**Western Illinois University Animal Use Protocol Review Form**

### *PLEASE TYPE IN NORMAL (NOT BOLD) FONT. Complete all sections; use “N/A” for sections that are not applicable. Extra text (examples and directions) may be deleted for clarity.*

|  |
| --- |
| *To be completed by the IACUC:* |
| **Proposal #:** |       |
| **Received Date:****Approval Date:** |            |
| **Expiration Date:** |       |
| **IACUC Chair Signature:**  |

####  ADMINISTRATIVE DATA

|  |  |
| --- | --- |
| **Department:** |       |
| **Principal Investigator/ Faculty Advisor:** |       |
| **Mailing Address:** |       |
| **Phone:** |       | **Email:**       |
| **Project Title:** |       |
| **Provide your anticipated animal use dates** (dates must be after IACUC approval)**: From**       **to**       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Review Type:** |  |  |  |
| **[ ]** Initial Submission | **[ ]** Renewal | **[ ]** Major Modification | **[ ]** Revision |
|  |  |  |  |
| **Type of Project:** |  |  |  |
| **[ ]** Teaching/Classroom | **[ ]** Laboratory Research | **[ ]** Field Study | **[ ]** Behavioral/Observation Study |
|  |  |  |  |
| **Funding Source:**      [ ]  Not applicable |

**1. PERSONNEL - Identify all personnel (including PI) who will be handling/working with animals for this protocol.\***

|  |  |  |
| --- | --- | --- |
| **NAME** | **CONTACT INFO** (e-mail, phone number) | **ROLE ON PROJECT** *(e.g., faculty advisor, student investigator, perform surgery, administer anesthesia, post-surgical monitoring, administer drugs, perform behavioral testing, any other non-surgical procedures, be specific)* |
|       |       |       |
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*\*All personnel must have completed appropriate training and have a certificate of completion on file. Contact the IACUC Chair (Sandy McFadden, sl-mcfadden@wiu.edu, 298-3423) or the Compliance Specialist (IRB@wiu.edu, 298-1191) for information on training requirements. PIs must notify the IACUC of any personnel changes.*

**2. Indicate qualifications for each individual listed in item 1. above** (e.g., CITI training courses and dates; other courses or training; pertinent experience)**:**

**3. Is another institution engaged in the research?** [ ]  Yes [ ]  No

**a. If yes, list institution(s) and whether that IACUC will review or rely on the WIU IACUC.**

#### ANIMAL REQUIREMENTS

|  |  |
| --- | --- |
| **Genus** *(e.g., mus):* |       |
| **Species** *(e.g., musculus):*  |       |
| **Strain, subspecies, or breed** *(e.g., C57BL/6):*  |       |
| **Common name** *(e.g., black laboratory mouse):*  |       |
| **Approximate age, weight or size** *(e.g., 4-6 wks at start of study):*  |       |
| **Sex:**  |       |
| **Bacteriological status** *(e.g., germfree (axenic), defined flora (gnotobiotic), specific pathogen free, conventional; or N/A):*      |
| **Viral status** *(e.g., simian immunodeficiency virus, simian retrovirus; or N/A):*      |
| **Source(s)** *(e.g., name of vendor or breeder, or “bred in-house”):*      |
| **Primary housing location(s)** *(e.g., Waggoner Hall Animal Colony. If animals will be housed in lab or anywhere else outside central facility for more than 12 hours, provide building and room number.)* **or location of field sites/studies:**      |
| **Location(s) where manipulations will be conducted** *(building and room number):*       |
| **Number of animals to be used:****Year 1:**       **Year 2:**       **Year 3:**       **Total:**       |

*For field studies only: The IACUC realizes that field studies may involve many species, some of which are unanticipated or even unknown and that it is not always possible to predict the number of species to be encountered at the initiation of field studies. If the proposed activity involves wild or feral animals in a natural setting, enter “wild” in the source line and “unpredictable” in the number line. Provide details, as necessary, in Section D (Rationale for Numbers of Animals), below.*

#### STUDY OBJECTIVES (Use additional sheets if necessary.)

* 1. **Briefly explain in language understandable to a layperson the aim of the study and why the study is important to human or animal health, the advancement of knowledge, or the good of society.**

####  RATIONALE FOR ANIMAL USE (Use additional sheets if necessary.)

1. **Explain your rationale for animal use*.*** *(The rationale should include reasons why non-animal models cannot be used.)*

1. **Justify the appropriateness of the species selected.** *(The species selected should be the lowest possible on the phylogenetic scale.)*

1. **Justify the number of animals to be used**. (The number of animals should be the minimum number required to obtain statistically valid results.)

