# 

# Institutional Animal Care and USe Committee

# Animal Subjects Research Application

|  |
| --- |
| **ANIMAL RESEARCH APPLICATION PROCEDURES** |
| Federal regulations and University policy require prior IACUC review and approval of research involving animal subjects. Always use the most recent version of this form and the signature page: <https://www.usm.edu/research/iacuc-forms>   * All necessary appendices must be completed and attached to the bottom of this form as indicated. * Submit this form electronically to [iacuc@usm.edu](mailto:iacuc@usm.edu). * Submit a physical copy of the signed signature page to IACUC, 118 College Dr. #5125.   Last Edited July 1st, 2022 |

|  |  |
| --- | --- |
| **Section 1: InvestigAtor information** | |
| **Project Title:** | **Protocol # (Renewals Only):** |
|  |  |
| **Principal Investigator:** | **USM Email:** |
|  |  |
| **Campus ID:** | **Office/Lab Phone:** |
|  | fdf |
| **Department:** | |
|  | |
| **Student Research Project** | **Funding Agency or Sponsor (if applicable)** |
| Is this a student project?  Yes No | Organization: |
| If so, what kind? *Choose an item.* | Grant #: |

|  |  |  |  |
| --- | --- | --- | --- |
| **USM Affiliated Investigators** | | | |
| *List all USM affiliated investigators, graduate students, laboratory personnel, and instructional staff.* | | | |
| **USM Email:** | **Project Role:** | | **Experience/**  **Training:** |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| **Non-USM Affiliated Investigators** | | | |
| *If there are any other investigators, graduate students, or laboratory personnel involved in the project, describe their roles and training below. If further training of investigators and personnel will be required, detail how it will be conducted.* | | | |
|  | | | |
| **SECTION 2: RESEARCH PROCEDURES** | | | |
| *Abstract: Describe the protocol briefly in non-scientific, non-technical language. (This description may be used for press releases and in response to Freedom of Information Act (FOIA) requests.)* | | | |
|  | | | |
| *Detail the planned procedures and goal(s) in two to three paragraphs, avoiding technical language and jargon as much as possible.* | | | |
|  | | | |
| **Animal Disposition (check all that apply):** | | **Disposition of Animal Carcasses:** | |
| External transfer to Non-USM Facility (must be processed by AR)  Internal Transfer to Another USM Protocol/AR Holding Colony (must be processed by AR)  Released back into the wild  Return to owner/client  Euthanasia (indicate drug and method): | | AR Processed  Other (explain): | |
| **Hazardous Materials Summary (check all that apply and attach necessary appendices):** | | | |
| Non-USDA Restricted Animal Pathogens  USDA Restricted Pathogens (See Appendix H)  CDC Select Agents (See Appendix H)  Hazardous/Toxic Chemicals (See Appendix J)  Human Pathogens (See Appendix H)  Mutagens/Carcinogens (See Appendix J)  Recombinant DNA/RNA (See Appendix H)  Radioactive Materials/Isotopes (See Appendix I)  Transgenic Animals  Volatile Anesthetic Gasses (See Appendix J) | | | |
| **Required Laboratory Biosafety Level:\*** | | | |
| BSL I BSL II BSL III BSL IV (Non-USM facility only) | | | |
| **Required Animal Biosafety Level:\*** | | | |
| BSL I BSL II BSL III BSL IV (Non-USM facility only) | | | |

*\*\*****Note: This refers to the level of biocontainment precautions available in facilities that work with a variety of biological agents (examples: Escherichia coli is covered by BSL I, BSL II includes Lyme disease and dengue fever, BSL III includes West Nile virus and eastern equine encephalitis virus, BSL IV includes smallpox and a variety of hemorrhagic diseases). Currently no facilities at USM have BSL IV or ABSL IV coverage. Contact Martha.Sparrow@usm.edu to determine what level of BSL coverage is available at various campus facilities.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Animal Procedures**  **(check all that apply and attach necessary appendices indicated in parentheses):** | | | **Animal Source (check all that apply and attach necessary appendices indicated in parentheses):** | | |
| Blood Sampling/Collection Unalleviated Pain/Distress (USDA Cat. E studies)  Death as Endpoint (excluding euthanasia)  Trapping/Capture of Wild Animals (B)  Euthanasia  In-house Breeding Colony (C)  Food Restriction  Long-Term Restraint (D)  Non-standard Housing/Caging Multiple Major Survival Surgeries (E)  Non-Standard Husbandry  Non-Survival Surgery (E)  Noxious stimuli  Survival Surgery (E)  Other Non-Surgical Procedures Anesthetic, Analgesic, Tranquilizer, Sedative (F)  Special Diets  Paralytics (F)  Water Restriction  Antibody/Ascites Production (G) | | | Other Approved Protocol  In House Breeding Colony (C)  Commercial Vendor  Privately Owned/Client (K)  Private Farm/Ranch  USDA Licensed Dealer  Wild Caught/Trapped (B)  Other (explain below): | | |
| *Describe all non-surgical animal procedures/manipulations (e.g., weighing, dosing, injections).* | | | | |
|  | | | | |
| *Describe the restraint method (physical or chemical) that will be used for each of the above procedures.* | | | | |
|  | | | | |
| *Describe the restraint method (physical or chemical) that will be used for blood sample collection (where applicable).* | | | | |
|  | | | | |
| *Describe what post-mortem procedures (necropsy, histology, etc.) will be performed.* | | | | |
|  | | | | |
| **SECTION 3: RESEARCH JUSTIFICATION** | | | | |
| *Briefly summarize the scientific literature and/or previous research results, testing standards, regulations, or guidelines that are the basis for this protocol.* | | | | |
|  | | | | |
| **List databases consulted regarding previous studies in this area.** | **DATABASE** | **DATE CONSULTED** | | **SEARCH TERMS** |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| **List databases consulted regarding non-animal-based alternative methods of research.** | **DATABASE** | **DATE CONSULTED** | | **SEARCH TERMS** |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| **List databases consulted regarding alternatives to painful or distressful procedures.** | **DATABASE** | **DATE CONSULTED** | | **SEARCH TERMS** |
|  |  | |  |
|  |  | |  |
|  |  | |  |
| *Describe why each species/strain/stock/breed listed above was selected for this protocol:* | | | | |
|  | | | | |
| *Describe how the number of animals needed was determined:* | | | | |
|  | | | | |
| *If applicable, describe the justification for not alleviating pain/distress (required for all USDA Pain Category E procedures).* | | | | |
|  | | | | |
| *Describe the justification for continuing procedures until death as an end point:* | | | | |
|  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 4: Animal Selection & Housing Details** | | | | | | | | | | | | |
| *Complete the following information for all requested animal species. Refer to the USDA categorization pain descriptions at the bottom of this chart if you are uncertain about any animal categorization.* | | | | | | | | | | | | |
| **Criteria** | | **1st Species** | | | **2nd Species** | | | **3rd Species** | | | **4th Species** | |
| Common Name | |  | | |  | | |  | | |  | |
| Scientific Name (*Genus species*) | |  | | |  | | |  | | |  | |
| Strain/Stock/  Breed | |  | | |  | | |  | | |  | |
| Age | |  | | |  | | |  | | |  | |
| Weight Range | |  | | |  | | |  | | |  | |
| Sex | |  | | |  | | |  | | |  | |
| Special Requirements | |  | | |  | | |  | | |  | |
| Number Purchased/  Donated | |  | | |  | | |  | | |  | |
| Number produced in-House | |  | | |  | | |  | | |  | |
| Number from Other Protocols | |  | | |  | | |  | | |  | |
| Number Trapped/Wild Caught | |  | | |  | | |  | | |  | |
| Number Obtained by Other Means | |  | | |  | | |  | | |  | |
| Total Number of Species | |  | | |  | | |  | | |  | |
| Number in USDA Category B | |  | | |  | | |  | | |  | |
| Number in USDA Category C | |  | | |  | | |  | | |  | |
| Number in USDA Category D | |  | | |  | | |  | | |  | |
| Number in USDA Category E | |  | | |  | | |  | | |  | |
| **USDA Pain Category Definitions:**  Category B: Animals “bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.” (i.e. no use)  Category C: Procedures that cause minimal, transient, and/or no pain/distress when performed by competent persons using recognized methods. (i.e. no pain)  Category D: Procedures that cause more than minimal/transient pain/distress where the pain/distress is alleviated by the use of anesthetics, analgesics, or tranquilizers. (i.e. pain alleviated)  Category E: Procedures that cause more than minimal/transient pain/distress WITHOUT the use of anesthetics, analgesics, or tranquilizers to alleviate the pain/distress. (i.e. unalleviated pain) must be scientifically justified (See 3.5.4). | | | | | | | | | | | | |
| **Animal Facilities: Enter the IACUC approved building and room numbers where animals will be housed as applicable.** | | | | | | | | | | | | |
| **Species** | **Housing/**  **Holding** | | | **Non-Surgical Procedures** | | | **Survival Surgery** | | | **Non-Survival Surgery** | | |
|  | **Bldg** | | **Rm(s)** | **Bldg** | | **Rm(s)** | **Bldg** | | **Rm(s)** | **Bldg** | | **Rm(s)** |
|  |  | |  |  | |  |  | |  |  | |  |
|  |  | |  |  | |  |  | |  |  | |  |
|  |  | |  |  | |  |  | |  |  | |  |
|  |  | |  |  | |  |  | |  |  | |  |
| **Name(s) of Preferred Animal Sources**  **(leave blank if not applicable or no preference)** | | | | | | | | | | | | |
| **Species** | **Preferred Source** | | | **USDA License No.** | | | **Address** | | | **Phone** | | |
|  |  | | |  | | |  | | |  | | |
|  |  | | |  | | |  | | |  | | |

|  |  |
| --- | --- |
| ***\*The remainder of this section should be filled out only for protocols involving non-aquatic animals. \**** | |
| **Cage Type:** | **Type of Bedding:** |
| Aseptic Microisolator  Indoor run/pen/stall  Shoebox  Metabolism  Microisolator  Wire Bottom  Outdoor run/pen  Bird Housing  Other (explain): | Contact  Non-contact  None |
| **Co-habitation:** |
| Group housed  Individually housed |
| **Feed Preparation:** | **Feeding Procedures:** |
| Autoclaved  Irradiated  Medicated/Treated  Purified/Chemically Defined  Semi-purified  Standard Commercial Diet | Ad libidum  Controlled feeding regimen  Food restriction |
| **Water Provision:** |
| Automatic Provision  Bowl/tank/trough  Water bottle |

|  |  |
| --- | --- |
| **Water Composition:** | **Water Procedures:** |
| Acidified  Autoclaved  Medicated/Treated  Municipal Tap  Water bottle  R/O  Other (well, pond, etc.) | Ad libidum  Controlled watering regimen  Water restriction |
| *Describe any non-standard environmental parameters (temperature, humidity, noise, or lighting requirements):* | |
|  | |

|  |
| --- |
| **SECTION 5: CHECKLIST AND ATTACHMENTS** |
| The following documents must be attached to this form:  CITI Common Course Certificate  CITI IACUC Certificate  List of all references cited in this study and the basis for scientific research  Attach the following document if applicable:  Letter from dissertation or thesis committee indicating approval of research proposal  Permission letter from external organization participating in the project (if applicable) on official letterhead  Appendix A – Protocol Flow Sheet/Experimental Design Table/Course Syllabus/Testing SOP  Appendix B – Trapping/Capturing of Wild Animals  Appendix C – In-house Breeding Colony  Appendix D – Long-term Restraint  Appendix E – Surgery  Appendix F – Anesthesia/Analgesia  Appendix G – Antibody Production  Appendix H – Biological Hazards Summary  Appendix I – Radiation Hazards Summary  Appendix J – Chemical Hazards Summary  Appendix K – Owner informed Consent Form  Appendix L – Other  Appendix M – Aquaculture |
| **Instructions for Attaching Documents:**   1. Place the cursor where you want the attachment to appear. 2. Select the “Insert” tab at the top of MS Word. 3. Select “Object,” located on the far right of the tool bar (PC) or the bottom of the list (Mac). 4. Select the “Create from File” tab and **check the box that states “Display as Icon.”** 5. Browse to the location of your document, and double click on it. 6. Repeat these steps for each document to be attached.   ***Note for Mac Users: Word for Mac is unable to attach .pdf files, so Mac users will have to first save the CITI certificates or any other .pdf files as .doc or .rtf files before attaching them. There are several ways to accomplish this. You may use Adobe to open the file and then select “File” and “Save as” and change the file type to an .rtf or .doc format. Alternatively, you may also download or create your own .pdf to .doc application or simply save the application and then open the file on a PC to attach as instructed above.*** |
| **Attach all relevant documents here:** |