|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROTOCOL FOR ANIMAL USE AND CARE**  **Field Project Form**  *University of Central Missouri*  *E-mail to: researchreview@ucmo.edu* | | | | | | | IACUC USE ONLY | | | |
| *Please use a minimum font size of 10* | | | | | | | **PROTOCOL:** | |  | |
| **DATE:** | | | | | | | **EXPIRES:** | |  | |
| **1. Contacts: Investigator** | | | | | **Alternate Contact** | | | | | |
| Last Name: |  | | | | Last Name: |  | | | | |
| First: | MI: | | |  | First : | MI: | | | |  |
| E-mail: |  | | | | E-mail: |  | | | | |
| 700#: |  | | | | Department/ Affiliation |  | | | | |
| Department/Affiliation: |  | | | |  |
| Phone / after hrs: | |  |  | | Phone / after hrs: | |  |  | | |

|  |  |
| --- | --- |
|  | *This application has been submitted electronically to my faculty advisor at the same time I have submitted this application. I have reviewed the protocol with my advisor and we believe that it is scientifically sound. My advisor has agreed to:*   * *Oversee this research by communicating regularly with me;* * *Assist with the resolution of any problems or concerns encountered during the research;* * *Assure that the UCM IACUC is notified in the event of an adverse event or protocol deviation.* |
| **2. Title** |  |

|  |  |  |
| --- | --- | --- |
| **3. Species** (common names): | Total number for study | Conservation Status of the species: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**4. Procedures:** Briefly describe the animal procedures included in this project using language for non-scientific personnel. This page is posted on the animal room door for animal care staff and must be clear and understandable to the staff. There will be additional space for a detailed experimental protocol.

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **5. Animal** | Overnight housing | | Study area / Laboratory **(Room/Bldg.)** |
| **Location** |  | |  |
| Animals will be maintained by: | | [ ] Vivarium [ ] Investigator *(If investigator maintained, please attach husbandry SOPs.)* | |

**6. Funding and Funding Source**

|  |  |  |  |
| --- | --- | --- | --- |
| Is the protocol for **newly** funded NIH research? | Yes [ ] No [ ] | Funding Source: |  |

**7. If wildlife requires veterinary care due to experimental procedures all UCM investigators will contact Lakeside Nature Center located at 4701 East Gregory Blvd by calling 816-513-8960.**

**8**. **Objective and Significance**:

Please provide a brief description of the **objectives and significance** of the study, bearing in mind your target audience may be a faculty member from an unrelated discipline.

Objective:

|  |
| --- |
|  |

Significance: Please provide a statement of relevance to human or animal health, the advancement of knowledge, or the good of society.

|  |
| --- |
|  |

**9. Literature search** **for alternatives and unnecessary duplication**: ***Federal law specifically requires this section.***

# Alternatives should be considered for any aspect of this protocol that may cause more than momentary or slight pain or distress to the animals. Alternatives to be considered include those that would: 1) refine the procedure to minimize discomfort that the animal(s) may experience; 2) reduce the number of animals used overall; or 3) replace animals with non animal alternatives.

\*\*

**a)** **Databases**: List a **minimum** of two databases searched and/or other sources consulted. Include the years covered by the search. *The literature search must have been performed within the last six months.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Database Name** | **Years Covered** | **Keywords / Search Strategy** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**b) Result of search for alternatives:** Please comment on the application(s) of any identified alternatives, including how these alternatives may be or may not be incorporated to modify a procedure to either lessen or eliminate potential pain and distress.

|  |
| --- |
|  |

**c) Animal numbers justification:** Please describe the consideration given to reducing the number of animals required for this study. Please also provide information on how you arrived at the number of animals required. If preliminary data is available and if relevant, please provide a power analysis or other statistical method used to determine the number of animals necessary.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **d)** Has this study been previously conducted? | [ ] Yes [ ] No |

If the study has been previously conducted, please provide scientific justification for why it is necessary to repeat the experiment.

|  |
| --- |
|  |

**10.**  **Summary of Procedures:**

**a) Describe the use of animals in your project in detail.** Using terminology that will be understood by individuals outside your field of expertise. Please write a detailed description of all animal procedures in a logical progression, beginning with receipt of the animals and ending with euthanasia or the study endpoint. **List each study group and describe all the specific procedures that will be performed on each animal in each study group, including a summary of which animals will be released unharmed and/or euthanized due to sampling procedures.**

Please provide a complete description of the surgical procedure(s) including **Anesthesia, Analgesia, and/or Neuromuscular blocking agents**. If the procedure(s) will be performed by vivarium or veterinary staff with an established, IACUC-approved SOP, please identify the SOP title and number.

|  |
| --- |
|  |

Field Studies: If animals in the wild will be used, describe how they will be observed, any interactions with the animals, whether the animals will be disturbed or affected, and any special procedures anticipated. Indicate if Federal or State permits are required and if required please provide the respective permit numbers and the permit granting agency.

This cell will expand, but please try to be concise. Please define all abbreviations.

**b) Is death an endpoint in your experimental procedure (see note below)?** [ ] Yes [ ] No

*(Note: "Death as an endpoint" refers to studies in which animals are not euthanized, but die as a direct result of the experimental manipulation). If death is an endpoint, explain why it is not possible to euthanize the animals at an earlier point in the study. If you can euthanize the animals at an earlier point, based on defined clinical signs, then death is not an endpoint.*

|  |
| --- |
|  |

**c) Surgery:** This project will involve: **Invasive surgery** [ ] Yes [ ] No **Non-invasive surgery** [ ] Yes [ ] No

|  |  |  |  |
| --- | --- | --- | --- |
| Location: Building: |  | Room: |  |

|  |  |
| --- | --- |
| Name of the surgeon: |  |

**d) Drugs to be used (except for euthanasia) - anesthetics, analgesics, tranquilizers, or antibiotics:**

*Post-procedural analgesics should be given whenever there is possibility of pain or discomfort that is more than slight or*

*momentary.*

Provide the following information about any of these drugs that you intend to use in this project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Species | Drug | Dose (mg/kg) | Route | When and how often will it be given? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**e) Anesthesia monitoring:** Please complete the following:

|  |
| --- |
| Please identify the physiologic parameters monitored during the procedure to assess adequacy of anesthesia and when additional anesthesia will be administered. |
|  |

**f) Post-surgical monitoring:** please complete the following:

|  |
| --- |
| Please identify the physiologic parameters monitored, and interval(s) and for what duration of monitoring. |
|  |
| **For invasive surgeries only**: when will analgesics be administered and at what interval(s)? |
|  |
| **For invasive surgeries only**: If post-operative analgesics cannot be given, please provide scientific justification. |
|  |

**11. Adverse effects:**

Describe **all significant** adverse effects that may be encountered during the study (such as pain, discomfort; reduced growth, fever, anemia, neurological deficits; behavioral abnormalities or other clinical symptoms of acute or chronic distress or nutritional deficiency).

|  |
| --- |
|  |

Describe criteria for monitoring the well-being of animals on study and criteria for terminating/modifying the procedure(s) if adverse effects are observed.

|  |
| --- |
|  |

How will the signs listed above be ameliorated or alleviated? Please provide scientific justification if these signs cannot be alleviated or ameliorated.

|  |
| --- |
|  |

***Note: If any significant adverse effects not described above occur during the course of the study, a complete description of these unanticipated findings and the steps taken to alleviate them must be submitted to the IACUC as an amendment to this protocol.***

**12. Methods of euthanasia:** Even if your study does not involve euthanizing the animals, please provide a method that you would use in the event of unanticipated injury or illness. If anesthetic overdose is the method, please provide the agent, dose, and route.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Species** | **Method** | **Drug** | **Dose (mg/kg)** | **Route** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**13. Disposition of animals:** What will you do with any animals not euthanized at the conclusion of the project?

