**THE UNIVERSITY OF NORTH ALABAMA**

**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)**

**Animal Use Review Form**

The institutional Animal Care and Use Committee is responsible for the welfare of "any live, vertebrate animal used or intended for use in research, experimentation, testing, training, or related purpose" if these animals are maintained at The University of North Alabama Animal Care Facility (ACF) or used under funds administered by The University of North Alabama.

**For Office Use Only:**

IACUC #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Biohazard \_\_\_\_\_

 Approval Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Radiation \_\_\_\_\_\_

Veterinary Consultation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(PLEASE PRINT OR TYPE ALL ANSWERS)

**PRINCIPAL INVESTIGATOR:**

**TITLE OF GRANT/CONTRACT/PROPOSAL OR COURSE NUMBER AND TITLE:**

**FUNDING AGENCY/DEPARTMENT & ID NUMBER (if applicable):**

**PERIOD OF THE PROPOSED ANIMAL USE ACTIVITY:** [ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ - \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ ]

As specified in the Animal Welfare Act, the attending veterinarian or his designee must be consulted in the planning of your animal use activity. The attending veterinarian will provide medical care as necessary.

Name of veterinarian consulted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Certification: I will comply with the procedures and methods descried in the NIH Guide for the Care and Use of Laboratory Animals (Pub. 85-23) and with PHS policy, the Animal Welfare Act, and Applicable University of Alabama policies. As Principal Investigator, I acknowledge responsibility for this project and assure that the faculty, staff, and students who participate in it are qualified (or will be adequately trained) to conduct it in a humane manner.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

 Signature, Principal Investigator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name (typed)

I have reviewed this proposal and concur with its submission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

 Signature, University Department Chairperson Date

A. **Description and Objectives:**

1. Write an abstract of the teaching/research project in **layman's language** (100 words or less).

Stress relevance of the proposed teaching/research activity to the general public.

 2. Research or Instructional *Objectives*. Briefly state, using easily understandable **Lay Terms**, the *objectives* and the *specific aims* of the research or teaching activity (as for a federal research grant or a course syllabus) and their relevance to advancing scientific knowledge and/or benefits to human/animal health (Note—A section from your grant application, using highly technical terms, is *not acceptable*):

B. **Personnel:**

1. Principal Investigator:

Title/Department:

Campus Mailing Address:

Telephone: Office: Home:

Co-Investigator (s):

Mailing Address:

Telephone: Office: Home:

Laboratory Contact, if any (name): Telephone W:

 H:

Technical Staff (name/s): Telephone:

 Telephone:

 Telephone:

 2. Qualifications. Describe the RELEVANT (species/procedures) training of investigators and technicians enabling them to conduct the procedures described in the proposal and to use the animal species chosen. If personnel will be trained for the study, please indicate how and by whom.

 (a) Principal Investigator:

 (b) Co-Investigator(s):

 (c) Technician(s):

C. **CLASSIFICATION BY ANIMAL USE:**

 1. Animal Requirements: This information is requested for University record keeping related to USDA and other records.

 a. List animal species used in this protocol by scientific and common name. Indicate those that are endangered or threatened. If more space is needed attach list as an addendum.

(1) (2) (3) (4)

 b. Check the one most appropriate description under each category (b. 1, 2, 3, and 4) that apply to this protocol. *For multiple species, list each species after descriptors that apply to them*.

(1) *Classification* (3) *Procedure/Study Area*

\_\_\_\_ Research\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Anatomy/Developmental Research\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Antibody Production\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) *Organ System* \_\_\_\_\_Behavioral Studies Research\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Cardiovascular\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Disease Induction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Digestive\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Immunologic Research\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Endocrine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Oncologic Research\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Eye\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Pharmacologic Research\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Hemato/Lymphatic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Physiologic Research\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Integument\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Molecular Biologic Research\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Musculoskeletal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Nutritional/Chemical Research\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Nervous\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Toxicology\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Respiratory\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (4) *Surgery*

\_\_\_\_Reproductive\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_Urinary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Not Applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_All Systems (e.g., Pathology)

