ANIMAL USE APPLICATION FORM
WILD FIELD STUDIES
SUBMISSION GUIDELINES

The University of Central Florida Institutional Animal Care and Use Committee (IACUC) meets on a bi-monthly basis to review animal use protocols. The bi-monthly meetings are held the fourth week of the following months. January, March, May, July, September and November.

- **Full Committee Review Submission Deadline: Completed and Signed Animal Use Application Forms should be submitted no later than the first day of the meeting month** or the next available official business day following the first, in the event that the first of the month falls on a weekend or official University Holiday.

- **Designated Review:** For Animal Use Application Forms received after the quarterly meeting deadline, or for applications requiring immediate review by the IACUC, our designated review system will be utilized to review the application (Section III.5.B.,UCF IACUC Policy and Procedure Manual).

- **Required Items For IACUC Review:**

- **Forms must be type written**

- **Form must have PI signature**

- **Form must have Department Chair signature**

- **Type of Project (Note: Category C, D, and E Projects Requires Veterinary Signature) The Animal Research Protection Office will obtain this signature for the PI.**

- **Signed Hard Copy Forms should be submitted to:**
  Cristina Caamaño, Assistant Director Research Program Services
  University of Central Florida
  Office of Research & Commercialization
  12201 Research Parkway, Suite 501,
  Orlando, FL 32826-3246

  Tel: 407-882-1164; Fax: 407-823-3299; email: IACUC@ucf.edu

- **Investigators should plan for at least 3 to 4 weeks between the time a protocol is submitted to the IACUC and final approval is granted.**

Note: The IACUC Form is available in both PDF and DOC format. Please regularly check the Office of Animal Welfare website to ensure that you have the most updated version of this application form.

University of Central Florida

FOR UCF/IACUC OFFICIAL USE ONLY:

IACUC Number: _____

Receipt Date: _____

Approval Date: _____

2nd year approval: _____

3rd year approval: _____

IACUC Action:
__Approved __Approved contingent upon:

_____

Reviewers: __ Full Committee Review (FC)
__ Designated Reviewer (NC)

ANIMAL USE APPLICATION FORM – Wildlife Field Studies

INSTITUTIONAL ANIMAL CARE & USE COMMITTEE
University of Central Florida
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, FL 32826-3246

Contact: Mrs. Cristina Caamaño
Tel: 407-882-1164; Fax: 407-823-3299; email: IACUC@ucf.edu

Check as applicable:
New application ___ Revised Application ___
Renewal application including changes ___ Renewal application without changes ___

Type of Project:
Category A __ Category B __ (Veterinarian signature **is not** required)
Category C __ Category D __ Category E __ (Veterinarian signature **is** required)
(For a description of the above categories, please refer to the last two pages of this form)

Responsible Faculty Name: _____
Campus Address: _____
Phone: _____ **Fax:** _____ **E-mail:** _____
Department: _____
Name of Dept. Chair: _____
Co-PI (s): _____
Technicians Involved: _____
Students Involved: _____

Section A.

1. TITLE OF PROJECT*: (The title should be identical to the one submitted to the funding agency. If more than one title applies, list them all here, and indicate which funding agency applies to which title).*

2. SOURCE OF FUNDING: (*If the proposal is sent to more than one agency and uses more than one title, please explain. Once a project is awarded and funds received, the other proposals usually become void under this protocol approval. Each animal project must have its own Animal Use Approval Form and number. Any exceptions to this should be explained here.*

3. IS YOUR PROPOSAL SUBJECT TO INDEPENDENT PEER (MERIT) REVIEW? Type YES or NO. ***If YES****, please specify by whom, i.e. NIH study section.* ***If NO****, please explain why there has been no merit review.*

4. PROPOSED STARTING DATE*: (If this is an ongoing project, list the original starting date of this project).*

New Project:	Month: _____	Day_____	Year_____
Ongoing project/original dates:	Month: _____	Day_____	Year_____

5. NUMBER OF YEARS PROJECT IS PLANNED TO CONTINUE AND/OR PROGRESS REPORT OF CONTINUING PROJECT*: (If this is a new project, how long will it continue? If this project has been going on for several years, or* ***if you are renewing your old Approval Form****, please provide a brief explanation or progress report. The Committee is especially concerned about how many animals have already been used and how many more are being requested).*

