

APPLICATION FOR PERMISSION FOR ANIMAL EXPERIMENTS

Application to be submitted to either the CPCSEA (address in form A above) or Institutional Animal Ethics Committee (IAEC)

Part A

1. **Name and address of establishment:**
University College of Medical Sciences & GTB Hospital (University of Delhi),
Dilshad Garden, Delhi – 110 095
2. **Registration number and date of registration:**
Regd. No. 508/01/a/CPCSEA; **Dated:** 31st October 2001
3. **Name, address and registration number of breeder from whom animals acquired (or to be acquired) for experiments mentioned in parts B and C:**
CAH, Univ. College of Medical Science & GTBH, Delhi (508/01/a/CPCSEA)
4. **Place where the animals are presently kept (or proposed to be kept):**
Central Animal House, Univ. College of Medical Science & GTBH, Delhi
5. **Place where the experiment is to be performed:**
Central Animal House, Univ. College of Medical Science & GTBH, Delhi
6. **Date on which the experiment is to commence and duration of experiment.**
Approximate Date: ; Duration:Months
7. **Type of Research Involved:**
(Basic Research/Teaching/Regulatory etc)

Date: ___/___/20___
Place: Delhi

(Signature)
Name of Chief /Principal Investigator:
Designation:

Applicable only for application to be submitted to CPCSEA

Part B

Protocol form for Research Proposals to be submitted to the Committee/Institutional Animal Ethics Committee, for New Experiments or Extensions of Ongoing Experiments using animals other than non-human primates

1. **Project/ Expt Title:**

2. **Chief/Principal Investigator:**

- a. Name :
- b. Designation :
- c. Deptt/Div/Lab :
- d. Telephone number: +91 11 Extn:
- e. E-mail ID :

3. **List of names of all individuals to conduct procedures under this proposal:**

Name & Designation	E-mail ID
(a)
(b)
(c)
(d)
(e)

4. **Funding Source with complete address:**

- (a) University College of Medical Sciences, Dilshad Garden, Delhi -110095
- (b)
- (c)

5. **Duration of the Project:**

- a. Number of months :
- b. Date of initiation (proposed) : ' 20__
- c. Date of completion : ' 20__

6. **Detailed Study Plan/Protocol (Not more than one page)**

Attach details as Annexure-I

7. **Study Objectives [The Aims of study and Why they are Important]**

Study Objective:

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8. **Animals Required:**

- A (i). **Strain:**
- A(ii). **Species:**
- B. **Age / Weight / Size:**
- C. **Gender:** **Male / Female / Either-Both**
- D. **Numbers to be Used:**
- E. **No. of Days each Animal:
Will be Housed**
- F. **Proposed Source of Animals:** Central Animal House, University College of
Medical Sciences & GTBH, Delhi

9. **Rationale for Animal Usage:**

- a. **Why is animal usage necessary for these studies?** (Reference to be cited)
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- b. **Why are the particular species selected required?**
Appreciable historical data is available on these species.
- c. **Why are the estimated numbers of animals essential?**
 - This is the minimum number to arrive at a meaningful statistical conclusion of acceptable standards.
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- d. **Similar experiments conducted in the past. If so, the number of animals used and results obtained in brief.**
Not applicable
- e. **If yes, why new experiment is required?**
Not Applicable
- f. **Have similar experiment (s) been made by any other organization/agency? If so, their results in your knowledge.**
Not applicable

10. **Description of procedure to be used:**

(List and description of all invasive and potentially stressful non-invasive procedures that animals will be subjected to in to in the course of the experiment. Furnish details of

schedules for injections (substances, doses, sites and volumes), blood withdrawal (volumes and sites and all anesthetics and/or analgesics dosage and routes

Included in the detailed protocol attached as Annexure-I

Substances

Doses : /As per study needs
Sites : Oral/.....
Volumes : /As per requirement

Blood withdrawal

Volumes : /As per requirement
Sites : /As per requirement

Radiation (dosage and schedules) : If Applicable

11. Please provide brief descriptions of similar studies from *in vitro* / *in vivo* (from other animal models) on same/similar test component or line of research. If, enough information is available, justify the proposed reasons:

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12. Does the protocol prohibit use of anesthetic or analgesic for the conduct of painful procedures (any which cause more pain than that associated with routine injection or blood withdrawal)?

If Yes, explanation and justification:

13. Will survival surgery to be done ?

If Yes, the following to be described: (attach as Annexure, if required)

- a. List and description of all such surgical procedures (including methods of asepsis)
- b. Names, qualifications and experience levels of operators
- c. Description of post-operative care
- d. Justification if major survival surgery is to be performed more than once on a single individual animal

14. Methods of disposal post-experimentation:

Euthanasia (Specific Method) : CO₂ Inhalation
Method of Carcass Disposal : Incineration
Rehabilitation :

15. Animal Transportation Methods if Extra-institutional Transport is envisaged:

Air Conditioned vehicle with provisions for proper caging, bedding, feed and water shall be used for the transportation of the laboratory animals, if required.

- 1. Use of hazardous agents (Use of recombinant DNA-based agents or potential human pathogens requires documented approval of the Institutional Biosafety Committee (IBC). For each category, the agents and the Biosafety level required, appropriate therapeutic measures and the mode of disposal of contaminated food, animal wastes and carcasses must be identified).**
 - a. Radionuclide** Not applicable
 - b. Biological Agents** Not applicable
 - c. Hazardous Chemicals** Not applicable
 - d. Recombinant DNA** Not applicable
 - e. Any Other (give name)** Not applicable

If, your project involved use of any of the above, attach copy of the minutes of Institutional Biosafety Committee granting approval.

INVESTIGATOR'S DECLARATION:

- 1. I certify that I have determined that the research proposal herein is not unnecessarily duplicative of previously reported research.**
- 2. I certify that all individuals working on this proposal, and experimenting on the animals, have been trained in animal handling procedures.**
- 3. For procedures listed under item 11, I certify that I have reviewed the pertinent scientific literature and have found no valid alternative to any procedure described herein which may cause less pain or distress.**
- 4. I will obtain approval from the IAEC/CPCSEA before initialing any significant changes in this study.**
- 5. Certified that performance of experiment will be initiated only upon review and approval of scientific intent by appropriate expert body [institutional scientific Advisory Committee / funding agency / other body (to be named)].**
- 6. Institutional Biosafety Committee's (IBC) certification of review and concurrence will be taken (Required for studies utilizing DNA agents of human pathogens).**
- 7. I shall maintain all the records relevant to experiments as per format (Form D)**

Date: ___/___/20___

Place: Delhi

(Mr./Ms/Dr.....)

Name & Signature of Chief Investigator/ P.I.

APPROVAL CERTIFICATE

This is certify that the project title “.....”
.....” has been approved (Approval No:
MC/UCMS/IAEC/.....[to be filled by CAH]) by the IAEC, University College of Medical
Sciences & GTBH, Dilshad Garden, Delhi – 110 095).

(Chairman IAEC)
Dr. S. Dwivedi
Professor and Head.
Dept. of Medicine,
University College of Medical Sciences
Dilshad Garden, Delhi - 110095

(CPCSEA Nominee)
Dr. H. S. Rehan
Professor and Head
Dept. of Pharmacology
Lady Hardinge Medical College
Delhi - 110002

(NOTE: Make sure that minutes of the meeting duly signed by all the IAEC members are maintained by the Office)

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Points to remember while submitting Form-B to request Permission for Animal Experiments.

1. For all Lab Animal Requests, both Part-A and Part-B of the Form-B must be submitted with complete details and signatures.
2. For the Animal Requests made for a period of more than 1 year (1.5 yr, 2 yr, 3 yr etc), the Animal break-up depicted (at the last) must also reflect a tentative year-wise utilization of lab animals requested (Either X animals 1st Year; Y Animals 2nd Year OR X no. of Expts 1st year; Y no. of Expts 2nd year and like that).
3. Information required in points 9, 10 and 13 of Form-B must be appropriately filled.
4. Depicting a Tabulated Break-up of total animals requested **is MUST**.
5. A brief summary of proposed Experimental Protocol /Design must be incorporated in Form-B and **the detailed project proposal / protocol must be attached as Annexure I.**
6. **Anesthesia to animals must be given important consideration while proposing any painful procedure** to be carried out on live animals during experiments.

Tabulated BREAK-UP of Total Animals Required

(Group-wise Division of Laboratory Animals must be mentioned)

(*Use extra pages if required)

Total Groups covered in Experiments	= Groups
Animals Required per Group	=
Total Laboratory Animal requirement	=	1 st Year 2 nd Year 3 rd Year

Brief Summary of Experiment Protocol/Design

(*Outlines Only-Use extra pages if required)

Experiment Title:

Animals Specie & Strain:

Gender:

Age/Weight:

References: