

ILLINOIS STATE
UNIVERSITY



Research Ethics & Compliance

Office Use Only

(To Be Completed by REC)

Date Received _____

RSP Number _____

IACUC Protocol Number _____

Animal Care & Use Approval Form

Federal animal welfare regulations require that the Institutional Animal Care and Use Committee (IACUC) must review and approve activities involving the use of vertebrate animals prior to their initiation. This includes animals used for experimental method development or for instructional purposes. In addition, approved protocols for ongoing activities must be reviewed by the IACUC at least annually. Principal Investigators (PI) must complete sections I through VI of this form and any additional sections as required. The completed form can be submitted to: **Compliance Specialist, Research Ethics & Compliance, Campus Mail Code 3330**

1. General Information

A. Protocol Information	
Protocol Title	
Protocol Type: <input type="checkbox"/> New Protocol OR <input type="checkbox"/> 4th year Renewal of IACUC #	
Is this research part of a thesis or dissertation proposal <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes has the thesis or dissertation proposal been approved <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Principal Investigator Information (PI Must Be an ISU Faculty Member)	
Principal Investigator	Department
Telephone Number	Email Address
Fax Number	Mailing Address
Co-Principal Investigator Information	
Co- Principal Investigator	Department
Telephone Number	Email Address
Fax Number	Mailing Address
Co-Principal Investigator Information	
Co- Principal Investigator	Department
Telephone Number	Email Address
Fax Number	Mailing Address

C. Funding Source Information
Funding Source

II. Animal Species and Numbers to be Used, Classified by Stress Levels

A. Number of Animals to Be Used	
Total Number of Animals to be Used Over the 3-year Period	
Species	Classification (see details below) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Animal Classifications by Stress Level

Classification A No pain, distress, or use of pain-killing drugs. (i.e. post-mortem tissue harvest; and routine procedures causing only transitory discomfort such as venipuncture, injections, ear tagging, use of non-inflammatory adjuvants)

Classification B Pain/distress **with** appropriate analgesic/anesthesia/tranquilizers. Procedures involving accompanying pain or distress to the animals and for which the appropriate anesthetic (for surgery), analgesic (for inflammation or pain) or tranquilizing drugs are used. (YOU MUST COMPLETE APPENDIX B)

Classification C Pain/distress **without** appropriate analgesic/anesthesia/tranquilizers. Procedures involving accompanying pain or distress to the animals and for which the appropriate anesthetic, analgesics or tranquilizing drugs are not used. (YOU MUST COMPLETE APPENDIX B)

B. Animal Housing - Facility where animals are or will be housed
<input type="checkbox"/> Felmley Animal Room <input type="checkbox"/> SLB Aquatics Room <input type="checkbox"/> ISU Farm <input type="checkbox"/> Other- specify building & room:
If animals are held outside of a centrally managed housing area (such as those above) for more than 12 hours, complete Appendix C

C. Animal Purchasing Source Information Please provide the following information concerning the source for the purchase of the animals needed for this protocol:
Vendor's Name/Address

III. Protocol Checklist

This checklist must be completed as part of your protocol.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Behavioral Studies
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Trauma
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Client-owned animals (provide a copy of the consent form the owners will sign)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Animals are sent to slaughter or put into the human food chain
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Euthanasia and harvesting of tissue only
Please note for any of the items below checked "yes" you must attach the designated completed appendices				
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Chemicals (i.e. carcinogens, mutagens, reproductive toxins, or highly toxic substances) - Appendix A/ Part 2
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Radiation (i.e. irradiation, radio labeled substances, sealed radioactive sources, lasers etc.) - Appendix A/ Part 3
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Infectious Agents (bacterial, viral, fungal, etc, human blood and bodily fluids are considered potentially infectious) Appendix A/ Part 4
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Use of recombinant DNA - Appendix A/ Part 1 (contact Environmental Health & Safety Office at 438-8325)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Animals classified in stress levels B or C from Section 11 -Appendix B
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Housing of animals outside of the approved housing areas for more than 12 hours - Appendix C
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Survival Surgery - Appendix D
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Non-Survival Surgery - Appendix D
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Immunization, antibody production, ascities; production, or collection of other body fluids. - Appendix E
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Dietary manipulations or fluid restriction - Appendix F
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Conscious Physical Restraint - Appendix G
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Free-ranging wildlife -Appendix H
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Breeding of Animals - Appendix I

IV. Protocol Description

Please respond to items A through H where indicated and submit narrative response with protocol forms.

A. What is the goal/specific aim of this project?

What is the research or development question? In layperson's terms, describe the relevance of the study to advancing scientific knowledge and/or the benefits of the study to human and/or animal health. Provide sufficient information to indicate that the new knowledge from the project justifies the use of animals.

