IACUC
Animal Study Proposal

FOR OFFICE USE ONLY
Proposal No.
Approval Date:
Status:
Approval Date:

If you would like to discuss your project or have your protocol previewed with the IACUC veterinarian, please send an email to Research Administration (research@newmexicoconsortium.org)

Section A: Administration (*For NMC-IACUC Committee Use Only)*

Protocol Number	Protocol Title	
Date Submitted	Project is: Approved Approved with Amendment Not Approved	
Date of Approval by IACUC	Chairman Signature	Duration of Animal Use Approval Begin: _____ End _____
First Annual Review – Date Completed	Second Annual Review – Date Completed	
Protocol Amendments Added, Number & Date	Date of Inactivation of Protocol	

Section B: Investigators

Principal Investigator(s)	Address	Email	Lab Phone	Home Phone
Co-Principal Investigator(s)	Address	Email	Lab Phone	Home Phone
Co-Principal Investigator(s)	Address	Email	Lab Phone	Home Phone

Please provide names of research technicians, or others involved in this proposal.

Name	Address	Email	Lab Phone	Home Phone
Name	Address	Email	Lab Phone	Home Phone
Name	Address	Email	Lab Phone	Home Phone

Primary Researcher (*person writing protocol and doing most of the procedures*)	
What date do you want this animal protocol to become active?	How long do you want this protocol active (up to 3 years)?

Section C: Funding

Is this Protocol Application for: A proposal A grant An existing protocol Other		
Existing Protocol Number	Funding Agency	Funding Agency Application Due Date

Please answer the following questions:

Section D: Description

1. Provide a description of the proposed protocol indicating the objectives and goals of the proposed work.

2. Literature Review: Describe how you know that these activities do not unnecessarily duplicate previous experiments. For example, show a list of databases searched, key word strategies used, and date(s) searches were conducted.

Section E: Training

1. Describe the animal care and use training and experience of each person listed on this proposal who will be working with animals. Attach documentation of training and applicable CVs.

2. List any additional training that is scheduled (or has been completed) at NMC.

Section F: Safety and Health

1. Has the proposed protocol been evaluated to determine the precautious necessary to protect human participants from zoonotic diseases or hazards specific to procedures or animal species?

   Yes No

2. Are there any elements of this proposed protocol that may be hazardous to humans working with the animals?

3. List all personal protective equipment required to perform associated procedures safely:

4. Has the Occupational Health Medical Provider responsible for the Animal Handler program been made aware of this proposed protocol?

   Yes No

   Give the name and contact information of the Medical Provider contacted.

5. Are all participants enrolled in the NMC Animal Handler medical surveillance program?

   Yes No

6. Should the NMC IBC Committee review this proposed protocol? Yes No

7. Will any of the following be used in this proposed protocol?

   Infectious agents Radioisotopes Toxic chemicals or carcinogens
   Recombinat DNA Experimental drugs Malignant cells or hybridomas
   Other (explain)

8. If any items are checked in section E box 7, please identify and discuss the Environment, Safety and Health documentation (procedure, hazard evaluations, etc.) that are in place in preparation:

9. Will transplantable tumors or hybridoma cells be injected into animals? Yes No

If yes, have the tissues/cells been tested for inadvertent contamination by viruses or mycoplasma?
Yes No NA

If yes, give results:

If no, provide a rationale for not testing:

10. Health status of animals to be used in this proposed protocol

Animals obtained from a commercial provider with documentation of health status.

Animals obtained from collaborators who will provide a recent health report for the colony.

Section G: Vertebrate Animals

1. Have the proposed animal procedures been discussed with the IACUC veterinarian during planning of this proposed protocol? Yes No

2. Provide a complete and detailed description of the proposed use of the animals and all animal procedures in the proposed protocol including animal identification, pre-and post-procedure care, and any anesthesia and euthanasia methods (Attach documentation as needed):

3. If applicable, state whether the method of euthanasia is consistent with the recommendations of the American Veterinary Medical Association Panel on Euthanasia:

4. Identify the species, strains, age(s), sex and numbers of animals to be used in the proposed protocol for the first year:

5. Estimate the total number of animals for the duration of the entire proposed protocol:

6. Justify the use of animals:

7. Justify the choice of animals:

8. Justify the numbers of animals to be used and describe the methods used to determine the number of animals that are needed for each group:

9. Describe the planned veterinary care of the animals in the proposed protocol:

Section H: Pain and/or Distress

Please categorize the species and number of animals for the first year in the appropriate pain and/or distress category as described below. **Total number of species should match that give in Section F.**

1. Animals with no pain_____

   (*Animals to be subjected to procedures that WILL NOT involve pain or distress greater than that associated with standard injections, routine blood sampling, tattooing, or induction of anesthesia, euthanasia, or simple group behavioral observation*).

