

## Application for Individual PI Animal Care and Use Approval— Classroom Teaching

	<b>Initial Application</b>
	<b>3-year Review; include previous ACURF #</b>

### I. INSTRUCTOR (aka PRINCIPAL INVESTIGATOR (PI))

Name	
Department	
Campus Address	
Telephone #	
E-mail address	

### Co-Instructor(s) using same protocol to be included in approval

Name	
Department	
Campus Address	
Telephone #:	
E-mail address	

Please copy and paste this table to add additional personnel.

### II. PROJECT INFORMATION

**Project title:**

Course number: _____	Course title: _____
Number of students: _____	
Title of lab activity: _____	

### III. STATUS OF PROJECT

	<b>Yes</b>		<b>No</b>	New Project
				Renewal
				Previous ACURF#

**IV. SPECIAL CONCERNS**

	<b>Yes</b>		<b>No</b>	Instructional use of animals (teaching course or training class)
	<b>Yes</b>		<b>No</b>	Survival surgery (if yes, fill out <b>Appendix A</b> )
	<b>Yes</b>		<b>No</b>	Hazardous chemicals, Biological agents, Recombinant DNA (including production of transgenic animals), other biohazardous agents (if yes, fill out <b>Appendix B</b> )
	<b>Yes</b>		<b>No</b>	Death as an endpoint ( <i>i.e.</i> , LD50, tumor growth).

**V. PROJECT DESCRIPTION**

1. **Aims and objectives:** Complete only if this is an **initial application**.

(1) What are the goals and objectives of the course?

  
  

(2) Why is the use of animals necessary to achieve the course goals & objectives?

  
  

(3) What are the goals of the specific lab activity?

If this is a **renewal application**, summarize the degree to which the lab activity has met the course goals and objectives during the initial approval and explain how this result influences the continuation of the lab activity as a part of the course. Also address any unexpected events that occurred during the lab activity and how you dealt with them.

Renewal summary:

How many animals actually used during past year?	
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- 2. Justification for the lab activity and for animal species requested:** Provide citations for any potential non-animal alternatives (such as computer simulations, slides, etc.) for this lab activity. Explain why animal studies are preferred to non-animal alternatives in achieving the educational goals of this lab activity. You must perform a database search for alternate methods to demonstrate this project is not “unnecessarily duplicative” and to search for “alternative experimental approaches.” Provide recent citations for this lab activity, including published laboratory manuals, books on experimental protocols for teaching, and pedagogy-oriented articles.

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- 3. Personnel:** Provide the following information for **all** personnel involved in this project who will handle animals, including investigators, technicians, and students. Describe the relevant training and experience of each person. If personnel do not have experience, describe how they will be trained. List all individuals having contact with animals, the species involved and a brief description of the degree of contact (*e.g.*, rodents, less than 2 hours/week).

**Principal Investigator/Coinvestigators:** Please complete for **each investigator** listed in I.

Name			
Describe Training.			
Describe related experience with techniques proposed. Include number of years of experience with the techniques proposed.			
Describe how individual will be trained if no prior relevant training or experience.			
Is this person performing surgery?		<b>Survival Surgery</b>	
		<b>Nonsurvival surgery</b>	
		<b>Not Applicable</b>	
Describe exposure to each species that will occur during performance of this proposal.			

**Students/Technical Personnel:** complete for each individual having contact with animals.

Name	
Describe prior training.	
Describe how individual will be	

trained if no prior relevant training or experience.			
Is this person performing surgery?		<b>Survival Surgery</b>	
		<b>Nonsurvival surgery</b>	
		<b>Not Applicable</b>	
Describe exposure to each species that will occur during performance of this proposal.			

Please copy and paste this table to add additional personnel.

**4. Animal Contact: All live animal work conducted under teaching/classroom protocols must be supervised at all times by the University faculty or staff listed in this form. It is the course instructor’s responsibility to ensure and provide documentation that all students and relevant staff have been properly trained in animal handling and lab activity procedures before exposure to animals.**

**V. ANIMAL INFORMATION**

4.

Animal species (common name)	
Strain (if applicable)	

Please copy and paste this table to add additional species/strains.

5. Approximately how many of each species will be used? You must include the total number of each species to be used over the duration of this proposal. This approval is for a maximum of three years. Do not count rodents that are not weaned. [NOTE: U.S. Government Principles for the Utilization and Care of Vertebrate Animals used in Testing, Research, and Training: III. The animals selected for a procedure should be of an appropriate species and quality and the minimum number required to obtain valid results.]

Species/ Strain				
Total				

Please copy and paste this table to add additional species/strains.

6. Describe how the number of animals needed for the study was determined. When appropriate, provide the number and type of experimental and control groups in each experiment, number of experiments planned, and number of animals in each group. Discuss the number of student/classroom participants and how many animals are needed per participant. The *Guide* states that whenever possible, the number of animals requested should be justified statistically. A power analysis is strongly encouraged to justify group sizes when appropriate.