#### DESCRIPTION OF EXPERIMENTAL DESIGN AND ANIMAL PROCEDURES (Use additional sheets if necessary.)

**1. Briefly explain the experimental design and specify all animal procedures. This description should allow the IACUC to understand the experimental course of an animal from its entry into the experiment to the endpoint of the study.**

**2. Specifically address the following:**

1. Experimental injections or inoculations (substances, e.g., infectious agents, adjuvants, etc.; dose, sites, volume, route, and schedules).

[ ]  Not applicable

1. Blood withdrawals (volume, frequency, withdrawal sites, and methodology).

[ ]  Not applicable

1. Surgical procedures (provide details of survival and non-survival surgical procedures in Section F.).

[ ]  Not applicable

1. Radiation (dosage and schedule).

[ ]  Not applicable

1. Methods of restraint (e.g., restraint chairs, collars, vests, harnesses, slings, etc.). Include how animals are restrained for routine procedures like blood withdrawals. Prolonged restraint must be justified with appropriate oversight to ensure it is minimally distressing. Describe any sedation, acclimation or training to be utilized.

[ ]  Not applicable

1. Animal identification methods (e.g., ear tags, tattoos, collar, cage card, implant, etc.).

[ ]  Not applicable

1. Other procedures (e.g., survival studies, tail biopsies, etc.).

[ ]  Not applicable

1. Resultant effects, if any, that the animals are expected to experience (e.g., pain or distress, ascites production, etc.). If procedures may produce pain and distress describe the monitoring procedures.

[ ]  Not applicable

1. Other potential stressors (e.g., food or water deprivation, noxious stimuli, environmental stress) and procedures to monitor and minimize distress. If a study is USDA Classification E, indicate any non-pharmaceutical methods to minimize pain and distress.

[ ]  Not applicable

1. Veterinary care (indicate desired plan of action in case of animal illness, e.g., initiate treatment, call investigator prior to initiating treatment, euthanize).

[ ]  Not applicable

1. Humane Endpoint: Experimental endpoint criteria (e.g., tumor size, percentage body weight gain or loss, inability to eat or drink, behavioral abnormalities, clinical symptomatology, or signs of toxicity) must be specified when the administration of tumor cells, biologics, infectious agents, radiation or toxic chemicals are expected to cause significant symptomatology or are potentially lethal.

[ ]  Not applicable

1. The PI, who has precise knowledge of both the objectives of the study and the proposed model, should identify, explain, and include a study endpoint that is both humane and scientifically sound.

1. List the criteria to be used to determine when euthanasia is to be performed. Death as an endpoint must always be scientifically justified.

#### SURGERY

**If proposed, complete the following: (Use additional sheets if necessary.)**

1. **Identify and describe the surgical procedure(s) to be performed. Include preoperative procedures** (e.g., fasting, analgesic loading), **and monitoring and supportive care during surgery. Include the aseptic methods to be utilized.**

[ ]  Not applicable

1. **Who will perform surgery and what are their qualifications and/or experience?**

[ ]  Not applicable

1. **Where will surgery be performed and postoperative care provided** (i.e., building and rooms)?

