For IACUC Use Only:

Protocol #:\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

**CALIFORNIA STATE UNIVERSITY, STANISLAUS**

**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)**

**ANIMAL SUBJECT APPROVAL FORM**

Please answer all questions completely, obtain the necessary signatures, and submit to: [orsp@csustan.edu](mailto:orsp@csustan.edu) Office of Research & Sponsored Programs, MSR 160

|  |  |
| --- | --- |
| First Name: Click here to enter text. | Last Name: Click here to enter text. |
| Email: Click here to enter text. | Phone #: Click here to enter text. |
| Department: Click here to enter text. | Faculty Advisor: Click here to enter text. |

|  |  |
| --- | --- |
| Title of Project: Click here to enter text. | |
| Co-Investigators: Click here to enter text. | |
| Proposed start date: Click here to enter text. | Proposed End date: Click here to enter text. |
| Species: Click here to enter text. | Funding Agency (if any): Click here to enter text. |
| Type of Project: Research Teaching Experimentation | |

**APPROVALS**

Signature certifies that adequate space, supervision, maintenance, equipment, and training in handling this particular species will be available.

Department Chair Date

**Investigator/Instructor Assurance**:

I agree and abide by the Guide for the Care and Use of Laboratory Animals, USDA Animal Welfare Regulations (CFR 1985) and Public Health Service Policy on Humane Care and Use of Laboratory Animals (1996) and CSU Stanislaus’ policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes. I also certify that the proposed studies do not represent unnecessary duplication of experiments. I will permit emergency veterinary care to animals showing evidence of pain or illness, if not the desired effect of the approved techniques. The information provided is accurate to the best of my knowledge. Appropriate space and funding have been arranged. The use of alternatives have been considered and found unacceptable at this time. I declare that all experiments involving live animals will be performed under my direct supervision or under that of another qualified scientist. Technicians who will be involved have been trained in proper procedures in animal handling and in any administration of analgesics/anesthetics, animal surgery, and euthanasia to be used in this project.

Investigator/Instructor Date

Faculty Advisor (if applicable) Date

**1. DESCRIPTION OF PROJECT**

Please provide a non-technical description of the project (research or testing) and its potential value, bearing in mind that the IACUC includes members not engaged in animal research. Please use language understandable to the lay person to indicate the overall **purpose, goals, and significance** of your project. If this is a duplication study, state why this is necessary.

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**2. ANIMAL NUMBERS AND CARE**

|  |  |  |
| --- | --- | --- |
|  | Research category  (see below) | Animal Care |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Species & Strain of Animal | I | II | III | IV | V | Bldg/Rm | Arrival date | No. of cages | Animals per cage | Days in care | Reuse/ Euthanize | Total animals/yr |
| Click here to enter text. |  |  |  |  |  |  |  |  |  |  |  |  |

Do animals need to be purchased for this study? Yes No

If yes, please provide the name of the vendor and a justification for the selection of that vendor. Click here to enter or paste text – this field will expand as required. There is no word/page limit.

**RESEARCH CATEGORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I** | **II** | **III** | **IV** | **V** |
| Research involving plants bacteria, protozoa, invertebrate animals, cold-blooded animals, dead vertebrate animals, live or dead animal tissues or cells | Research on vertebrate animal species that are expected to produce little or no discomfort | Research that involves minor distress or discomfort (short-duration pain) to vertebrate animal species | Research that involves significant but unavoidable distress or discomfort to vertebrate animals species | Research that involve inflicting severe pain near, at, or above the pain tolerance threshold of unanaesthetized, conscious animals |

**3. SUPPORTING LITERATURE**

Federal regulations require that alternatives are considered to any procedures likely to produce pain or distress in an animal. Please list the sources (at least two or more databases) and the methods used to determine that non-painful alternatives are not available. The search method should also include concepts of refinement and reduction in order to minimize animal pain and distress when it cannot be eliminated. In addition, please indicate whether non-animal models have been developed in your area of research, and if so, describe why they cannot be used to meet your goals.

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**4. PROCEDURES TO BE PERFORMED**

For each species, describe the procedures to be performed on live animals, indicating:

1. the type of procedure (surgery – major or minor, treatments, injections, behavioral testing, tissue collection, etc.)
2. the number of procedures to be performed on each animal and what endpoints will be established,
3. expected effect of each procedure on the animal, including but not necessarily restricted to pain and discomfort,
4. where the procedure will be conducted
5. when the animal will be euthanized during or following the procedures,
6. drugs administered, including frequency, and list biohazardous materials to be used.

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**5. NUMBERS**

Indicate the number of animals you plan to use for each experimental procedure and justify according to accepted statistical principles. For breeding protocols, please indicate how many litters might be required to produce adequate numbers for your studies. In addition, please indicate the maximum number you plan to generate by breeding and whether this number is different than the number you plan to use for experiments.

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**6. Please indicate whether your procedures with animals will include any of the following:**

1. Adjuvants? (Freund’s or Ribi)  Yes No
2. Tumor growth? Such as occurs following a specific treatment and/or injection of tumor cells or monoclonal antibody producing hybridomas. (Please sign agreement with veterinarian)
3. Food restriction? Yes No

If yes, please explain Click here to enter or paste text – this field will expand as required. There is no word/page limit.

1. Water restriction? Yes No

If yes, please explain Click here to enter or paste text – this field will expand as required. There is no word/page limit.

1. Blood collection? Yes No

If yes, please explain Click here to enter or paste text – this field will expand as required. There is no word/page limit.

1. Injection? Yes No

If yes, please explain Click here to enter or paste text – this field will expand as required. There is no word/page limit.

1. Restraint? Yes No

If yes, please explain Click here to enter or paste text – this field will expand as required. There is no word/page limit.

1. Other invasive procedures? Yes No (Explain fully in Question 4)
2. Radioactive material? Yes No Radiation Safety Permit #
3. Biohazardous materials (Infectious agents, mutagens, carcinogens, recombinant DNA, etc.)? Yes No

i. For each radioactive or biohazardous agent, list the 1) agent, 2) dose/KG body weight, 3) route of administration, and 4) frequency of administration.

ii. What are the potential health risks to humans and/or animals for each of the agents listed above? Be specific.

iii. Where will the animals be housed, and will staff/personnel be exposed to any of the above agents? Explain.

iv. Describe special animal care requirements relating to the use of any of the above hazardous materials. Are there any special containment facility requirements?

v. Describe special precautions for animal handlers.

vi. Describe waste and animal disposal requirements.

**Biological Safety Approval?** Yes No

**7. PAIN AND/OR DISCOMFORT**

1. Will the animals be exposed to uncomfortable or painful stimuli or procedures?  Yes No

If yes, will pain or discomfort be minimized by the use of anesthetics and/or analgesics?  Yes No

*(Please note: analgesics must be used following recovery surgery unless sufficient justification is provided)*.

If yes, please indicate the following:

1. Anesthetic to be used

2. Dose

3. Route of Administration

4. Frequency

**In the event that you are unable to relieve pain or suffering, please indicate by initialing below that you agree to euthanize the animal(s) immediately or call a veterinarian. Initials:**

1. Are you using neuromuscular blocking agents (NMBA?)  Yes  No

If yes, are you combining NMBA with general anesthesia?  Yes  No

If yes, please specify:

1. What kind of NMBA?

2. Dose?

3. Frequency?

4. Route of administration

5. Name of anesthetic?

6. Monitoring equipment  BP  EEG  Other\_

**8. EUTHANASIA**

Euthanasia must be conducted in accordance with the Guidelines on the Panel of Euthanasia of the AVMA. Describe when euthanasia is to be performed. Please list acceptable method(s) of euthanasia that will be used in this study.

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What procedures will be implemented to ensure death is confirmed?

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**9. TRAINING AND EXPERIENCE WITH THE ANIMALS TO BE USED ON THE PROJECT**

1. Who will perform the procedure(s)?  Faculty  Student(s)
2. Have all project personnel received appropriate training  Yes  No

*Free training is available through the CITI Program at* [*https://about.citiprogram.org/en/homepage/*](https://about.citiprogram.org/en/homepage/)

1. Please describe the training that project personnel have received, including who delivered the training, the date of training, how it was delivered and documentation of completion. Feel free to attach additional documents as needed.

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**10. EXPERTS**

Please list one or more experts whom the IACUC may contact who is familiar with the experimental procedures you are using and might render an opinion regarding the appropriate use of animals for these studies.

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**11. SUMMARY AND QUALIFICATIONS**

Please attach a copy of your current cv/resume