

Protocol #	
Submission Date	
Review Date	
Approval Date	
P&D Level	

Southern Connecticut State University
REQUEST FOR USE OF VERTEBRATE ANIMALS

Responsible Faculty Member:		Department:	
Office Phone:		Lab Phone:	
Email address:		Emergency #:	

Title of Protocol:	
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Anticipated beginning and ending dates of animal studies described in this protocol:	
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Check if animals will be used in:
<input type="checkbox"/> undergraduate honors thesis project
<input type="checkbox"/> M.A. thesis project
<input type="checkbox"/> Faculty research project
<input type="checkbox"/> Teaching/Training course

For animal use in research, specify funding source and project title. If the same research proposal involving the identical animal use will be submitted to more than one funding source, list the additional funding source(s) and the project title(s):

Funding source(s) and Project Title:

For animal use in teaching/training course, give course title:
<i>Note: The departmental chair must approve this application by signing where indicated on signature page if animals will be used in teaching or training or if animal research will use departmental or non peer-reviewed funding.</i>

I. OVERVIEW OF PROPOSED PROJECT

A. Describe all experimental procedures and manipulations of animals being brief and specific. e. Please describe the overall value of the research to humans and/or animals. (Use language appropriate to eighth grade lay person without scientific background).

B. Describe the characteristics of this animal species that justify its use in the proposed studies:

C. State the names of every individual involved in the animal component of these studies and describe the primary responsibilities of each individual. *For each person, include their background/education/experience with the species and the specific procedures proposed in the protocol. Individuals can perform only the specific procedures for which they have documented competence.*

II. DESCRIPTION OF ANIMAL SUBJECTS

Species:		Strain/Breed:	
Sex:		Age:	

Source (must be approved vendor):	
Estimated number of animals used per year:	
Maximum number housed at one time:	

B. Describe how the number of animals was determined:

III. ANIMAL HUSBANDRY AND CARE

A. Do any of the proposed animal activities require deviations from current standard husbandry procedures and practices at SCSU?

YES	
NO	

Please briefly describe frequency of feeding, watering and cage changes for your research animals. Include whether animals will be housed together or separately.

B. Are any animal procedures intended to take place outside of SCSU Animal Facility?

YES	
NO	

If YES, where?

IV. EXPERIMENTAL PROCEDURES

A. Test Substances, Cells, and/or Hazardous agents

Will radioactive, toxic, antigenic, pharmacological, infectious, carcinogenic, or other types of substances or cells be administered to live animals as part of the experimental protocol?

YES	
NO	

If NO, proceed to item B., if YES, complete items A. 1-4 below.

1. List the test substances, amounts administered, frequency of administration, and expected effects in the animals.

2. Are any of the test substances hazardous materials (eg. radioactive, biohazardous, carcinogenic, toxic)?

YES	
NO	

If YES, please list those substances below.

3. Are any of the test substances of human or animal origin?

YES	
NO	

If YES, describe their origin and any testing done to assure these substances are free of human or animal pathogens (eg. PCR/MAP testing).

4. Are drugs classified by the Federal DEA or State of CT DEA as controlled substances to be used?

YES	
NO	

If YES, what controlled substances will be used and what procedures will be taken to avoid unauthorized access to these substances?

5. Has the appropriate safety officer been consulted regarding use of the substance(s) in animals?

YES	
NO	

(Provide the signature of the safety officer here)

Signature		Date	
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6. Are any test substances expected to cause the animals pain, discomfort, or distress?

YES	
NO	

If YES, describe to what degree of pain, discomfort, or distress is expected and what measures will be taken to alleviate or minimize these adverse effects.

B. Specimen Collection

1. Is animal use limited to euthanasia followed by tissue or fluid harvesting?

YES	
NO	

If YES, proceed to item E. (Euthanasia), if NO, proceed to item B.2.

YES	
NO	

2. Are invasive procedures employed for collection of tissue or body fluids from live animals?

YES	
NO	

If YES, proceed to items below. If NO, proceed to item C. (Surgery)

a. Tissue or body fluid to be collected:

b. Method of specimen collection:

c. Amount and frequency of collection:

d. Anesthetic, sedative, or tranquilizing agent and dosage administered prior to specimen collection:

e. Method of restraint during collection:

C. Surgery

1. Are surgical procedures to be performed as part of the experimental protocol?

YES	
NO	

If NO, proceed to item D

If YES, describe the surgical procedures, then complete items 2-6.