[ ]  Not applicable

1. **If survival surgery, describe postoperative care required, frequency of observation, and identify the responsible individual(s). Include detection and management of postoperative complications during work hours, after hours, weekends and holidays.**

[ ]  Not applicable

1. **If non-survival surgery, describe how humane euthanasia is enacted and how death is determined.**

[ ]  Not applicable

1. **Are paralytic agents used during surgery? If yes, please describe how ventilation will be maintained and how pain will be assessed.**

[ ]  Not applicable

1. **Has major survival surgery been performed on any animal prior to being placed on this study?** *(Major survival surgery penetrates and exposes a body cavity or produces substantial impairment of physical or physiologic functions (such as laparotomy, thoracotomy, crainotomy, joint replacement, or limb amputation).)* **If yes, please explain:**

[ ]  Not applicable

1. **Will more than one major survival surgery be performed on an animal while on this study? If yes, please justify:**

[ ]  Not applicable

#### G. PAIN OR DISTRESS CLASSIFICATION AND CONSIDERATION OF ALTERNATIVES

####

#### 1. Pain or Distress Classification

|  |  |  |  |
| --- | --- | --- | --- |
| **Species****(common name)** | **USDA Classification\*****B, C, D or E** | **Number of animals used each year** | **3 year total number of animals** |
|  |  | **Year 1** | **Year 2** | **Year 3** |  |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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| **Total number of animals (should equal total from Section B):** |       |

**USDA Classifications**

**Classification B:** Animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery, but not yet used for such purposes.

**Classification C:** Animals upon which teaching, research, experiments, or tests will be conducted involving no pain, distress, or use of pain-relieving drugs.

**Classification D:** Animals upon which experiments, teaching, research, surgery, or tests will be conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs will be used.

**Classification E:** Animals upon which teaching, experiments, research, surgery, or tests will be conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs will adversely affect the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests.

**\*Please visit the following web site for USDA classifications and examples:** http://www.wiu.edu/sponsored\_projects/compliance/hs\_iacuc.php

**2. Consideration of Alternatives**

If any procedures fall into USDA's Classification D or E, causing more than momentary or slight pain or distress to the animals, describe your consideration of alternatives and your determination that alternatives are not available. Delineate the methods and sources used in the search. Database references must include databases searched, the date of the search, period covered, and the keywords used. Alternatives include methods that (1) refine existing tests by minimizing animal distress, (2) reduce the number of animals necessary for an experiment, or (3) replace whole‑animal use with in vitro or other tests. When ascites production is used to produce antibodies, justification needs to be given as to why in vitro systems cannot be used. Note that you must certify in Section O.5. that no valid alternative was identified to any described procedures which may cause more than momentary pain or distress, whether relieved or not.

[ ]  Not applicable

**H. ANESTHESIA, ANALGESIA, TRANQUILIZATION, OTHER AGENTS**

For animals indicated in Section G.1., Classification D, specify the anesthetics, analgesics, sedatives or tranquilizers that are to be used. Include the name of the agent(s), the dosage, route and schedule of administration. If information is provided in Section G. above, please cross-reference. Describe tracking and security of controlled drugs (Drug Enforcement Agency requirements).

[ ]  Not applicable

**I. METHOD OF EUTHANASIA OR DISPOSITION OF ANIMALS AT END OF STUDY**

What will happen to animals at the end of the study? If animals will be euthanized indicate the proposed method. If a chemical agent is used specify the dosage and route of administration. If the method(s) of euthanasia include those not recommended by the AVMA Panel Report on Euthanasia (e.g., decapitation or cervical dislocation without anesthesia), provide scientific justification why such methods must be used.

[ ]  Euthanasia--Not applicable

**J. HAZARDOUS AGENTS**

Use of hazardous agents requires the approval of the institutional Biosafety Office/Committee. Attach documentation of approval for the use of recombinant DNA or potential human pathogens.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hazardous Agent** | **Yes** | **No** | **Agent** | **Date of Biosafety Approval** | **Tracking #** |
| **Radionuclides** | **[ ]**  | **[ ]**  |       |       |       |
| **Biological Agents** | **[ ]**  | **[ ]**  |       |       |       |
| **Hazardous Chemicals or Drugs** | **[ ]**  | **[ ]**  |       |       |       |
| **Recombinant DNA** | **[ ]**  | **[ ]**  |       |       |       |