 2. Classification by stress levels:

a. Non-Painful/Non-Stressful

 Studies, experiments, and tests causing no pain or distress (e.g., routine procedures causing only transitory discomfort, such as venipuncture, injection, and the use of non-inflammatory adjuvants; cell, fluid, and/or tissue harvest from euthanized animals).

b. Painful/Stressful WITH Analgesia/Anesthesia/Tranquilizers

 Painful and/or stressful procedures carried out with the use of appropriate anesthetics (e.g., for surgery), analgesics (e.g., for inflammation), and tranquilizers (e.g., for prolonged restraint) that will prevent and alleviate pain and distress.

c. Painful/Stressful WITHOUT Pain and Stress Relieving Measures

 Painful and/or stressful procedures performed without the use of analgesic, anesthetic, and tranquilizing drugs or other measures that will prevent and/or relieve pain and distress; or those procedures not amenable to relief by therapeutic measures (e.g., infectious disease, carcinogen, or toxicity studies in which natural death is the end point; addictive drug withdrawal without treatment; noxious stimulation with escape).

 (1) Non-Painful/Non-Stressful - NUMBER OF ANIMALS:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SPECIES | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | YEAR 5 | TOTAL |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |  |

 (2) Painful/Stressful, with analgesia/anesthesia/tranquilizers - NUMBER OF ANIMALS:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SPECIES | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | YEAR 5 | TOTAL |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |  |

 (3) Painful/Stressful with no relief of pain and/or stress - NUMBER OF ANIMALS:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SPECIES | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | YEAR 5 | TOTAL |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |  |

D. **Assurances:**

 1. Lack of non-painful, non-stressful alternatives: The Principal Investigator **must** **consider alternatives** to procedures that may cause pain or distress to animals. For Class (2) and (3) studies (Item C.2) provide a statement that non-painful, non-stressful alternatives are not available and the methods and sources used to determine this. If a computer assisted literature search was conducted, provide the name(s) of the data base(s) searched and the date(s) of the search(es) and keep copies of the search results.

 2. Research Duplication: The PI is required by law (CFR9, AWA para.2.31d) to provide a statement that alternative research models or teaching alternatives are not available and that the proposed research or teaching activity does not *unnecessarily* duplicate previous work. If a computer assisted literature search was conducted, provide the name(s) of the database(s) searched and date(s) of the search(es) and keep copies of the results.

 3. Rationale for species: Enter a brief statement explaining why the *species described* and the *number(s) requested* must be used. Address reasons such as pertinence to previous work, statistical significance, etc.

E. **RESEARCH OR INSTRUCTIONAL PROCEDURES:**

 1. Describe, in general terms, the *study or instructional design* and *all animal procedures*. Include information on the *numbers* and *frequencies* of the *procedures* and the *eventual* *disposition* of the *animals*. Specific details of surgery, anesthetics, etc., are requested later and are not required here. For field collection protocols, note any requirements for permits and copies of the needed permits must be on file before work can begin.

 2. Where will procedures be performed (building and room if known)?

 3. Where will animals be housed?

 4. *Exceptions* to standard Practices:

(a) Unless otherwise approved, ALL DOGS, AND CATS WILL BE HOUSED AND HANDLED SO AS TO PROVIDE FOR ENVIRONMENTAL ENRICHMENT. If this is NOT compatible with the proposed research, state what exceptions are required and provide justification:

 (b) Describe special caging, care, diets, or housing required.

 (c) Unless otherwise approved, all dogs will be provided exercise. If this is not compatible with the proposed research, state what exceptions are required and provide justification.

F. **MONITORING ANIMALS FOR WELL-BEING** (other than post-operative care requested in paragraph G.9 and G.10).

 1. Indicate *known potential painful/stressful effects* on animals listed in Item C.2, Classes (2) and (3).

 2. *All animals will be visually inspected at least daily by ACF staff, and all animal rooms are continuously electronically monitored for temperature, with automatic calling of the UA Dept. of Public Safety if the temperature varies from the desired range*. If *additional* monitoring is needed, as for painful/stressful effects from experimental procedures, *how*, *by whom*, and *how often* will animals be monitored?

