|  |  |
| --- | --- |
| **Animal Protocol Application Form: TEACHING** | Application No: Expiration date:  *For Office Use Only* |

# 1. Teaching modality title

|  |  |
| --- | --- |
| Title (in full): |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Proposed start date | Proposed end date | Protocol is a renewal | Previous protocol # (renewals only) | Expiration date of previous protocol |
|  |  | \* |  |  |

\* Double click the check box to activate or de-activate the box

|  |
| --- |
| Progress report only for renewing courses: how does this protocol differ from the original in the objective and procedures? If all or some of the studies proposed appear to be identical to those in the original protocol, please provide a brief explanation as to whether they have not yet been done, or are ongoing, or must be repeated, etc. |
|  |

2. Category

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Regular course | (S)elective course | Wetlab | Component of a higher degree | Other |
|  |  |  |  | \* |

\* please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Course Director Contact Record

|  |  |
| --- | --- |
| Course Director/ Supervisor/Faculty Advisor |  |
| Title |  |
| Department |  |
| Phone number |  |
| E-mail address |  |
| Mailing address |  |
| Department Chair |  |
| E-mail address |  |

4. Participating Personnel, Protocol Contacts & Occupational Safety Designee (OSD)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and title | Role | OSD (y/n) | Protocol contact\* (y/n) | Animal work (y/n) | E-mail address for OSDs and protocol contacts |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

5. General information (check all that applies to this protocol)

Teaching project

|  |  |  |
| --- | --- | --- |
| Course name and # | How many semesters/year | Estimated class size |
|  |  |  |

Check if the students will be working “hands on” with live animals in a teaching, classroom or field study situation. Please describe in the lay description which animal procedures will involve students.

|  |
| --- |
| Describe how students and teaching associates (participating personnel) will be trained and/or supervised in handling techniques |
|  |

Collaborative project

|  |  |  |
| --- | --- | --- |
| Other institution | Contact name, phone and e-mail address | Describe nature of collaboration |
|  |  |  |

Surgical procedures – please complete and attach a surgical procedures addendum

Hazardous Materials/Exposure

|  |  |
| --- | --- |
| Hazardous materials/exposure used in the protocol | Describe how the hazards will be controlled |
|  |  |
|  |  |
|  |  |

6. Lay summary

|  |
| --- |
| Lay summary |
|  |

7. Educational aims

|  |
| --- |
| What is the specific goal of this course? Include the teaching objectives and goals |
|  |

8. Description of Procedures

|  |
| --- |
| Description of procedures |
|  |

9. Animal Usage

**a. Categories of Manipulation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| “Experimental” group | Species | Category of manipulation | Number of animals (per year) | Maximum number of days per animal | Students/animal ratio |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**b. Origin of animals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client-owned | Faculty/student/staff owned | SGU-owned | Wild/feral animals | Other\* |
|  |  |  |  |  |

\*Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| What is the total number of animals from this protocol expected to be housed in the SGU’s animal care facilities at any given time? |
|  |

**b. Justification for category of manipulation and species**

|  |
| --- |
| Explain the rationale for animal use, including why non animal models can not be used |
|  |
| Describe how the category of manipulations for each “experimental” group of animals was determined |
|  |
| Please provide scientific justification for the species requested, addressing why animals from a “lower” species cannot be used to achieve the desired results |
|  |

10. Methodology

**A) Husbandry**

Please include all details with regards to the animal husbandry.

|  |  |
| --- | --- |
| Where will the animals be kept |  |
| How will the animals be kept |  |
| Who is responsible for the animals (include e-mail address and (cell-) phone number |  |
| What is the feeding regime for the animals |  |

**B**) **Palliative therapy for procedures** **(complete for procedures in category C-E)**

|  |  |
| --- | --- |
| Palliative agent/therapy (including warming pads, bedding or food, analgesics, etc.) |  |
| If analgesics are used: dose, frequency of administration, number of days administered |  |

**C**) **Anesthesia and/or sedation for** procedures

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List procedure where general anesthesia is used | Drugs | Dose | Route of administration | Anesthesia duration |
|  |  |  |  |  |

|  |
| --- |
| Describe anesthetic monitoring processes |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| List procedures where sedative is used | Drug | Dose | Route of administration | Frequency of administration | # days of administered |
|  |  |  |  |  |  |

**D**) **NO palliative therapy offered for procedures with pain category of C-E**

|  |
| --- |
| Justification for withholding palliative therapy |
|  |

**E**) **Euthanasia** (Please note – all protocols using live animals must include this section)

|  |
| --- |
| Please list all non-SGU animal care locations where euthanasia will take place |
|  |

|  |
| --- |
| List the methodology used to euthanize the animals used in this protocol |
|  |
| Describe pre-sedation agent and method, or justify the lack of pre-sedation |
|  |

|  |
| --- |
| How will death of the animals be confirmed? |
|  |

11. Animal disposal

|  |
| --- |
| How will the carcasses be disposed of? Describe how the animal remains will be transferred, the final destination and eventual disposition |
|  |

12. Documentation

***Scientific Literature Search:***(Think *Reduction* in the number of animals and *Refinement* of the proposed work)

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Literature Review (must be within last 6 months) | Years Covered in Review: (must go back at least 10 years) | Databases, Indexes, or Other Sources Used for Review of Literature: | Keywords Used: |
|  |  |  |  |
| ***Results:*** | | | |
|  | | | |

***Alternative Methods Search:*** (Think *Replacement* of animals with alternatives such as cell or tissue cultures, models, simulations, animals lower on the phylogenetic scale, etc.)

13. Course director Assurance & Signatures

|  |
| --- |
| Protocol Title: |
|  |

Course Director Assurance

To the best of my knowledge, the information contained herein is accurate.

I affirm that all procedures involving animals will be carried out humanely and will be performed by IACUC certified persons, and that as the designated Course Director, I am responsible for all work conducted under this protocol.

As Course Director, I assure that the proposed activities do not unnecessarily duplicate activities.

I have considered alternatives (if any) to all of the above-listed procedures that may cause more than momentary slight pain or distress.

I affirm that the protocol noted above accurately reflects procedural information contained in the grant application to the agency noted on this form.

I understand that federal regulations authorize the attending veterinarian to utilize his/her discretion in the implementation of the procedures herein described in order to assure the welfare of the animal subjects.\*

I further understand that any other variance from what is written in the protocol form would constitute a violation of Animal Welfare guidelines. Any revisions to animal care and use procedures in this project will be forwarded promptly to the IACUC for review. Revisions to protocols will not be implemented until IACUC clearance has been obtained. Animals will not be transferred between Investigators without prior written approval.

I certify that this protocol has been reviewed for scientific merit and that I will share the approved protocol with all personnel identified in section 6 and they will read and understand all elements described for the study.

|  |  |  |  |
| --- | --- | --- | --- |
| Course Director Certification | | Department Chair | |
| Names | Date | Name | Date |
|  |  |  |  |

|  |  |
| --- | --- |
| Date of Application submission |  |
| \*\*Signature |  |

\*It is the policy of the IACUC and University Animal Care to work with the Course Director and their research team to assure that any modifications made to the protocol will not compromise the research aims of the project. Please note, however, that federal law has granted intervention authority to the attending veterinarian and the IACUC in the event that animal health is jeopardized or approved protocol procedures have been altered without prior IACUC approval. The IACUC has the authority to suspend work that is in violation of federal regulations.

\*\* Print this page, before clicking the submit button, and sign. Please send the signed hardcopy to IACUC Office or you may scan and send as an email attachment. This is the ONLY hardcopy required by the IACUC Office. DO NOT send the entire application Form.