2. What preoperative procedures (eg. fasting) and medication, including analgesics, tranquilizers, and anesthetics will be employed prior to surgery (dosage and route)?

3. Are paralytic agents used in conjunction with surgical manipulation?
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YES	
NO	

If YES, how will the absence of pain be assessed?

4. Describe monitoring and supportive care provided during surgery.

5. Describe the qualifications of the surgical team, be specific to the surgery in this protocol.

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6. Are animal subjects expected to regain consciousness following major surgical manipulations?

YES	
NO	

If NO, proceed to item E., if YES, complete items a-e.

a. Is surgery to be performed in a room or area intended for aseptic surgery?

YES	
NO	

If NO, explain:

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b. Is aseptic technique followed including use of surgical gloves and instruments, and aseptic preparation of the surgical field?

YES	
NO	

If NO, explain:

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c. Is more than one survival surgical procedure to be performed on a single animal?

YES	
NO	

If YES, justify:

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d. What postoperative care will be provided (include drugs and dosages). What criteria will be used to assess the need for analgesics?

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e. What arrangements will be made for providing post-operative care and detecting and managing post-operative complications during the normal workday, weekends, holidays, and after normal working hours?

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D. Other Experimental Procedures

Will animals be subjected to any experimental procedures not noted elsewhere in Section IV (eg., prolonged physical restraint, food or water deprivation, noxious stimuli, environmental stress)?

YES	
NO	

If YES, describe the procedures and methods that will be employed to monitor animals and minimize discomfort.

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E. Euthanasia

1. Are animals surviving an experiment euthanized at completion of the study?

YES	
NO	

If NO, proceed to item E.2., If YES, answer items a-c.

a. What procedure will be employed? If a chemical agent is to be used, please state dosage and route of administration

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b. Who will perform the euthanasia and what is his/her training and experience with the procedure?

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c. Does this method of euthanasia meet current recommendations of the most recent AVMA Panel on Euthanasia?

YES	
NO	

If NO, justify.

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2. If animals are not euthanized at completion of the study, describe their disposition at completion of the study.

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V. SPECIAL CONSIDERATIONS

A. Are procedures employed that are likely to cause more than momentary or slight anxiety, pain, fear, or distress to the animals?

YES	
NO	

1. Have alternatives, such as less sentient animal models or *in vitro* methods been considered?

YES	
NO	

2. Has the Institutional Veterinarian been consulted in planning the procedure as stipulated in the Animal Welfare Act?

YES	
NO	

If NO, justify:

B. Are procedures employed that are intended to study pain?

YES	
NO	

If YES, describe & justify:

VI. SIGNATURES

A. Certification by Principal Investigator or Faculty Sponsor:

I affirm that to the best of my knowledge, information provided in this Request for Use of Vertebrate Animals is complete and accurate, and that no significant changes will be made without advance approval of the Institutional Animal Care and Use Committee. I further certify that these studies do not unnecessarily duplicate previous experiments.

As Principal Investigator or Faculty Sponsor of this project, I understand and accept that I have primary responsibility for all facets of this research including assurance that all animals used in this project will be handled in a manner that is humane and in accordance with standards set forth in the Animal Welfare Act, the Guide for Care and Use of Laboratory Animals, Public Health Service Policy and all other laws, policies, and accreditation standards that pertain to humane care and use of laboratory animals. Further, I assure that all individuals using animals under the provisions of this protocol have been trained or will be trained to competently and humanely perform the procedures listed on the chosen species prior to handling any animals.

Principal Investigator or Faculty Sponsor		Date	
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Student Investigator		Date	
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B. Certification by Department Chair

In signing this form, the Department Chair assures corporate approval of the animal studies contained herein and acknowledges that the proposed use of animal facility resources complies with the overall mission and objectives of his/her Department.

Department Chair		Date	
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C. Approval Signatures

The undersigned have evaluated the care and use of animals described in this protocol in accordance with provisions of the Animal Welfare Act, the PHS Guide for the Care and Use of Laboratory Animals, and the U.S. Interagency Research Animal Committee Principles for the Utilization and Care of Research Animals, and find the procedures described appropriate and acceptable. (Comments and dissenting views may be noted below the approval signatures.)

IACUC Chairperson		Date	
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Institutional Veterinarian		Date	
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Jan2003