IACUC APPLICATION # \_\_\_\_\_

**LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE**

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

**APPLICATION FOR USE OF ANIMALS**

**Principal Investigator**

**Department:**

**Project Title:**

**Office Phone:**  **Home Phone (emergencies):**

**e-mail:**

**Requested Start Date of Project:**

**Co-Investigators (if applicable):**

**Students: (if applicable)**

**Lay Summary:**

***Using lay terminology, state the general relevance or purpose of your research, relating it to how it might benefit humans, animals, or society. Also provide a brief description of the procedures you will be using that involve animals. (Please limit to this page only.)***

**ANIMAL DESCRIPTION**

Species Strain Age Time Onsite Group #/year no. housed @one time

**Justify the use of animals and choice of species:**

*Provide a detailed rationale, using published references, for 1) the use of animals and 2) the animal model selected. Also provide what sources were consulted documenting that 3) your protocol does not unnecessarily duplicate previous experiments and that 4) no alternative procedures are suitable. Sources may include Index Medicus, Biological Abstracts, and/or MedLine. It is highly recommended that the National Agricultural Library (AGRICOLA) be consulted.*

**References:**

**Justify the number of animals to be used:**

*Provide an experimental plan (# of experimental groups, # of animals/group, statistical analysis).*

If applicable, state the scientific collection permit number and issuing agency if wild animals are used: Permit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANIMAL HUSBANDRY**

Where will the animals be housed?

*If animals will be housed in areas other than the Animal Care Facility for more than 12 hours, state the location(s), reason(s) for relocation, how the animals will be cared for, and by whom.*

Explain your husbandry requirements for these animals:

*Be specific. Include light cycle, isolation, noise reduction, diet requirements, etc.*

*If the Standard Operating Procedures of the ACF are suitable, check here: \_\_\_\_\_*

**TYPES OF ANIMAL USE**

Check the highest category of pain or distress which may be induced:

( ) 1. Procedures that would be expected to produce little or no pain or distress.

( ) 2. Procedures that involve minor pain or distress of short duration.

() 3. Procedures that involve significant but unavoidable pain or distress. This category includes pain and euthanasia relieved by drugs (eg., post-surgical analgesics) and terminal surgery.

( ) 4. Procedures that involve inflicting severe pain or distress, or chronic, unrelieved pain or distress, or death.

The principal investigator assures the IACUC that the following *required* procedures will be applied:

1. The principal investigator will consult with the attending veterinarian in the planning and conducting of the procedures.

2. The principal investigator will provide for the use of tranquilizers, analgesics, and anesthetics as directed by the attending veterinarian and provide training of laboratory personnel.

3. Pre- and postsurgical care will be provided in accordance with instructions of the attending veterinarian.

4. The principal investigator will prohibit the use of paralytic drugs without anesthesia.

5. The principal investigator will prohibit the withholding of tranquilizers, anesthesia, analgesia, or euthanasia except when scientifically necessary and approved by the IACUC and the attending veterinarian. When the withholding of such drugs is approved, it shall continue for only the shortest necessary period of time.

**DESCRIPTION OF AGENTS OR SUBSTANCES USED**

Attach a list of **all** agents or substances used during any procedure involving animals:

*The investigator must provide a complete description of all chemical substances (drugs, saline vehicles, dietary supplements or restrictions, etc.) that are administered to the animals. Included must be the dosage used (including that used for euthanasia) and the route of administration. A description of possible problems or side effects the animal may experience must also be included; drug inserts usually provide much of this information and can be appended to the form. [Complete records for those using controlled substances must be kept; log charts are available from the IACUC or ACF personnel].*

**DESCRIPTION OF ACTUAL PROCEDURES**

Provide a *detailed* description of any **surgical** or **non-surgical** procedures that are performed and involve the animals **before euthanasia**. Provide a complete description of the method of euthanasia. Indicate the name(s) and qualifications of any personnel (other than ACF personnel) who will be directly involved with animal use. *All personnel must receive proper training before their handling of the animals may be considered.*

**INVESTIGATOR'S ASSURANCE**

I agree to abide by PHS policy, USDA Regulations, the Guide for the Care and Use of Laboratory Animals, all federal, state, and local laws and regulations, and policies of the Lake Erie College of College of Osteopathic Medicine governing the use of animals in research and/or teaching. I will permit emergency veterinary care for animals showing evidence of pain or illness.

I assure the IACUC that alternative procedures have been considered for any procedures likely to produce pain or distress and that no other procedures are suitable.

I assure the IACUC that the project does not unnecessarily duplicate previous experiments.

I assure the IACUC that all experiments and surgeries involving live animals will be performed under my supervision or that of another qualified professional.

I assure the IACUC that all laboratory personnel (co-investigators, technicians, students) involved with this project have undergone Collaborative Institutional Training Initiative IACUC training.

I assure the IACUC that all personnel having direct live animal contact, *including myself*, have been trained in humane and scientifically acceptable procedures in animal handling, administration of anesthesia, analgesia, and euthanasia to be used in this project, and all are aware of the biohazards involving live animal tissues.

I will notify the IACUC of any changes in animal care or use (including changes in personnel or location). Such changes will not be implemented without prior IACUC approval.

I understand that the protocols are approved for *one year* and it is my responsibility to apply for reapproval *prior to* the date of approval expiration noted on the next page.

**My signature constitutes written assurance to the IACUC that the above statements and those listed on page five are, to the best of my knowledge, accurate:**

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Typed Name of Principal Investigator Signature/Date

**IACUC APPROVAL**

Upon notification of the action of the IACUC, you are authorized to place orders for animals through the Animal Supervisor. Orders will be placed provided that caging and proper animal care can be provided.

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

IACUC Chairman/Date

Approved: (IACUC members)

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Date

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Date

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Date

IACUC APPLICATION # \_\_\_\_\_\_\_

PRINCIPAL INVESTIGATOR:

TITLE:

APPROVAL PERIOD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_