

University of Texas of the Permian Basin

Application for Approval of the Use of Animals in Research

IACUC Office Use	
Protocol #: _____	Date Received: _____
Approval Date: _____	Approval Period: _____
First Annual Review: _____	Second Annual Review: _____

Please indicate where your study will be conducted

- UTPB Animal Rooms
- Field Study

Please indicate the nature of the proposed project

- Research
- Teaching

Project or Course Title:

Investigators or Instructors and Department Affiliations (indicate Principle Investigator (PI) with an asterisk):

Investigators:	Departmental Affiliation
_____	_____
_____	_____
_____	_____
_____	_____

A student investigator must have a faculty sponsor that serves as PI for the project. The faculty sponsor must be listed above in addition to the student.

Previously Assigned Protocol Number (if applicable)

Proposed Duration of the Project or Course:

From _____ To _____

Funding Source:

Research Grant Research Contract Fellowship
 Research Career Development Training Grant Program or Center Project
 Educational Project Other

Project Support Requested/Required from UTPB Labs:

Space and equipment only, investigators will care for animals and rooms
 Space, equipment, and animal care

If animal care is required, please provide a description of the care that will be required.

Briefly describe, in non-technical terms, the goal of the research and the role of living vertebrates in the project. (DO NOT USE A GRANT ABSTRACT OR EXCEED THE SPACE PROVIDED BELOW)

Investigators Assurance Statement

I certify that I have truthfully and completely described the use of animals during this project and that I will notify the UT Permian Basin Institutional Animal Care and Use Committee in writing of any change in this information prior to proceeding with the animal experiments. Furthermore, the activities I plan do not unnecessarily duplicate previous experiments.

As a principle investigator, I accept and will conform to all federal, state, and institutional laws and guidelines concerning: (USDA classification of animal discomfort, distress, and pain level are outlined on page x of the guidelines)

1. Care and use of animals in research, teaching, or testing;
2. Efforts to minimize animal pain and distress;
3. The training of any research personnel or students handling animals as described herein;
4. Consideration of alternatives to animal use in research;

Signature

Date

Species	
Strain (if applicable)	
Sex	
Size/Age	
Number/year	

Source

- Commercial
- Other (specify source)

If wild-caught animals will be used, please attach a copy of your Texas Parks and Wildlife scientific research permit to this application and provide a list of sources searched for information regarding diseases that such animals might carry and the level of risk associated with housing them.

Review Category for Living Vertebrate Animals
(Check all that apply)

- Animals will suffer no pain or distress greater than that produced by routine injections or venipuncture and, therefore, will receive no anesthetics, analgesics, or tranquilizers.
- Animals will receive anesthetics, analgesics, and/or tranquilizers to minimize or alleviate pain or distress during
 - Non-surgical procedures
 - Non-survival surgery
 - Survival surgery (NOTE: UTPB does not have facilities for surgical procedures. All such procedures must be carried out at an approved veterinary facility)
- Animals will experience pain and/or distress greater than that produced by routine injections or venipuncture and will not receive anesthetics or tranquilizers since this will adversely affect the study.

Facilities to be Used

List room(s) in which animal work will be performed:

- 081
- 082
- 083
- 084

Are there any special housing requirements (diet, lighting, temperature, isolation, etc.)?

- yes
- no

If yes, please explain.

Safety

Will living vertebrate animals be exposed to any of the following during the project?

- yes
- no

If yes, for any category listed below, please explain.

Infectious agent	
Radioactive material	
Flammable or explosive material	
Toxic chemicals, carcinogens, teratogens, experimental drugs	
Controlled drugs	
Anesthetic agents	
Recombinant DNA (IBC approval required)	
Other biological materials that may contain infectious agents	

Animal Welfare

Provisions for medical emergencies: Name(s) and phone number(s) of individual(s) with authority to approve animal treatment or euthanasia by UTPB or IACUC including evenings, weekends, and holidays.

Name	Work Phone	Home Phone

If the designated individual(s) cannot be reached within a reasonable length of time, the IACUC veterinarian will be contacted to provide supportive care or euthanasia to moribund animals or animals experiencing unrelenting pain according to her/his professional judgment.

Provide a rationale for using animals rather than non-animal alternatives (e.g. in-vitro systems, human clinical trials, computer models).

Justify the choice of animal species (literature, personal experience)

Justify using the number of animals listed on page X of this form (e.g. statistical significance, quantity of tissue required)

Provide justification for any procedures involving prolonged restraint (longer than 1 hour) of unanesthetized animals. Describe the restraint process and care or restrained animals.

Provide justification for any procedures involving pain, discomfort, or anxiety without the use of appropriate anesthetic, analgesic, or tranquilizing drugs.

Experimental Procedures

Qualifications of professional, technical, or student personnel actually performing experimental procedure(s).

Name	Experience with procedure? (yes,no)	Degree, certification, or licensure	IACUC training (check if training received)	Years experience with species

Outline by flow diagrams the treatments to which groups of animals will be subjected during these studies. It should be clear what experimental protocol will be used for each animal and over what time course. This integrated information on protocols is necessary in order for the committee to evaluate the detailed procedures described in subsequent sections. You may use additional pages, if necessary.

Non-surgical and non-survival surgery – In the following categories include anesthetics, analgesics, and tranquilizer dosages and routines of administration.

If animals are used for antibody production, indicate antigen(s), adjuvant(s), route(s), location(s), frequency, and volume of injection and methods of obtaining blood, ascites, or tissues.

Briefly describe any other non-surgical procedures to be used. Include frequency of treatments/animal.

Briefly describe any non-survival surgical procedures in which animals do not regain consciousness following induction of anesthesia.

Survival surgery

Where will the surgery be performed and by whom?

Briefly describe any survival surgery including anesthetics, analgesics, and tranquilizers; dosages and routes of administration.

Describe post-operative care, including use of anesthetics, analgesics, and tranquilizers; and how often the animals will be monitored.

If individual animals will be subjected to multiple survival surgical procedures, explain and justify.

Describe euthanasia techniques (drugs, dosages, and routes of administration) or other means of animal disposition at the project's completion. If euthanasia technique is not included in Institutional Guidelines, provide justification.

IACUC ACTION

Protocol No. _____

Full Committee Review

Designated Review

Approved

Disapproved

Explanation: _____

Modifications required to secure approval (Protocol with modification incorporated must be resubmitted for subsequent IACUC consideration.)

Explanation: _____

Review tabled or deferred.

Explanation: _____

DATE: _____

FINAL APPROVAL:

Attending Veterinarian certification of oversight review, and consultation on proper use of anesthetics and pain relieving medications for any painful procedures:

Name:

Signature:

Date:

Certification of review and approval by the Institutional Animal Care and Use Committee:

Signature of IACUC Chairman

Printed Name

Date

Signature of IACUC Member

Printed Name

Date

Signature of IACUC Member	Printed Name	Date
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