2. Animals with minor pain

   (*Animals under anesthesia to be subjected to procedures involving minor pain or distress of short duration such as: surgical diagnostic procedures, exposure of blood vessels, implantation of chronic catheters, laparoscopic procedures or needle biopsies, OR procedures involving short-term restraint, food/water deprivation for 24 hours, noxious stimuli with escape possible).*

3. Animals with major pain treated with drugs

   (*Animals receiving appropriate anesthetics, analgesics, and/or tranquilizers. These will be subject to procedures involving significant but unavoidable pain or distress such as: major surgical procedures that invade or expose body cavities, orthopedics or major dental work, induction of anatomical or physiological defect, exposure to noxious stimuli without escape possible, physical restraint for prolonged periods of several hours*).

4. Animals with major pain left untreated

   (*Animals not treated with appropriate anesthetic, analgesic or tranquilizing drugs will be used in procedures involving significant pain or distress such as: muscle relaxants or paralytic drugs used alone for surgical restraint, surgical burns or trauma, procedures such as toxicity studies, radiation sickness studies, infectious disease studies and stress or shock studies with death as the end point, or induction of behavioral stress in order to test its effect*).

5. Procedures involving animals will avoid or minimize discomfort, distress and pain.

   Will any of the proposed procedures, or results of these procedures, cause any pain or distress to the animals?

   Yes No If yes, please answer questions (a) through (d)

   a. Describe the procedures for ensuring that discomfort, distress, pain, and injury will be limited to that which is unavoidable in the conduct of scientifically sound research.

   b. What criteria will be used to assess the health and well-being of the animals?

   c. In the event mortality or a moribund state is a likely outcome of this proposed protocol, what clinical endpoints will indicate when the animal(s) cam be removed from the study and be euthanized?

   d. In the event the animals are likely to experience pain or distress, what pain relieving drugs and dose schedule will be used to alleviate these conditions? Please list all drug(s) dosages and route(s) of administration.

   What non-drug practices or supportive care can be provided to minimize pain and distress?

6. List any controlled drugs intended for use in the proposed protocol.

Give the name, contact information and license of the responsible individual who holds the associated drug permit(s).

Section I: Survival Surgery

Survival surgery allows the animal to recover consciousness for any length of time.

1. Will you do survival surgery? Yes No If yes, please answer questions (a) through (g)

a. Will the animals be subjected to multiple survival surgeries? Yes No

If yes, give scientific justification for the necessity of multiple surgeries.

b. Animal species_____ Number of Animals: _____

c. Where will surgery be performed?

Describe the surgical facility.

d. Anesthetic(s) and/or muscle relaxant(s) used (include dosages and routes of administration)

e. Identify person(s) performing surgery.

Give a detailed list of qualifications and/or experience to do proposed procedures.

f. Describe all surgical procedures from skin prep to skin closure (including anesthesia monitoring).

g. Describe Post-op care procedure.
Indicate individual or persons who will be responsible and will provide post-op care.

Provide a detailed description including post-op analgesics or other drugs/fluids to be used and the dosage and route of administration of each.

If analgesics cannot be used, explain why.

Section J: Alternative Methods Not Used

1. A painful or distressful procedure is defined as any procedure that would cause more than slight or momentary pain and/or distress if applied to a human (Federal Regulation).
   For procedures likely to produce pain or distress in the animal, describe whether or not any alternative methods without pain or not using animals exist.

2. Provide a narrative description of how you have determined that alternative methods were not available or why they were unsatisfactory.

3. Indicate any data bases searched, key words used, date(s) covered in search, and the date the search was accomplished.

4. Discuss how your proposed protocol has been refined in relation to the animals to be used, how the use of animals has been reduced, and alternative methods considered that could replace animals.

Section K: Space Requirements

1. Will it be necessary to house these animals for longer than 12 hours in a facility? Yes No	
2. If yes, is this facility in conformance with NIH guidelines on the housing of animals? Yes No	
3. If yes, does it conform to best management practices of a satellite facility? Yes No	
4. Describe the facility including specific building and room:	
5. Detail who has access to the facility:	

Section L: Investigator Assurance

I agree to abide by the provisions of the NIH guidelines for the care and use of laboratory animals. I will permit emergency veterinary care to animals showing evidence of pain or illness if not desired effect of the proposed protocol approved techniques.

I certify that I have considered alternatives to potentially painful/distressful procedures.

I certify that this is a complete and accurate description of all intended uses of live animals in this proposed protocol.

The IACUC will be notified of any changes in the proposed protocol, or personnel, relative to this application, prior to proceeding with any animal experimentation.

I will not proceed with animal experimentation until approval by the IACUC is granted.

I also assure that this activity does not unnecessarily duplicate previous experiments, and that all specified individuals will have proper training and experience necessary to perform the procedures herein described before any procedures are performed.

I understand that any deviation from the proposed protocol as stated above, will result in suspension of research activity and all animal work.

Principal Investigator (*print*)	Electronic Signature	Date
Primary Researcher (*print*)	Electronic Signature	Date