 3. If, due to experimental procedures, pain/stress occurs in animals, how will it be treated?

G. **SURGICAL PROCEDURES (*if no surgery will be performed, check “not applicable” below and skip to H*):**

 1. Describe, in a separate paragraph for each animal species, details of each surgical procedure. **Attach description as an Appendix**. *Appendix attached* *Not applicable*

 *Total number of surgical procedures to be performed each year*:

 2. Anesthesia: Complete table below related to anesthesia:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Animal Species | Drug Used | Dose/frequency | Route |
| Induction Preanesthetic |   |   |   |   |
| Anesthesia Maintenance |   |   |   |   |
| Paralytic Agents |   |   |   |   |
| Post-Operative Analgesic |   |   |   |   |

1. How will depth of anesthesia be monitored?

 4. Surgeon's name:

 Telephone - Office: Home:

 5. Will animals be allowed to recover from anesthesia? Yes No (check one)

 6. If the previous answer was YES, will more than one procedure be conducted on each animal? If so, how many?

 7. If the previous answer was YES, provide justification for more than one survival procedure. If the previous answer was NO, please enter N/A.

 8. Enter site of Operating Room:

 Enter site of Recovery Room:

 Animal Study Area, if not Operating Room:

 9. Describe Post-operative Care, including surveillance and treatment for pain:

 10. Person(s) Responsible for Post-operative Care:

Name: Telephone: Office: Home:

Name: Telephone: Office: Home:

H. **ANIMAL TRAINING:**

 Describe completely the methods to be used for training of animals (if applicable). Otherwise enter “N/A.”

I. **ANIMAL RESTRAINT:**

 Describe completely the methods, frequency, and duration of restraint, *other than routine caging and handling*. If none, so state.

J. **EUTHANASIA:**

If euthanasia is the end point of the study, indicate the method to be used. INCLUDE agent and dose for each species. Euthanasia shall be performed in accord with methods approved by the AVMA guidelines, subject to prior consultation with the investigator.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SPECIES | METHOD | AGENT | DOSE | COMMENTS |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

K. **ENDPOINT**

For those experiments without a defined endpoint, list criteria to be used to remove an animal from the protocol and how these conditions will be monitored. For example: Breeders will be euthanized if a.) the litter size drops below X, b.) there is an infection that does not respond to treatment, c.) stops eating, or d.) the animal shows other objective signs of pain or distress. If these conditions are observed the investigator and attending veterinarian will be notified and they will determine if the animal should be removed from the protocol.

L. **OTHER DRUGS & TISSUE COLLECTION:**

1. Blood/body fluid collection:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SPECIES | FLUID | AMOUNT | FREQUENCY | SITE/METHOD |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

2. Tissue Collection:

 a. Tissue to be harvested:

 b. Is this a post-mortem harvest? YES NO (If No, complete c. below)

 c. Minor or non-surgical procedures (e.g., biopsies, endoscopies) to obtain tissue or fluid from live animals:

3. Tissue/Fluid/Drug Administration

Describe agents to be administered not listed above:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SPECIES  | AGENT | ROUTE | DOSE (mg/kg) | AMOUNT | POSSIBLE COMPLICATIONS |
|   |   |   |   |  |   |
|   |   |   |   |  |   |
|   |   |   |   |  |   |
|   |   |   |   |  |   |
|   |   |   |   |  |   |
|   |   |   |   |  |   |
|   |   |   |   |  |   |
|   |   |   |   |  |   |

M. **Biosafety:**

Is there any *in vivo* use of infectious agents or biological or chemical toxins? YES NO

If YES, specify agent(s):

Date of approval from the Biosafety Research Committee: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Is there any *in vivo* radioisotope use? YES NO

Date of approval from the Radiation Safety Committee: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(a) Labeled compound(s):

(b) radioisotope(s):

(c) Dose per animal: