

THIS SECTION FOR OFFICE USE ONLY

Protocol Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Berry College

Institutional Animal Care and Use Committee

Request for Protocol Review

*Submit* ***two*** *typed, signed originals of this application.*

*All applications must be approved prior to the initiation of any research involving vertebrate animals.*

**PART A: Information about you and basic information about your project.**

Check one: Faculty/Staff Graduate Student Off-Campus Researcher

1. **Principal Investigator (PI)** on this project is and as such assumes responsibility for the conduct of the study in accordance with the Public Health Service Policy.

**Name:** Click here to enter text.

**Department/Phone:** Click here to enter text.

**Campus Box:** Click here to enter text. **E-mail:** Click here to enter text.

**Other Personnel** *(List all* *individuals authorized to conduct procedures involving animals under this protocol)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Role in project | Department | E-mail |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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1. **Project Title:** Click here to enter text.

Check one: Course Experiment Laboratory Research Field Research

(Course Number: Click here to enter text.)

Anticipated Start Date: Click here to enter text. Anticipated Completion Date: Click here to enter text.

1. **Funding Source:** Click here to enter text.

**PART B: Project Information—answer all the questions below. Specify non-applicable (N/A) as needed.**

1. **Purpose of the Project:** Give a short abstract of the proposed project in lay-person’s terms. Include an explanation of goals, a rationale and justification for the use of animals, and how the animals will be used. (Attach a grant proposal if available.)

Click here to enter text.

1. **Animal Requirements:** List each species used for this project, the expected number of individuals per year, and where the animals will be housed.

|  |  |  |
| --- | --- | --- |
| **Species** | **Number per Year** | **Source of Animals\*** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

\*vendor, breeder, donor, ect.

Check all that apply:

Wild Species Wild Caught Endangered or threatened species

Venomous Species Transferred from another protocol (Protocol #: Click here to enter text.)

1. **Housing Requirements and Procedures**

*Where will the animals be housed? Be Specific.*

MNS Animal Housing Facility MNS Aquaculture Facility

Rollins Research Center Click here to enter text. Gunby Equine Center

Laboratory/Classroom Click here to enter text. Other (please specify) Click here to enter text.

*Type of Housing (check all that apply)*

Cage (wire mesh) Tank

Barn/Pen Other (please specify) Click here to enter text.

*Will the project require alteration of routine animal care procedures? (check all that apply)*

Increases in number of animals per cage or other type housing

Decrease in frequency of bedding change

Exposure to nonstandard temperature

Bedding other than normal

Food restriction of animals usually fed ad libitum

Prolonged (more than 18 hours) food deprivation

Prolonged (more than 18 hours) water deprivation

Feeding synthetic or deficient diets, or diet supplements

Addition of supplements to animals’ water

Isolation of animals usually housed in groups

Other (please attach explanation) Click here to enter text.

1. **Rationale for Animal Use:** Please provide rationale for (1) the use of animals (include reasons why non-animals models cannot be used), (2) the appropriateness of the species selected, and (3) the number of animals to be used.

Click here to enter text.

1. **Federal law requires that investigators indicate that they have considered alternatives to animal use.**

(Ref. CFR Title-9: Animal Welfare Act)

1. Is an alternative to using animals available for the conduct of this project?

Yes No

1. If yes, explain why the alternative cannot be used.

Click here to enter text.

1. **Duplication:** Does this study duplicate previous studies? Yes No

If yes, please justify why it is necessary to duplicate the study and indicate sources consulted.

Click here to enter text.

1. **Animal Procedures**
2. Will the project require any special procedures? (Check all that apply)

Anesthesia/Analgesia for the alleviation of pain Stressful Environment Conditions

Chemical Restraint (use of paralytic agents) Capture/Restraint wildlife

Rigid Physical Restraint Multiple Injections

Physiological measurements involving surgery Collection of blood or other body fluids

Induction of disease in animal Use of biohazardous materials

Exposure to physical hazard Use of scheduled drugs

Risk of zoonoses Antibody production

Survival surgery Terminal surgery

More than one surgery per animal Euthanasia to alleviate pain/distress

Euthanasia for tissue collection, as a study endpoint, or for animal disposal

1. Briefly describe the sequential proposed procedures involving animal use (give details about those procedures checked above):

Click here to enter text.

1. List all substances administered to the animal during tests or treatments. Provide information on dose, volume, and route.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Drug/Agent Name | Administration Route | Dose/Volume | Frequency | Administered By |
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1. Blood Collection

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Site/Vessel | Technique | Volume per Collection | Interval Between Collections | Anesthesia  (yes/no) |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Total number of blood collections per animal: Click here to enter text.

1. Other samples to be collected (body fluids, tissue, skin scrapings, external parasites, fecal samples):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sample | Technique | Volume Per Collection | Interval Between Collections | Anesthesia  (yes/no) |
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Total number of samples collected per animal: Click here to enter text.

1. Surgical procedures. Describe all surgical procedures (include pre- and post-operative procedures and aseptic methods and identify surgical personnel and facilities).

Click here to enter text.

1. Animal Disposition (check all that apply.)

Euthanasia Kept for natural lifespan

Transfer to another project Return to production or breeding unit

Adopted (provide contact information below) Other (explain below)

Click here to enter text.

1. **Potential for Animal Pain and/or Distress:**
2. The Animal Welfare Act requires the placing of animal usage into categories and annual reporting to the U.S. Department of Agriculture. Please read the category definitions and indicate which category applies to this project.

Category I includes the use of animals in teaching, testing, or experimental procedures that would be expected to produce little or no pain or distress.

Category II includes the use of animals in procedures that involve minor pain or distress of short duration.

Category III includes the use of animals in procedures that involve significant but unavoidable pain or distress to the animals. (Please note that procedures, which fall into Category III, require additional explanation before project approval. Use the space below or an attachment to explain why it is not feasible or possible to use pain-relieving drugs and/or how pain and distress will be minimized.

Click here to enter text.

1. Search for alternatives to painful/distressful procedures:

USDA regulations require that “The principal investigator has considered alternatives to procedures that may cause more than momentary or slight pain or distress to the animals and has provided a written narrative description of the methods and sources- used to determine that alternatives were not available. The search for alternatives to painful/distressful procedures should include the following:

1. Non-animal alternatives such as in vitro systems or computer models.
2. Non-painful or less painful alternative procedures that could be used in animals.
3. Use of phylogenetically lower animal species.”

A search for alternatives must be conducted for EACH potentially/distressful procedure in the protocol.

Please complete the following to indicate the methods and sources used to search for alternatives. (Complete all that apply):

Literature search(es):  
Procedure 1: Click here to enter text.

Database(s): Click here to enter text.

Key words used: Click here to enter text.

Date of search: Click here to enter text. Years covered by search: Click here to enter text.

Procedure 2: Click here to enter text.

Database(s): Click here to enter text.

Key words used: Click here to enter text.

Date of search: Click here to enter text. Years covered by search: Click here to enter text.

Meeting/Conferences attended (provide titles and dates of meetings)

Library Resources, e.g. journals, texts (provide journal or text titles)

Consultations with colleague, experts (provide name(s) and credentials

Other (please explain) Click here to enter text.

1. Results of the search for alternatives: Please check one response

Alternatives were not identified **OR**

Alternatives were identified, however, they will not satisfy the experimental objectives. Please attach documentation of alternatives and indicate why they cannot be used.

1. Euthanasia Technique:

Euthanasia must be performed in accordance with the AVMA panel on euthanasia. Please indicate the method of euthanasia to be used. Indicate the agent, dose, and route of administration, if applicable. If animals will not be euthanized at the completion of the study, what will be the disposition/future intended use of the animals?

Click here to enter text.

**PART 3: TRAINING**

Berry College has contracted with the Collaborative Institutional Training Initiative at the University of Miami (CITI) for online training. To complete your training, go to the Office of Research and Sponsored Programs webpage and click on Animal Care and Use Training or go to [www.citiprogram.org](http://www.citiprogram.org). Once at the CITI site, you will be asked to register and set up a user id and password. Then follow the directions and choose “Researcher” under the Laboratory Animal Welfare user group. You must complete the Basic Module and any species specific modules needed for your study. Once you and your students have completed the training, a notice will be e-mailed to the IACUC. **Please note—this protocol will not be approved until documentation of training is received.**

**PART 4: Approvals**

**Investigator Statement and Signature:** I have read and I understand the Berry College policy on the protection of animals used in research. To the best of my knowledge, I have provided a complete and factual description of the animal care and use procedures to be followed in the proposed experimental study. I have taken appropriate measures to ensure that I am using the minimum number of animals required to achieve my experimental objective and that I am not unnecessarily duplicating previous studies. I assure that all personnel under my direction are appropriately trained to perform procedures with animals. I understand that I may not begin any animal procedure prior to approval of this protocol by the Institutional Animal Care and Use Committee, and I understand that significant changes in this protocol must be submitted and approved as an amendment to the protocol by the IACUC prior to implementation of the changes. I accept responsibility for compliance with provisions of the Federal Animal Welfare Act, the Public Health Service Policy on Humane Care and Use of Laboratory Animals, the NIH Guide for the Care and Use of Laboratory Animals, and the USDA “Ag Guide.”

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*Signature of Principal Investigator Date*

**APPROVAL:** Please get all signatures before submitting to IACUC.

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Signature of Principal Investigator Date

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Signature of Department Chair Date

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Signature of Dean Date

**Office Use Only:**

Executive Review (Chairperson, Veterinarian, Community Member)

Full Committee Review

IACUC Review date:­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 IACUC Chairperson Date

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College Veterinarian Date

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 Community Member Date