**Study Conducted at Animal Biosafety Level:** **[ ]  1** **[ ]  2** **[ ]  3** **[ ]  4**

**Describe the practices and procedures required for the safe handling and disposal of contaminated animals and material associated with this study. Also describe methods for removal of radioactive waste and, if applicable, the monitoring of radioactivity.**

[ ]  Not applicable

**Additional safety considerations:**

**K. BIOLOGICAL MATERIAL/ANIMAL PRODUCTS FOR USE IN ANIMALS**

**(e.g., cell lines, antiserum, etc.)**

1. Specify Material:
2. Source:

 Material Sterile or Attenuated: [ ]  Yes [ ]  No

If derived from rodents, has the material been MAP/RAP/HAP tested*? (MAP - Mouse Antibody Production; RAP - Rat Antibody Production; HAP - Hamster Antibody Production)*

[ ]  Yes (attach a copy of the results) [ ]  No

1. I certify that the MAP/RAP/HAP tested materials to be used have not been passed through rodent species outside of the animal facility in question and/or the material is derived from the original MAP tested sample. To the best of my knowledge the material remains uncontaminated with rodent pathogens.

 **Initials of Principal Investigator.**

**L. TRANSGENIC AND KNOCKOUT ANIMALS**

#### If transgenic or knockout animals are being produced, describe any phenotypic consequences of the genetic manipulations to the animals. Describe any special care or monitoring that the animals will require.

[ ]  Not applicable

#### FIELD STUDIES

1. **If animals in the wild will be used, describe how they will be observed, any interactions with the animals, whether the animals will be disturbed or affected, and any special procedures anticipated.**

[ ]  Not applicable

1. **Describe and justify any exemptions from the Guide (space, space requirements, feed/water restrictions, caging/housing).**[ ]  Not applicable

1. **Are federal or state permits required?** [ ]  Yes [ ]  No

a. Have you obtained the appropriate federal or state permits required? [ ]  Yes [ ]  No
b. If yes, provide the name and agency:

#### SPECIAL CONCERNS OR REQUIREMENTS OF THE STUDY

1. **List any special housing, equipment, animal care (e.g., special caging, water, feed, or waste disposal, environmental enhancement, etc.).**

[ ]  Not applicable

1. **For field studies and behavioral observations located off campus, have you obtained permission from the entity to conduct research?**
[ ]  Not applicable [ ]  Yes [ ]  No
2. **Other:**

#### PRINCIPAL INVESTIGATOR CERTIFICATIONS

**1. I certify that I have completed the institutionally required investigator training course (*CITI program*).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year of Course Completion:** |       | **Location:** |       |

**2. I certify that I have determined that the research proposed herein is not unnecessarily duplicative of previously reported research.**

**3. I certify that all individuals working on this proposal who are at risk are participating in the Institution's Occupational Health and Safety Program.**

**4. I certify that the individuals listed in Section A. are authorized to conduct procedures involving animals under this proposal, have attended the institutionally required investigator training course, and received training in: the biology, handling, and care of this species; aseptic surgical methods and techniques (if necessary); the concept, availability, and use of research or testing methods that limit the use of animals or minimize distress; the proper use of anesthetics, analgesics, and tranquilizers (if necessary); and procedures for reporting animal welfare concerns.**

**5. For all USDA Classification D and E proposals (see section G.1.): I certify that I have reviewed the pertinent scientific literature and the sources and/or databases as noted in Section G.2. and have found no valid alternative to any procedures described herein which may cause more than momentary pain or distress, whether it is relieved or not.**

1. **I certify that I will obtain approval from the IACUC before initiating any significant changes in this study, including addition of personnel (see section A).**
2. **I certify that I will notify the IACUC regarding any unexpected study results that impact the animals. Any unanticipated pain or distress, morbidity or mortality will be reported to the attending veterinarian and the IACUC.**
3. **I certify that I am familiar with and will comply with all pertinent institutional, state, and federal rules and policies.**

**Principal Investigator:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:**  | **Signature:**  |  | **Date:** |  |

**List any attachments here:**