|  |
| --- |
|  |

**14. Project Roster:** Please provide the names of all the individuals who will work with animals on this project. Please provide either the University ID number **OR** a valid UCM e-mail address in order for the IACUC to confirm that the requirements of training and occupational health for regulatory agencies have been met. Include all investigators, student employees, post-doctoral fellows, staff research associates, post-graduate researchers, and laboratory assistants who will actually work with the animals. You do not need to include the staff of the vivarium in which your animals will be housed, or staff members that are only working with tissues or animals post-euthanasia. **This roster is specifically for individuals working with live vertebrate animals.**

**Training:** Supervisors are responsible for insuring that their employees are adequately trained, both in the specifics of their job and in the requirements of the Federal Animal Welfare Act.

The PI is responsible for keeping this roster current. If staff is added or removed from this project, please amend the protocol to reflect this change.

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Middle Initial** | **Title/Degree** |
|  | | |  |
| UCM ID Number **OR** E-mail address: | | | |
| Describe training and experience relevant to the procedures described in this protocol: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Middle Initial** | **Title/Degree** |
|  | | |  |
| UCM ID Number **OR** e-mail address: | | | |
| Describe training and experience relevant to the procedures described in this protocol: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Middle Initial** | **Title/Degree** |
|  | | |  |
| UCM ID Number **OR** e-mail address: | | | |
| Describe training and experience relevant to the procedures described in this protocol: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Middle Initial** | **Title/Degree** |
|  | | |  |
| UCM ID Number **OR** E-mail address: | | | |
| Describe training and experience relevant to the procedures described in this protocol: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Last Name** | **First Name** | **Middle Initial** | **Title/Degree** |
|  | | |  |
| UCM ID Number **OR** e-mail address: | | | |
| Describe training and experience relevant to the procedures described in this protocol: | | | |

**Assurance for the Humane Care and Use of Vertebrate Animals**

**Principal Investigator’s Statement:**

This project will be conducted in accordance with the ILAR Guide for the Care and Use of Laboratory Animals, and the UCM Animal Welfare Assurance on file with the US Public Health Service. These documents are available from the IACUC Chair. I will abide by all Federal, state and local laws and regulations dealing with the use of animals in research.

I will advise the Institutional Animal Care and Use Committee in writing of any significant changes in the procedures or personnel involved in this project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Principal Investigator Rank/Title Date

Committee Use Only Below

|  |
| --- |
| **\*\* Conditions necessary for Committee Approval:** |
|  |
| Final Disposition of this protocol:  \_\_\_\_\_\_\_\_\_\_ Approved  \_\_\_\_\_\_\_\_\_\_ Not Approved  \_\_\_\_\_\_\_\_\_\_ Withdrawn by Investigator  Date of Action: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |

I verify that the Institutional Animal Care and Use Committee of the University of Central Missouri acted on this protocol as shown above.

|  |  |
| --- | --- |
|  |  |
| *IACUC Chair* | *Date* |

|  |  |
| --- | --- |
|  |  |
| *IACUC Attending Veterinarian* | *Date* |

|  |  |
| --- | --- |
|  |  |
| *IACUC Community Representative* | *Date* |

|  |  |
| --- | --- |
|  |  |
| *IACUC Member* | *Date* |

|  |  |
| --- | --- |
|  |  |
| *IACUC Member* | *Date* |

|  |  |
| --- | --- |
|  |  |
| *IACUC Member* | *Date* |

|  |  |
| --- | --- |
|  |  |
| *IACUC Member* | *Date* |

|  |  |
| --- | --- |
|  |  |
| *IACUC Member* | *Date* |

|  |  |
| --- | --- |
| **ROOM /LAB SAFETY INFORMATION**  *Complete this form if you will be using infectious agents, radioisotopes, chemical carcinogens, recombinant DNA or hazardous chemicals*. | **PROTOCOL #\_\_\_\_\_\_\_\_**  **EXPIRES: \_\_\_\_\_\_\_\_** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  |  | | | |  |  | | | |  |  | | |
| RUA#: |  |  | | | BUA#: |  |  | | | CCA#: |  |  | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Identity of Hazard: | |  | | | |
| Investigator Last Name: | |  | Department: |  |
| First Name: | |  | Phone: |  |
| E-mail: | |  | Fax: |  |

