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**ANIMAL USE
PROPOSAL FORM
(IACUC-Form 1)**

(02.3-16)

(FOR OFFICE USE ONLY)

DATE: [] REVIEWER: [] CATEGORY #: A [] B [] C [] D [] E []

THIS FORM MUST BE COMPLETED AND APPROVED BEFORE THE PROPOSED ANIMAL USE IS INITIATED.

1. User Name [] User Title []
Co-PI(s) [] Co-PI(s) Title []
Dept. [] Bldg. [] Phone []

2. Title & Project, Grant or Course Number (if applicable)
[]

Check appropriate lines:

Research [] Research Training [] Biological Testing [] Teaching []

3. Source of Support [] Proposal Deadline []

Date of project or course period: [] to []

New [] Continuation [] Supplemental [] Revision [] Renewal []

*For continuation projects, does your planned animal use follow the original proposals animal use plans for:

Numbers of animals	Yes []	No []
Species of animals	Yes []	No []
Major procedures on animals	Yes []	No []

If your plans have changed, complete sections 5 through 10.

4. Is this proposal IDENTICAL to one previously approved? []

If so, PROVIDE PREVIOUS TITLE []

and DO NOT complete items 5-9; however, PLEASE SIGN on page 4.

5. Purpose of Study or Course:

Please submit to Director of Animal Care and Use, Office of Academic Research, Rinker 1346.

6. Categorize the animal use and procedures in one or more of the following categories (See Guidelines: Check appropriate lines).

- A. Use that is expected to produce little or no discomfort to vertebrate animal species.
- B. Use that involves minor distress or discomfort to vertebrate animal species.
- C. Use that involves significant but unavoidable distress or discomfort to vertebrate animal species.
- D. Use that involves inflicting severe pain near, at, or above the pain tolerance threshold of unanesthetized conscious animals.
- E. Use of invertebrate animals, tissue culture, embryonated eggs, or tissues obtained from vertebrate animals at necropsy or slaughterhouse.

7. Animal Species (Common Name)	Number	Location	Source
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Experimental Procedures (check appropriate lines): For every line checked, b through k, provide details below.

- A. Pain or distress will not be induced.
- B. Animal use only for collections, injections, or procedures involving minor discomfort.

- C. Pain and/or distress will be induced, but drugs will be used to relieve pain and/or distress.
 - D. Invasive procedures (e.g., catheterization, surgery).
 - Nonsurvival Surgery
 - Survival Surgery
 - (3) Chronic Catheterization
- ALL SURVIVAL SURGERY MUST BE DONE USING ASEPTIC TECHNIQUE.**
- E. More than one surgical procedure will be carried out on a single animal.
 - F. Use of drugs for the relief of pain or distress would interfere with the research goal.
 - G. There are special environmental conditions, including housing, that will be utilized.
 - H. There are unusual husbandry requirements.
 - I. Hazardous conditions or materials will be involved.
 - J. Animals will be euthanized.
 - K. Restraint devices such as holders, harnesses, or metabolism crates will be used.

Provide below details for every line checked, b through k ,in Item 8 above. Include identity of drugs to be used, method of administration, amount, and responsible personnel who will administer drugs. Describe pre- and post-surgical care and list qualifications of personnel responsible for such care. Attach more pages if necessary.

9. If your study was categorized in item 6 on the previous page as B, C, or D, are there alternatives to the painful procedures? - Yes No

a) If yes, list the alternatives:

b) If alternatives are available but will not be used, justify the procedures in this proposal.

c) If no, describe the methods and sources you used to determine there are no alternatives to the procedures in this proposal.

10. I assure the Committee that this research does not unnecessarily duplicate previous experiments.

initial for confirmation:

11. Provide rationale for the use of animals in this project and for the appropriateness of the species and the numbers used.

12. List the name of the veterinarian or comparable individual consulted in planning projects that cause momentary pain.

13. I certify that I am experienced in conducting the procedures on living animals that are described in this protocol, or

I will take the following measures to gain such experience:

I will take responsibility for the appropriate training of all personnel who will be handling the animals during this project.

Signature of Principal Investigator,
Instructor, or User

DATE

FOR COMMITTEE USE

Date Protocol Received by IACUC Chair

Detail of additional information obtained from investigator or changes required (included date).

Item #

OTHER COMMENTS:

Recommended for Approval

Not Recommended for Approval

PRINT NAME

SIGNATURE

DATE

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PRP CHAIR

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REVIEWER

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REVIEWER

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IACUC CHAIR

(if full review)