6. LIST SPECIES OF ANIMAL(S) TO BE USED, THEIR CLASSIFICATION STATUS AND LIST THE TOTAL NUMBER OF ANIMALS TO BE USED FOR THIS PROJECT*: (Common names for the exotic species are helpful. If 5 animals are Type D and 25 animals are Type C, then list them that way. This number may be an estimate or a range of numbers (if known). If you have no idea how many animals will be used, then list "unknown" and explain in item 7.* ***If you are not familiar with the Categories, please review their definitions in Section B of this Form. Nonsurvival surgeries are Category C, while the removal of tissues from already euthanized animals is a Category)****. If you are updating a project that has been ongoing, please indicate how many animals have already been used, and how many more are needed to finish the project).*

SPECIES	**CATEGORY (A, B, C, D, E)**	**TOTAL NUMBER REQUESTED**

7. JUSTIFICATION OF YOUR ANIMAL NUMBERS: (*It is necessary that sufficient detail be provided so that the number of animals requested in item 6 can be understood by the IACUC. The IACUC is interested in knowing how many animals will be involved with this study. You can give ranges or broad estimates if this is not known. If you are dealing with sample sizes and a total number of animals is known, please describe how you arrived at that sample size).*

8. ANSWER "YES" OR "NO" TO THE FOLLOWING:
DOES YOUR ANIMAL USE INVOLVE:

Radioisotopes: (If yes, list the agent,dose,duration)

Regulated Bioagents: (If yes, list the agent,dose,duration)

Recombinant DNA/RNA: (If yes, list the agent,dose,duration)

9. IF YOU ARE USING ANY OF THE ABOVE ITEMS, APPROVAL BY THE UCF's ENVIRONMENTAL HEALTH AND SAFETY OFFICE IS REQUIRED. REFER TO SECTION C FOR ADDITIONAL REQUIREMENTS CONCERNING SPECIAL HAZARDS ON YOUR RESEARCH AND TO COMPLETE THE SPECIAL HAZARDS FORM AS APPROPRIATE. (NOT APPLICABLE UNLESS ITEM 8 IS INVOLVED.)

Check as applicable:

_____ Special Hazards Form will be processed
_____ Completion of the Form is not applicable
_____ Special Hazards Form has been completed and it is pending review and approval by The UCF's EH&S Office.

10. WHAT SITES OR LOCATIONS WILL YOU BE ENCOUNTERING THESE ANIMALS?

List names of sites:
a)
b)
c)
d)
e)

11. WHAT WILL HAPPEN TO YOUR ANIMALS AT THE END OF THIS PROJECT? (*Please describe this process now. Select one of the following options and describe it. Please answer for all the species listed in item 6).*

Transfer to other projects (explain):

Adoption or resale (explain):

Return to the wild (explain):

Return to the herd or flock (explain):

Euthanized (explain) Explain *the method to be used. If you are using a drug(s), you must indicate the name, dose and route of the drug. If the method you use is not approved by the AVMA, you need to justify it and have it approved by this Committee. If you are unsure about your method of euthanasia, please consult a DVM.*
Cervical dislocation and decapitation of animals requires prior sedation. If you cannot sedate the animals prior to cervical dislocation or decapitation, you must give good reasons to justify the withholding of sedatives. Please put that justification statement here in item 11. Also, if you cannot sedate animals prior to cervical dislocation or decapitation, you are required to describe the training or experience acquired for the person using this method – Please describe that training or experience in the following space:

12. SEARCHING FOR ALTERNATIVES TO PAINFUL PROCEDURES:

PROPOSED ACTIVITIES OR SIGNIFICANT CHANGES IN ONGOING ACTIVITIES AS STATED IN RESEARCH PROTOCOLS MUST MEET THE FOLLOWING FEDERAL REQUIREMENT: The following requirement is only for Category Type C, D or E procedures.

"The principal investigator has considered alternatives to procedures that may cause momentary of slight pain or distress to the animals. And has provided a minimal written narrative description of the databases searched or other sources consulted, the date of the search and the years covered by the search, and the key words and/or search strategy used by the principal investigator. Examples of sources: biological abstracts, index medicus. Medline, CRIS, Animal Welfare Information Center (AWIC)."

If your research fits in the above C, D or E category, **you must make a narrative statement as part of this question.** A sample narrative statement could be as follows**:**

I have considered alternatives to the use of ……..(identify the painful procedure) and have found none that are available. The database(s) searched included a …….. (list the date of the search) search of …… (list databases) for the years …… (list the range of years searched) of the words ……..(list the key words searched).

Or you can make a similar narrative statement regarding your consideration of alternatives.

Type statement here:

13. DESCRIPTION OF ANIMAL PROJECT IN NONTECHNICAL TERMS: *This should include a statement of your experimental hypothesis (or teaching objectives) and be written in lay terms so it can be understood by the general public.* ***Include in your description what possible contributions your work might make to the broad disciplines of human/animal well-being or the expansion of human knowledge.***

- *To make your explanation understandable to the lay public, it is essential to use simple, non-technical language (high school level.)*
- *Failing to adequately describe a project in non-technical terms or failing to state the hypothesis are common reasons why this approval process is delayed. (Please do not submit your proposal abstract for this project description - most are too technical for the public to understand.)*

14. DESCRIPTION OF ALL ANIMAL PROCEDURES TO BE USED IN THIS STUDY: (*The IACUC needs to know what procedures will be done to these animals. If you are performing* ***injections, inoculations or blood withdrawals,*** *describe the dosages, sites, volumes, routes, and schedules involved;* ***radiation*** *(dosage, isotope and schedule);* ***restraining procedures if longer than several hours*** *(e.g., restraint chairs, collars, vests, harnesses, slings, chutes, etc.);* ***and*** *any other procedures (excluding surgery) must be described here. If these procedures are performed outside the animals' holding area, please state location (building & room) where procedures will be performed. Description of surgical procedures should be given in items 20 & 21.*

15. NAME OF VETERINARIAN CONTACTED FOR CONSULTING ON PAINFUL TECHNIQUES OR PROCEDURES (Categories C, D and E only):

On Types A and B studies, this name is not required. **This requirement is only those projects that are type C, D or E**. For Type C, D or E studies, you must list a name for the person providing this service.

Name of veterinarian contacted:_____

16. WHAT ARE THE EFFECTS OR SYMPTOMS YOU EXPECT TO SEE FROM THESE ANIMALS? (*Will you expect the animals to experience pain or discomfort? Indicate the nature of the pain and distress, how it will be recognized, and what measures you will take to either end the distress or provide relief).*

If you expect any animals to develop any clinical conditions or abnormalities (including changing tumor size, percentage body weight gain or loss, inability to eat or drink, behavioral abnormalities, changes in clinical signs, or signs of toxicity, weight loss, etc.) please provide details here about what is to be done when these symptoms occur.

If death is used as an end point, explain why they cannot be euthanized prior to death.

If you are providing analgesics, supply their generic names, route of administration, doses, and dosing intervals.

17. WILL ANIMALS UNDERGO ANY FOOD OR WATER RESTRICTIONS IN EXCESS OF 24 HOURS? THIS INCLUDES FASTING FOR SURGERY. Type YES or NO. *(If you are withholding food and/or water from animals in excess of 24 hours, explain why this is necessary and how you will monitor the animals to ensure that they are not excessively stressed by the protocol. The daily monitoring of body weights is usually required for food and/or water restrictions in excess of 24 hours).*

18. WILL ANIMALS BE SEDATED OR ANESTHETIZED FOR RESTRAINT OR SURGERY? Type YES or NO. *(If you are sedating or anesthetizing your animals, provide details of the drugs (generic names), dose, and route, along with details of how you will monitor the animal's level of sedation or anesthesia. These anesthesia and monitoring details are needed for both survival and non-survival surgical procedures).*

19. WILL PARALYZING AGENTS (MUSCLE RELAXANTS, LIKE PANCURONIUM) BE USED TO RESTRAIN YOUR ANIMALS? Type YES or NO. *(Explain why this is necessary and how you will determine that an animal is not experiencing pain. Investigators unfamiliar with the use of muscle relaxants in animal species should seek veterinary assistance as there are very marked species differences).*

20. WILL YOU BE PERFORMING NON-SURVIVAL SURGERY? Type YES or NO. (*If you are performing surgery from which the animal does not recover consciousness, please explain the surgical procedures in detail. Include the surgical approach and organs involved. It is also necessary to describe the monitoring and supportive care provided during surgery. Describe how long the animals will be anesthetized during this procedure and when euthanasia occurs. In addition, the means of maintaining and monitoring body temperature, fluid balance, heart and respiratory rate should also be described. Particular emphasis should be placed on how you will ensure the animal does not recover consciousness and how euthanasia is performed).*

21. WILL YOU BE PERFORMING SURVIVAL SURGERY? Type YES or NO. (*Please provide a description of the surgical procedure, the immediate recovery care, and post-operative care. Include the surgical approach, organs involved, implants and method of skin closure. The use of silk to close the skin is not acceptable. Please identify a non-wicking material to use to close the skin. It is also necessary to describe the monitoring of body temperature, fluid balance, and heart and respiratory rate. Indicate what arrangements will be made for providing post-operative care after normal duty hours, weekends, and holidays).*

22. WILL MORE THAN ONE SURGICAL PROCEDURE BE PERFORMED? Type YES or NO. *(If more than one major survival surgical procedure is to be performed on an individual animal, explain the procedures and their sequencing. Scientific justification is required if an animal is to be used for more than one major operative procedure from which it is allowed to recover. Major surgery is defined as penetration and exposure of a body cavity and/or any procedure that has the potential to produce permanent impairment of physical or physiological functions. All authorities are quite clear - economic considerations are not considered an adequate reason for multiple surgeries on an individual animal).*

23. LOCATION OF ANIMAL SURGERY: (NOT APPLICABLE UNLESS ITEM 20 or 21 IS INVOLVED.)

Name of location and description of resources available:

24. PLEASE LIST ALL PERSONNEL CONTACTING ANIMALS: (*For most academic classes, the students do not have substantial animal contact to warrant listing their names here. Substantial animal contact is intended to describe those individuals who would be at risk from REPEATED aerosol exposure (allergies) or physical exposure (bites) from their contacting the animals listed above. Where turnover of students makes this listing impractical, the instructor or responsible faculty should be listed here. Persons listed below should have a current tetanus immunization).*

Name	Department	Phone
a)		
b)		
c)		
d)		

25. PLEASE LIST TRAINING OF ALL PERSONNEL LISTED ABOVE: *(It is required that personnel be properly trained in the animal procedures you have listed in this project. This includes animal handling, restraint and the euthanasia methods listed. Indicate their training and experience below, who has trained them and where they were trained. You may list any Animal workshops attended. In the case of students in a classroom setting, we are more interested in the formal training of the instructor and any written material that is given to the students regarding the training of these techniques described above).*

Name --	**Training or Experience in Animal Handling, Restraint, Blood Collection, Injections, etc. of the procedures described in this form.**
1.	
2.	
3.	

26. ARE ANY LOCAL, STATE OR FEDERAL PERMITS REQUIRED OF THIS ANIMAL USAGE? NO. If YES, please describe. If you already have a permit, please attach a copy of the permit to this application.

Permit type	Certifying agency	Expiration Date

27. FACULTY ASSURANCE STATEMENT: **"The information contained in this application for animal use approval is accurate to the best of my knowledge and the project does not unnecessarily duplicate previously performed experimental work. Appropriate space and funding have been arranged in the event that the project is approved. All personnel listed recognize their responsibility in complying with University policies governing the care and use of animals."**

Name of Responsible Faculty (please print)	**and**	**Name of Department Chair** (please print)
Signature of Responsible Faculty	**and**	**Signature of Department Chair**

Section B.

FOR REFERENCE ONLY

ANIMAL USE CLASSIFICATION (CATEGORIES A, B, C, D, E)

In the ***Animal Use Approval Forms*** you are asked to classify the project according to the level of perceived pain / stress / distress.

TYPE A:

STUDIES ON NON-LIVING VERTEBRATE ANIMAL MATERIAL, NON-INVASIVE OBSERVATIONS OF WILDLIFE, AND/OR WHERE THERE IS NO CONTACT WITH ANIMALS

These include vertebrate animal tissues obtained at necropsy, slaughterhouse, or meat markets (grocery stores), observational studies on wildlife and other animals that do not involve physical restraint or handling are included. Also included in this category are projects that use commercial or other USDA registered animal facilities to produce animal products, like commercial antibody companies.

TYPE B:

STUDIES ON LIVE, VERTEBRATE ANIMALS CAUSING NO MORE THAN MINIMAL PAIN OR DISTRESS

Examples include: routine examinations; blood sampling; injection of non-toxic materials; approved methods of euthanasia that induce rapid unconsciousness; short periods (up to 24 hours) of withholding food and water. Acceptable levels of minimal pain and discomfort in this category would be those procedures that are normally done on animals given routine physical examinations at veterinary clinics. Animals that are euthanized and then have tissues/organs removed are included in Type B. Animals that are anesthetized and then have tissues/organs removed before euthanasia are in Type C.

TYPE C:

STUDIES INVOLVING MORE THAN MINIMAL (MILD) PAIN OR DISTRESS USUALLY OF SHORT DURATION

Examples include invasive studies on COMPLETELY anesthetized animals that may or may not regain consciousness. Survival surgical procedures that may result in minor post surgical discomfort. Also included are studies using noxious stimuli from which escape is possible; some tumor or device implants; the use of Freund's complete adjuvant; and domestic animal

production methods (following accepted veterinary practices), i.e. tail docking, neutering, dehorning, debeaking, etc.

***Comment*:** Animals are not expected to show prolonged (days) clinical symptoms, other than some mild discomfort, during or after Type C procedures. Terminal invasive procedures done on anesthetized animals before they are euthanized are included as Type C.

TYPE D:

STUDIES INVOLVING MODERATE TO SEVERE PAIN OR DISTRESS, BUT THIS PAIN OR DISTRESS IS ALLEVIATED OR OTHERWISE CONTROLLED BY DRUGS

Examples include major surgery under general anesthesia that results in significant post-operative discomfort, prolonged periods (several hours or more) of uncooperative physical restraint; deprivation of the animals' environmental necessities, such as maternal deprivation; aggression; and predator-prey interactions. Also included are studies in which diseases or toxicities are induced and the animals are expected to become sick or abnormal. Animals in Type D studies may experience pain, but the necessary treatments to alleviate the symptoms are available and provided, or the animals are euthanized. Involvement of trained technicians, scientists, and veterinarians is critical if this pain is to be minimized or avoided. Adherence to acceptable veterinary practices is mandatory and will vary depending on the project, i.e.
post-op analgesia, fluid therapy or intensive nursing care.

***Comment*:** Animals are expected to show clinical symptoms of pain or distress as a result of the research objectives, but these symptoms are treated or otherwise alleviated with the use of drugs or intensive care.

TYPE E:

STUDIES INVOLVING SIGNIFICANT PAIN OR DISTRESS WITHOUT THE BENEFIT OF PAIN-RELIEVING DRUGS

Examples include: application of noxious stimuli from which escape is impossible; the use of muscle relaxants in surgery without concurrent use of anesthetics, induction of aggressive behavior leading to self-mutilation or fighting where death is the end-point. Also included are studies in which death is the end-point, i.e. diseases are induced and infected animals are permitted to succumb rather than be treated.

Comment: Animals are expected to show clinical symptoms of pain or distress as a result of the research objectives, but these symptoms cannot be treated or otherwise alleviated with the use of drugs or intensive care because doing so would interfere with the research objectives. Type E studies place an explicit responsibility on investigators to explore alternative designs to ensure that these methods have to be used.

IMPORTANT: The reasons for using these procedures must be explained in a statement by you, the Principle Investigator, justifying their use. This statement is requested in the last item of the ***Animal Use Approval Form***. This statement is required by federal law. The IACUC submits this statement in annual reports submitted to the government.

End of Section B

Section C.

SPECIAL HAZARDS

Should the project involve the use of any of the following special hazards, completion of the SPECIAL HAZARDS INFORMATION FORM is required and approval by the UCF's Environmental Health and Safety Office must be received prior to the project implementation.

- Acute toxins
- Animal carcasses
- Blood, blood products, or human tissue
- Chemical agents
- Controlled substances / drugs
- Hazardous chemicals – please indicate hazard(s):
  ___ toxic ___ reactive ___ corrosive___ explosive ___ carcinogenic
- Hazardous waste (this may or may not be generated from the above chemicals)
- Human or animal pathogens
- Materials of animal origin
- Medical or biological waste (this may or may not be generated from the above materials)
- Non-ionizing radiation (laser, microwave, UV or other)
- Pathogenic microorganism: Human or Animal
- Radiation producing machines
- Radioactive material – please list isotope:
- Radioactive waste (this may or may not be generated from above isotopes)
- Recombinant DNA/RNA
- Regulated bioagents
- Tax-free alcohol
- Other (must describe in the form)

The SPECIAL HAZARDS INFORMATION FORM can be found at: http://www.research.ucf.edu.