**Provide a short description of the agent:**

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This agent / material is hazardous for:** | | | [ ] | | Humans only | | | [ ] | Animals only | | | [ ] | | Humans and Animals |
|  | | | For which Animal Species? | | | | | | |  | | | | |
| **The agent can be spread by:** | | [ ] | | | | Blood | [ ] | | | | | | Feces/urine | | |
|  | | [ ] | | | | Saliva/nasal droplets | | | | [ ] | | | Does not leave animal | | |
|  | | [ ] | | | | Other: |  | | | | | | | | |

**Describe any human health risk associated with this agent:**

|  |
| --- |
|  |

**The precautions checked below apply to this experiment:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ] | | The researcher or his/her technicians are responsible for the feeding and care of these animals. | | | | | | | | | | | | |
| [ ] | | The following items must be assumed to be contaminated with hazardous material and must be handled only by the researcher or his/her technicians. | | | | | | | | | | | | |
| [ ] | | Cage | | [ ] | Stall | [ ] | | Water Bottle | | [ ] | Animal Carcasses |
| [ ] | | Bedding | | [ ] | Other: |  | | | | | |
| [ ] | | Cages must be autoclaved before cleaning. | | | | | | | | | | | | |
| [ ] | | Label cages and remove label after decontamination. | | | | | | | | | | | | |
| [ ] | | Animal carcasses must be labeled and disposed of as follows: | | | | | | | | | | | | |
| [ ] | | Incineration | | | | [ ] | | Biohazardous Waste Container | | | | |
| [ ] | | Bag and Autoclave | | | | [ ] | | EH&S will pick-up. | | | | |
| [ ] | | All contaminated waste (soiled bedding or other animal waste) must be properly labeled and disposed of as follows | | | | | | | | | | | | |
| [ ] | | Incineration | | | | [ ] | | Biohazardous Waste Container | | | | |
| [ ] | | Bag and Autoclave | | | | [ ] | | EH&S will pick-up. | | | | |
| **Personal Protective Equipment Required:** | | | | | | | | | | | | | |
| [ ] | | The following personal protective equipment must be worn/used in the room: | | | | | | | | | | | | |
| [ ] | | Lab Coat/Coveralls | | | | [ ] | | Shoe Covers/Booties | | | | |
| [ ] | | Disposable Gloves | | | | [ ] | | Head Cover | | | | |
| [ ] | | NIOSH Certified Dust Mask | | | | [ ] | | Disinfectant footbath | | | | |
| [ ] | | Eye Protection/Face Shield | | | | [ ] | |  | | | | |
| [ ] | | Fitted Respirator | | | | Type: | |  | | | | |
| [ ] | | Other: | | | | Describe: | |  | | | | |
| [ ] | | Personal protective equipment must be removed before leaving the room. | | | | | | | | | | | | |
| [ ] | | Personal protective equipment must be discarded or decontaminated at the end of the project | | | | | | | | | | | | |
| **[ ]** | | **Hands and arms must be thoroughly washed upon leaving the room** | | | | | | | | | | | | |
| [ ] | | Full shower, including washing of hair, must be taken upon leaving the room. | | | | | | | | | | | | |
| [ ] | | Decontaminate Room (Inform ARS area supervisor when cage and/or room can be returned to general use). | | | | | | | | | | | | |

**Provide any other information needed to safely work in this room:**

|  |
| --- |
|  |