B. Provide a complete and accurate description of what will be done to the animals.

Provide sufficient detail to allow evaluation by the IACUC. A diagram or chart may be helpful to explain complex designs. Describe all procedures, their frequency and time points over the course of the experiments. Include how long the animals will be maintained. Include dose and route of administration for any drugs to be used. Describe methods used in behavior studies (including use of noxious stimuli or other methods of reinforcement or punishment). Surgery should be described here only as it relates to the study design. For animals used in agricultural projects, if appropriate you may reference IACUC approved Standard Operating Procedures for the agricultural animal facility for that type of animal. (e.g., sheep, swine, dairy etc.) Use additional pages if needed.

C. List your experiment and control groups

List your experimental and control groups. Indicate the number of animals in each. Use a table format, if possible. The number of animals must add up to the total number of animals requested on page 1 and, if appropriate, those discussed in Appendix C

D. Justify the species to be used in this research model.

1. Describe the features of the species (e.g. anatomic, physiologic, genetic, etc.) that make selection of this species the most appropriate model for this project.

2. Justify the number of animals requested for each species. The following are example of rationales that may be used for justification.

- * Pilot study or preliminary project, group variances unknown at present. Minimal number of animals should be requested.
- * Group sizes determined statistically. What statistical analysis was performed? Specify analysis employed and power function needed.
- * Group sizes based on quantity of harvested cells or amount of tissue required. Elaborate. (Note: "The study requires 50 experiments." is not sufficient.)
- * Other - Elaborate, indicating criteria used to determine group size. (Suggestion: "This is the number used in the previous studies" is not sufficient; statistical analysis should be available from prior studies.)

E. Pain and Distress

1. What problems may the animal experience as a result of this project? (Discuss health problems, pain, distress, etc.)

2. What steps will be taken to alleviate any pain, distress or discomfort the animals may experience? Provide the dose, route of administration, frequency, and type of analgesic drugs or tranquilizers to be administered. Suggestion: use of warming pads, fluids, soft bedding, etc.

3. Describe how pain or distress will be monitored. Suggestion: describe clinical signs and schedule for monitoring, including off hours, weekends, and holidays.

4. Will animal cells, tissues, or body fluids be inoculated, and if so have they been screened for the presence of animal pathogens?

F. Euthanasia/Disposition of Animals

1. Will the animals be euthanized at the end of the study? If no, describe their disposition.

Yes No

2. Will the animals be allowed to die as a result of experimental manipulation? (This means the animals are not euthanized.) If yes, provide a scientific justification.

Yes No

3. Even though euthanasia may not be planned for a particular project, the IACUC requires a contingency plan for all protocols in the event that it becomes necessary. Provide the criteria you would use to determine that euthanasia would be required prior to the end of the study. (Suggestion: criteria may include anorexia for a specific length of time, inability to obtain food or water, etc.)

4. Specify method, agent, dosage and route of administration to be used for euthanasia for each species. Please refer to the 2000 AVIVIA Panel on Euthanasia for acceptable methods. Any deviations from this reference must be justified.

G. Will procedures on live animals be performed outside of IACUC approved animal facilities?

Yes **No** If Yes, Building/Location _____
 Specify procedure(s) to be used.

V. Principal Investigator Statement of Assurance and Certification

Please provide the following information and complete and sign the assurance section.

A. List all personnel who will have animal contact

Prior to approval being granted, everyone listed below must have successfully completed the online IACUC Basic Training Module. To access this module, users will need to contact the Research and Sponsored Program (438-8451) for a password. Those completing the module will automatically be registered in the IACUC training database. This database will be checked against the list below before protocol approval will be granted. Indicate the role each individual has in the project, e.g., co-investigator, technician, etc. if any additional personnel are to be added to the protocol after approval, please submit a modification request and provide name, role, phone and ISU ULID for each person added.

Name	Role in the Project	Phone/Email

B. Principal Investigator Assurance

Check the appropriate answer, Yes or No. A negative answer to any statement requires a detailed, written explanation.

- Yes No Medical care for animals will not be withheld. Consulting vet will be contacted as appropriate.
- Yes No If the animals are to be housed in a facility/room other than an IACUC approved facility (e.g. Felmley) the animals' care, including housing, feeding, and medical care will be in compliance with IACUC policy.
- Yes No Animals that would otherwise experience severe or chronic pain/distress that cannot be relieved will be euthanized at the end of the procedure, or if appropriate during the procedure.
- Yes No Personnel conducting animal procedures will be appropriately qualified and trained in those procedures and the training and qualifications of such personnel will be documented.
- Yes No PI will disseminate appropriate health and safety information to all personnel involved
- Yes No If another institution is involved in this project current IACUC approval letters from that institution are attached.

Assurance Statement

By signing and submitting this protocol, I,

- (1) certify that the statements made are true and complete to the best of my knowledge**
- (2) agree to execute this work as described**
- (3) will comply with the guidelines in the Illinois State University Animal Care and Use Policy**
- (4) will comply with Illinois State University Environmental Health and Safety guidelines**
- (5) will request approval from the IACUC for changes to this protocol**
- (6) be responsible for the supervision and work of my staff.**

Principal Investigator Signature

Date

COMPLETE AND ATTACH THE FOLLOWING APPENDICES TO YOUR PROTOCOL SUBMISSION AS APPROPRIATE