological Agents					

Hazardous Chemicals or Drugs					
Recombinant DNA					

Study Conducted at Animal Biosafety Level: 1 ☐ 2 ☐ 3 ☐ 4 ☐

Additional safety considerations:

L. BIOLOGICAL MATERIAL/ANIMAL PRODUCTS FOR USE IN ANIMALS

[e.g., cell lines, antiserum, etc.]

1. Specify Material:

2. Source: Material Sterile or Attenuated: Yes ☐ No ☐

   Has the material been tested for pathogens? (e.g., *MAP - Mouse Antibody Production; RAP - Rat Antibody Production; HAP - Hamster Antibody Production, PCR test)*

   Yes ☐ *[Attach copy of results]* No ☐

3. I certify that the tested materials to be used have not been passed through rodent species outside of the animal facility in question and/or the material is derived from the original tested sample. To the best of my knowledge the material remains uncontaminated with rodent pathogens.

   ☐ **Initials of Principal Investigator**

M. GENETICALLY ENGINEERED ANIMALS

N. EXEMPTIONS FROM ENVIRONMENTAL ENRICHMENT FOR NONHUMAN PRIMATES OR EXERCISE FOR DOGS

1. For nonhuman primates, are you seeking an exemption for scientific reasons from the institution's plan for environment enrichment?

   Yes ☐ No ☐

   If yes, provide the basis of the request.

2. For dogs, are you seeking an exemption for scientific reasons from the institution's plan to provide dogs with the opportunity for exercise?

   Yes ☐ No ☐

   If yes, provide the basis of the request.

O. FIELD STUDIES

P. SPECIAL CONCERNS OR REQUIREMENTS OF THE STUDY

Q. PRINCIPAL INVESTIGATOR CERTIFICATIONS

1. I certify that I have determined that the research proposed herein is not unnecessarily duplicative of previously reported research.

2. I certify that all individuals working on this proposal who are at risk are participating in the institution's Occupational Health and Safety Program.
3. I certify that the individuals listed in Section A. are authorized to conduct procedures involving animals under this proposal, have attended the institutionally required investigator training course (where applicable), and received training in: the biology, handling, and care of this species; aseptic surgical methods and techniques (if necessary); the concept, availability, and use of research or testing methods that limit the use of animals or minimize distress; the proper use of anesthetics, analgesics, and tranquilizers (if necessary); and procedures for reporting animal welfare concerns.
4. For all USDA Classification D and E proposals (see section H.1.): I certify that I have reviewed the pertinent scientific literature and the sources and/or databases as noted in Section H.2. and have found no valid alternative to any procedures described herein which may cause more than momentary pain or distress, whether it is relieved or not.
5. I certify that I will obtain approval from the IACUC before initiating any significant changes in this study.
6. I certify that I will notify the IACUC regarding any unexpected study results that impact the animals. Any unanticipated pain or distress, morbidity or mortality will be reported to the attending veterinarian and the IACUC.
7. I certify that I am familiar with and will comply with all pertinent institutional, state, and federal rules and policies.
8. I certify that I have attended the institutionally required investigator training course (For PHS or NSF funded activities).

Year of Course Attendance: Location:

Principal Investigator

Name: Signature: Date:

R. CONCURRENCES

PROTOCOL APPROVAL NUMBER _____ (leave blank)

Safety Office/Committee Certification of Review and Concurrence:
[Required of all studies that use hazardous agents.]

Name: Signature: Date:

Facility Management/Veterinarian certification of resource capability in the indicated facility to support the proposed study:

Facility: Name: Signature: Date:

Facility: Name: Signature: Date:

Comments:

Attending Veterinarian certification of review and consultation on proper use of anesthetics and pain relieving medications for any painful procedures:

Name: Signature: Date:

[IACUC Office: add any additional concurrences that are needed e.g., radiations safety, Drug Enforcement Agency licensure, select agents.]

S. FINAL APPROVAL

Certification of review and approval by the Institutional Animal Care and Use Committee:

Name: Signature: Date:

T. ATTACHMENTS LIST

List any attachments here:

Attachment 1 - **Explanation for USDA Classification E**

[This report is required to accompany USDA Form 7023 to support any USDA Classification E listings.]

This document must be typed.

Name of investigator:

Animal study proposal title:

Species and number of animals listed in Classification E for each year:

Species:
Number of animals:
year 1 -
year 2 -
year 3 -
Total:

Description of project including reason(s) for species selection:

Provide a scientific justification to explain why the use of anesthetics, analgesics, sedatives or tranquilizers during and/or following painful or distressing procedures is contraindicated:

Signature of investigator:

Date:

Signature of IACUC Chairperson:

Date: