

**The University of Southern Mississippi
Institutional Animal Care and Use Committee
Application for Use of Animal Subjects**

Principal Investigator (Must be USM faculty or professional staff)	College/Division: Department:
Office Phone Number:	Mail Box:
Email Address:	This project is (check one): <input type="checkbox"/> New Project <input type="checkbox"/> Renewal (IACUC review required every 3 years)
Grant or Project Title:	
Funding Agency or Fund Source:	
Grant or Project Duration (Beginning and Ending Dates):	

Signature Approval

Principal Investigator

Date

Department Chair

Date

IACUC Chair

Date

Protocol Number:	Expiration Date:
Protocol Title:	IACUC Approval Date:

The University of Southern Mississippi
I. FUNDING INFORMATION

Is this application associated with a grant? _____ Yes _____ No

If yes, list the title used on the grant application to assure proper notification of the approval to the funding agency.

If no and you do not require verification of approval for an outside funding source, you may list the fund source as “departmental.” The duration dates for departmentally funded projects must not exceed three years.

Funding Agency or Fund Source:
Grant or Project Title:
Grant or Project Duration (beginning and ending dates):
This application is (check one) <ul style="list-style-type: none">• New• Addendum/Modification• Renewal (required every three years and must be reviewed by IACUC to ensure that all current federal guidelines are being met)

II. ASSURANCE STATEMENTS

•••••

PRINCIPAL INVESTIGATOR

I certify that I have truthfully and completely described the use of animals for this project/grant and that I will notify the Institutional Animal Care and Research Advisory Committee in writing of any changes in this information prior to proceeding with the animal use. Furthermore, the activities I plan do not unnecessarily duplicate previous experiments.

As a Principal Investigator, I accept and will conform to all federal, state, and institutional laws or guidelines concerning: care and use of animals in research, teaching, or testing; efforts to minimize animal pain and distress; training of any research personnel or students handling animals as described herein; and consideration of alternatives to animal use in research.

NOTE: THE PRINCIPAL INVESTIGATOR MUST BE A USM FACULTY MEMBER.

Principal Investigator's Signature

Date

•••••

CO-INVESTIGATOR

I understand that my name is listed on this project as a co-investigator. I have read this application and understand that only the described procedures are to be conducted.

Name (**typed**)

Signature

1. _____
2. _____

•••••

RESEARCH ASSOCIATE

I understand that my name is listed on this project as a research associate (this would include all graduate and/or undergraduate students involved in this project). I have read this application and understand that only the described procedures are to be conducted.

Name (**typed**)

Signature

1. _____
2. _____
3. _____

•••••

DEPARTMENT CHAIR APPROVAL

I understand that responsibility for assessing the quality of animal research must be shared by both the department and the IACUC. My signature as Department Chair certifies that the proposed research has been reviewed and approved as having scientific merit.

Signature of Department Chair

Date

III. NONTECHNICAL (LAY) SUMMARY OF PROJECT

The lay summary should be written in **non-scientific terms that can easily be understood by a layperson** and should include the following:

- a description of the potential benefits of the project
- an overview of the goals of the project
- a statement that mentions all of the species to be used and their importance to the project

Please limit your description to the space provided in the box below.

IV. JUSTIFICATION FOR USE OF ANIMALS

Species (one per form) _____ Sex _____

Strain _____ Size or Age _____

1. Why must you use animals in the proposed studies instead of (a) *in vitro* techniques, (b) computer models, or (c) humans? The results of a detailed literature search (included databases used, dates of searches, and keywords used) must be included here.

Database(s) used:

Date of search:

Years covered by search:

Keywords used:

Summary of search and justification for use of animals:

2. What physiologic, anatomic, or other (literature, personal experience, etc.) features did you consider when you selected this species for the project?

V. NUMBER OF ANIMALS TO BE USED PER YEAR

1. For experiments in which statistical analysis of data collected from the animals is **NOT** required, please explain how you determined the number of animals needed to accomplish your goal. (For example, if animals are used for antibody production, give the number of antigens and animals per antigen). This information does not need to be given by year.

For experiments in which statistical analysis of data collected from the animals **IS** required, please describe how you determined the number of animals to be used per group (or per time point) for each experiment or each series of similar experiments. If a power analysis was done, please give details. If the determination was based on previous experience, please cite a reference if available. This information does not need to be given by year. The signature of the person responsible for the statistical analysis needs to be given below.

Signature of person responsible for statistical analysis

Date

V. NUMBER OF ANIMALS TO BE USED PER YEAR (CONT.)

2. Write the number of animals to be used per procedure category for **each year** of the project in the table below. (If you write in the number of animals for one year only, the Committee will assume that number is adequate for the full duration of the project). If an animal will be used for procedures of varying categories, write the number only in the category for the maximum level of pain/distress that the animal may experience.

Category	Description of Procedure Category	Number of Animals Per Year		
		1	2	3
1	Procedure will produce minimal, transient, or no pain/distress (e.g. minor injections or collections).			
2a	<u>Nonsurgical</u> procedures <u>will be</u> performed using anesthetics, analgesics or tranquilizers to alleviate possible pain/distress.			
2b	<u>Nonsurvival surgical</u> procedure <u>will be</u> performed using anesthetics, analgesics or tranquilizers to alleviate possible pain/distress.			
2c	<u>Survival surgical</u> procedures <u>will be</u> performed using anesthetics, analgesics or tranquilizers to alleviate possible pain/distress.			
3	Procedures may produce pain/distress which <u>will not</u> be relieved by anesthetics, analgesics, or tranquilizers.			

VI. EXPERIMENTAL PROCEDURES – FLOW DIAGRAM

Construct a flow diagram that sequentially lists all the animal use procedures to be conducted for each year of the project. This chronological flow diagram must include the following items:

- The numbers of animals to be used per procedure. This information should agree with the information you placed in Section V of this form.
- The procedure category for each group (See Section V).
- The time periods. This should include the time point(s) to be used for euthanasia for each study group.
- All treatment and control groups.

Conciseness will be appreciated, but you may use additional pages if necessary.

VII. ANIMAL DISPOSITION

Based on the "Report of the AVMA Panel on Euthanasia 2000" the following methods of euthanasia are considered either acceptable or conditionally acceptable. Place a checkmark next to the procedure(s) that will be used to euthanize any animals for this project. The animals will be euthanized by the attending veterinarian, the animal facility supervisor, or a laboratory animal technician. Exceptions to this rule will be for individuals that have been given approval by the attending veterinarian and in the case of individuals working with fish (who will automatically be given approval). You must provide scientific justification (including a detailed literature search) in order to obtain approval for a method not listed below.

Species	Acceptable Method	Conditionally Acceptable Method
Amphibians	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Decapitation and pithing
	<input type="checkbox"/> Inhalant anesthetics	<input type="checkbox"/> Stunning and decapitation
	<input type="checkbox"/> CO ₂	
	<input type="checkbox"/> Double pithing	
	<input type="checkbox"/> TMS	
	<input type="checkbox"/> MS 222	
	<input type="checkbox"/> Benzocaine hydrochloride	
Birds	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Cervical dislocation
	<input type="checkbox"/> Inhalant anesthetics	<input type="checkbox"/> Decapitation
	<input type="checkbox"/> CO ₂	
Fish	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Decapitation and pithing
	<input type="checkbox"/> 2-phenoxyethanol	<input type="checkbox"/> Stunning and
	<input type="checkbox"/> CO ₂	<input type="checkbox"/> decapitation/pithing
	<input type="checkbox"/> TMS	
	<input type="checkbox"/> MS 222	
	<input type="checkbox"/> Benzocaine hydrochloride	
Rabbits	<input type="checkbox"/> Barbiturates	
	<input type="checkbox"/> Inhalant anesthetics	
	<input type="checkbox"/> CO ₂	
Reptiles	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Decapitation and pithing
	<input type="checkbox"/> Inhalant anesthetics	<input type="checkbox"/> Stunning and decapitation
	<input type="checkbox"/> CO ₂	
Rodents	<input type="checkbox"/> Barbiturates	<input type="checkbox"/> Decapitation
	<input type="checkbox"/> Inhalant anesthetics	<input type="checkbox"/> Cervical dislocation
	<input type="checkbox"/> CO ₂	<input type="checkbox"/> (rates <200 g)

Will you have tissues that may be made available to other investigators with approved, active protocols? Yes No

IX. ANIMAL MEDICAL EMERGENCIES

In the table below, list the names of individuals who have authority to approve animal treatment or euthanasia. If the designated individual(s) cannot be reached, then the Animal Research Facility veterinarian will provide supportive care or euthanize animals suffering unrelenting pain.

Name	Work Phone Number	Emergency Phone Number

X. REQUIRED APPENDICES

(This page **MUST** be submitted with the application)

	Yes	No
<p>A. ANTIBODY PRODUCTION Will animals be used for antibody production? If yes, then complete and attach Appendix A.</p>		
<p>B. NONSURGICAL PROCEDURES NOT INCLUDING ANTIBODY PRODUCTION Will animals be subjected to nonsurgical procedures (i.e. injections (not including those routinely used to administer euthanasia agents), radiographs, oral treatments, etc.)? If yes, then complete and attach Appendix B.</p>		
<p>C. BREEDING COLONIES Will pregnant animals be required or will a breeding colony be established specifically for this project? If yes, then complete and attach Appendix C.</p>		
<p>D. SURGICAL PROCEDURES Will animals be subjected to nonsurvival and/or survival surgical procedures? If yes, then complete and attach Appendix D.</p>		
<p>E. PROLONGED PHYSICAL RESTRAINT OF UNANESTHETIZED ANIMALS Will unanesthetized animals be subjected to physical restraint for periods of longer than one hour? If yes, then complete and attach Appendix E.</p>		
<p>F. PROCEDURES INVOLVING PAIN/DISTRESS WITHOUT PAIN/DISTRESS MEDICATION Will animals be subjected to procedures that may produce pain/distress which will not be relieved by anesthetics, analgesics, or tranquilizers? If yes, then complete and attach Appendix F.</p>		
<p>G. USE OF GENETICALLY MANIPULATED ANIMALS Will genetically manipulated animals be used? If yes, then complete and attach Appendix G.</p>		
<p>H. WILD ANIMAL AND/OR FIELD RESEARCH Will wild animals be used in this research and/or will wild animals be held in the field while research is being conducted on them? If yes, then complete and attach Appendix H.</p>		
<p>I. SAFETY Will living animals be exposed to any of the following: recombinant DNA, infectious agents, toxic chemicals, flammable or explosive materials, and/or carcinogens? If yes, then complete and attach Appendix I.</p>		