

ANIMAL CARE AND USE FORM

Purpose:

The Federal Animal Welfare Act and other regulations require that an Institutional Animal Care and Use Committee (IACUC) be established at each institution. This committee, composed of scientists, veterinarians, and lay persons, is charged with the responsibility to provide oversight in assuring the humane care and treatment of laboratory animals used for research and teaching. This animal care and use form is to be completed for each experimental protocol, which involves the use of animals. The proposed experimental protocol, as described in the completed form, will be evaluated by the IACUC for compliance with regulations and guidelines governing the use of animals. Regulatory agency personnel may also examine animal care and use forms at the time of site visitations.

Instructions:

Please fill out this form completely. Responses must be typed or legibly handwritten. Each section includes instructions to help you complete that section. If there is insufficient space on the form to provide all the necessary information, you may attach additional page(s) and indicate the associated section number for each part. Forms that are not filled out completely will be returned to the investigator. **See next page for form.**

ANIMAL CARE AND USE FORM

Protocol Number: _____
(For IACUC use)

Principal Investigator: _____

Institution: _____ Department: _____ Telephone: _____

Mailing Address: _____

Home Phone (in case of emergency) _____

Protocol Title: _____

Course #/Research: _____

Funding Agency: _____

Anticipated Start Date: _____ Anticipated Duration of Study: _____

1. Objectives and Specific Aims: Please state the objectives and specific aims of the research and provide a brief description of the overall study.

2. Description of the Animal Model(s)

Species	Strain/Stock	Age	Sex	Number

Source(s) of Animals:

Have any of the animals you propose to use in this study been used in previous experimental studies?

Yes _____ No _____

If yes, please explain:

3. Rationale for Selection of Animals and Numbers: Please justify the use of animals, the selection of species, and the number of animals to be used. Please describe experimental and control group composition. If applicable, discuss statistical considerations used to derive the number of animals to be.

Duplication: Does this study duplicate previous studies?

Yes _____ No _____

If yes, please justify why it is necessary to duplicate the study and indicate sources consulted.

4. Description of Animal Procedures: Please briefly describe the sequential proposed procedures involving animal use. Reserve details for the following sections.

Will physical, chemical, biological, and/or microbial agents be administered to the animals? (To include any material, drug, hybridoma, tumor, other cells or cell lines, adjuvants, antigens, radioisotopes, irradiation, other, that will be administered to animals)

Yes _____ No _____

If yes, please provide the following information:

Agent	Administration Route	Site	Dose/Volume	Frequency

If yes, please identify any anticipated effects related to administration of these agent(s) which may affect animal health, if known, and describe the frequency and methods for monitoring animals for untoward effects. What actions will be taken if untoward effects are observed?

WILL YOU ADMINISTER ANY OF THE FOLLOWING TO ANIMALS? Please specify the agents to be used.

1) HAZARDOUS CHEMICALS: **YES NO**

If YES, please answer the following questions for **EACH** chemical:

a) What is the product name and number?

b) Who is the manufacturer? _____

c) Please indicate any special precautions that will be taken related to the preparation, handling, use and disposal of the hazardous chemicals, including those applicable to animal care and husbandry activities.

d) Will the chemical be used as provided by the manufacturer: **YES NO**

If **NO**, then please answer the following questions:

i) Will the dose/formulation be prepared in a chemical fume hood: **YES NO**

ii) What will be combined with the chemical to make the dose/formulation (food, water, alcohol, etc.)?

iii) In the final preparation, what is the concentration of the hazardous chemical?

a) I, the undersigned Principal Investigator, take responsibility for ensuring that all requirements for personal protective equipment, hazardous chemical handling, animal handling and containment, and waste disposal are conducted in accordance with the MSDS instructions for safe handling and any additional provisions set forth in the approval of this protocol as well as any applicable Animal Facility SOPs and/or IACUC Guidelines. I have reviewed the MSDS with staff on this protocol. **YES NO**

3) HAZARDOUS BIOLOGICS: YES NO
(To include recombinant proteins, microbial agents, viral agents and/or antibodies)

a) If yes, please identify the agent, species of origin, cell type and source of the material, as applicable:

<u>Agent(s)</u>	<u>Species of Origin</u>	<u>Cell Type</u>	<u>Source</u>
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b) If you will be working with human biologics (cells, tissues, blood, etc), have you and your staff completed bloodborne pathogen training?

YES NO N/A

d) If animal biosafety level 2 procedures are required, have you and your staff completed ABL2 training?

YES NO N/A

4) RECOMBINANT DNA: YES NO

a) If YES, have you received Institutional Biosafety Committee approval? **YES NO**

b) Please provide IBC approval number:

5) RADIOISOTOPES: **YES NO**

a) If YES, have you and your staff received training in radioactive material use in the animal facility?

YES NO

6) CONTROLLED SUBSTANCES: **YES NO**

a) If YES, have you and your staff received training in use of controlled substances?

YES NO

Blood Collection: Will blood samples be collected from animals?

Yes _____ No _____

If yes, please provide the following information:

Site/Vessel	Technique	Volume per Collection	Interval between Collections	Anesthesia (yes/no)

Total number of blood collections per animal:

Other Body Fluid or Tissue Collection: Will other body fluids or tissues be collected?

Yes _____ No _____

If yes and sample collections are part of a surgical procedure, please describe under section 5 below. If yes, and collections are not part of a surgical procedure, please provide the following information and indicate whether samples will be collected from live animals or following euthanasia.

Fluid/Tissue	Technique	Volume per Collection	Interval between Collections	Anesthesia (yes/no)

Will any animals be used for more than one survival surgical procedure?

Yes _____ No _____

If yes, please indicate the number of procedures planned for each animal and give justification.

6. Description of Anesthetic Agents to be used: Please indicate the agent, dose, and route of administration for tranquilizer and anesthetic agents used for surgery or other procedures. Please indicate the procedure(s) for which these agents will be used. Also include the methods for monitoring depth of anesthesia, and recovery from anesthesia.

7. Dietary/Husbandry/Environmental Changes: Please describe any experimental dietary changes, food or water deprivation, change in cage size or bedding material, change in room temperature or light cycle, methods of restraint, behavioral training, testing and/or monitoring, application of sensory stimuli, or other.

Will animals be removed from the animal facility for experimental procedures and/or housing?

Yes _____ No _____

If yes, please indicate the reason, location, and time period.

8. Potential for Animal Pain and/or Distress:

Please complete the following section by checking one of the two possible responses. (Note: A painful procedure is defined by the USDA as any procedure which would reasonably be expected to cause more than slight or momentary pain and/or distress in a human being to which that procedure is applied).

_____ Animal procedures in this protocol are expected to cause no pain or distress, or only slight or momentary pain or distress in the animals (e.g. routine injections, brief restraint). (If you have checked this response, please proceed to question 9).

Animal procedures in this protocol are expected to cause more than slight or momentary pain or distress in the animals (e.g. surgical procedures, use of agents, which cause significant inflammation or irritation). (If you have checked this response, please complete the rest of question 8.)

Search for alternatives to painful/distressful procedures:

USDA regulations require that "The principal investigator has considered alternatives to procedures that may cause more than momentary or slight pain or distress to the animals and has provided a written narrative description of the methods and sources...used to determine that alternatives were not available. "The search for alternatives to painful/distressful procedures should include the following: 1.) Non-animal alternatives such as in vitro systems or computer models, 2.) Non-painful or less painful alternative procedures that could be used in animals, or 3.) Use of phylogenetically lower animal species. A search for alternatives must be conducted for EACH potentially painful/distressful procedure in the protocol.

Please complete the following to indicate the methods and sources used to search for alternatives. (Complete all that apply):

_____ Literature search(es):

Procedure 1: _____
Database(s): _____
Key words used: _____
Date of search: _____ Years covered by search: _____

Procedure 2: _____
Database(s): _____
Key words used: _____
Date of search: _____ Years covered by search: _____

_____ Meetings/conferences attended (Provide titles and dates of meetings):

_____ Library resources, e.g. journals, texts (Provide journal or text titles):

_____ Consultations with colleagues, experts (Provide name(s) and credentials):

_____ Other (Please explain)

Results of the search for alternatives: Please check one response

_____ Alternatives were not identified.

_____ Alternatives were identified, however, they will not satisfy the experimental objectives.
Please identify available alternatives and indicate why they cannot be used.

Alleviation or minimization of pain and/or distress: Please indicate criteria to be used to assess animal pain or distress (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Decreased food or water consumption | <input type="checkbox"/> Dehydration |
| <input type="checkbox"/> $\geq 20\%$ body weight loss | <input type="checkbox"/> Body condition score $\leq 2/5$ |
| <input type="checkbox"/> Abnormal posture | <input type="checkbox"/> Restlessness, abnormally increased activity |
| <input type="checkbox"/> Loss of mobility | <input type="checkbox"/> Licking, kicking, scratching, or shaking |
| <input type="checkbox"/> Abnormal gait, reluctance to move | <input type="checkbox"/> Failure to groom, roughened hair coat |
| <input type="checkbox"/> Abnormal vocalization | <input type="checkbox"/> Decreased activity, decreased responsiveness |
| <input type="checkbox"/> Animal with tumor $\geq 10\%$ body weight | <input type="checkbox"/> Other |

Will anesthetics or analgesics be used to control pain? If so, please indicate the agent, dose, route, and frequency of administration. If pain or distress is expected which will not be alleviated by anesthetic, analgesics, or tranquilizing agents, please justify.

9. Method of Euthanasia: Please indicate the method of euthanasia to be used. Indicate the agent, dose, and route of administration, if applicable. If animals will not be euthanized at the completion of the study, what will be the disposition/future intended use of the animals?

10. Personnel: Please list the personnel who will perform procedures with animals and indicate their qualifications via training and experience in performing these procedures.

Name	Work Phone	Home Phone	Training/Experience

Investigator Statement and Signature: To the best of my knowledge, I have provided a complete and factual description of the animal care and use procedures to be followed in the proposed experimental study. I have taken appropriate measures to ensure that I am using the minimum number of animals required to achieve my experimental objectives and that I am not unnecessarily duplicating previous studies. I will assure that all personnel under my direction are appropriately trained to perform procedures with animals. I understand that I may not begin any animal procedures prior to approval of this protocol by the Institutional Animal Care and Use Committee, and I understand that significant changes in this protocol must be submitted as an amendment to the protocol and must be approved by the IACUC prior to implementation of the changes. I accept responsibility for compliance with provisions of the Federal Animal Welfare Act, the Public Health Service Policy on Humane Care and Use of Laboratory Animals, and the NIH Guide for the Care and Use of Laboratory Animals.

Signature of Principal Investigator

Date

USDA Category (if applicable)

USDA Category C: Experimental procedures conducted in animals which involve no pain or distress or use of pain-relieving drugs.

USDA Category D: Experimental procedures conducted in animals which involve pain or distress for which appropriate anesthetic, analgesic, or tranquilizing drugs are used.

USDA Category E: Experimental procedures conducted in animals which involve pain or distress for which appropriate anesthetic, analgesic, or tranquilizing drugs are withheld because their administration would adversely affect the results and/or interpretation of the experiment.

Species	Category C	Category D	Category E