**Justification:**

7. What is the source of the animals?

<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	Purchased from established animal breeder or vendor Name of vendor or animal breeder:
<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	Wild caught
<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	Breeding colony in house

8. Will any animal used in this study:

<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	have already been used in a previous study (non-naïve animals)?
<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	be used in the future?

If yes to either of the above, please explain.

Note: Prior Committee approval is required for each of the above.

What is the final disposition of these animals?

<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	Euthanasia? (If yes, explain method in #14 and include planned date of euthanasia.)
<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	Other?

If yes to "other", please explain.

9. Animal Housing Location:

<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	Laboratory
<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	Other: Please describe

Building name and room number in which the animals will be housed:

Building name and room number in which the animals will be used in this lab activity:

Start date of housing these animals:

End date of housing these animals:

NOTE: A task sheet on which the care schedule and associated tasks (including feeding, water changes, bedding changes, etc.) for these animals must be posted in the room in which they are housed. Additionally, a tracking sheet on which the date(s), time(s) and location(s) to which these animals are moved must be posted in the room in which they are housed.

10. Will any special housing conditions be required for this project (lighting, feed, special caging, biological containment, etc.)?

<input type="checkbox"/>	<b>No; Proceed to Next Question</b>
<input type="checkbox"/>	<b>Yes Please Specify</b>

**HVI. HAZARD USE**

11. Are any of the following substances used in this project? If you answered Yes to any items, fill out **Appendix B**.

				<b>Substance</b>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Human blood, blood products, tissues
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Animal cells or extracts
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Non-sterile biological fluids
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Infectious agents
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	rDNA
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Carcinogens
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Hazardous chemicals
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Radioactive materials

**VII. EXPERIMENTATION**

12. For each distinct procedure/handling operation, describe the manipulations that will be performed and the order in which they will be performed. Include time frames and intervals for the sequence of procedures. Unless listed elsewhere in this document, describe all drugs (including test substances) administered during the study as well as the dosage, route, and frequency. If this is a behavioral study, explain any methods of reinforcement (including use of noxious stimuli). Describe the procedures in enough detail so that reviewers will be able to determine what is actually being done to the animal. Procedures that will be performed after the animal has been euthanized do not need to be described. Use as much space as necessary to succinctly yet thoroughly describe procedures. If this is a field/lab observational study, with no manipulations, explain its impact on the animal(s). If this lab activity requires the collection and/or handling of animals in the field, attach to this application copies of all required permits (such as Department of Fish and Wildlife Scientific Taking Permit) and/or letters of permission.

Lab Activity Methods (please expand text box as necessary):

13. Describe what will happen to animals that get sick, injured, or otherwise unable to complete the project.

14. Describe fully the method of euthanasia that will be employed for each species. A method for euthanasia must be included for sick/injured animals even if euthanasia is not an expected part of the protocol.

Method of euthanasia

Species					
<input type="checkbox"/>	Chemical Agent	Agent:			
<input type="checkbox"/>		Dose		Route	
<input type="checkbox"/>	Physical Method	Method:			

15. Will any procedures (surgical or non-surgical) require anesthesia?

- No; Proceed to Question 15.
- Yes: Anesthesia should be described in Appendix C.

16. Will blood samples be taken?

- No; Proceed to Question 16.
- Yes; Specify below.

Species	
Route	
Amount AND % of blood volume	

# of collections			
Interval between collections			
Will blood collection be performed under anesthesia?			
<input type="checkbox"/>	No	<input type="checkbox"/>	Yes; Anesthesia should be described in Appendix C.

17. Is any procedure (including survival surgery) likely to cause pain or distress (e.g., any procedures that would reasonably be expected to cause pain or distress in a human)?

<input type="checkbox"/>	No; Proceed to Question 17.	<input type="checkbox"/>	Yes; Specify below.
Species			
Identify Painful Procedure			
Methods to alleviate post-procedural pain/distress			
Justification for not providing relief from pain/distress			

Please copy and paste additional tables if needed.

18. Are there predictable adverse pre- or post-procedural events that may occur?

<input type="checkbox"/>	No; Proceed to Question 18.
<input type="checkbox"/>	Yes; Please describe each event below and indicate how it will be humanely managed to minimize discomfort to the animal
Adverse events (please expand text box as necessary):	

19. Will food and/or water be restricted?

<input type="checkbox"/>	No; Proceed to Question 19.					
<input type="checkbox"/>	Yes	What is restricted?	<input type="checkbox"/>	Food	<input type="checkbox"/>	Water
Species						
Length of restriction						
Interval between restrictions						
Monitoring during restriction						
Justify restricting food and/or water						

20. Will animals be restrained by tethers, stanchions, metabolism cages, etc.?

<input type="checkbox"/>	No; Proceed to Question 20.	<input type="checkbox"/>	Yes; Specify below.
Method of restraint			
Duration of restraint			
Frequency of restraint			
Monitoring during restraint			
Acclimation of animal to restraint			
Justify restraint			

21. Will survival surgical procedures be employed?(Disruption of any integumentary surface of a living animal by any means other than a hypodermic needle, biopsy needle, ear punch, or tail snip is considered surgery. All surgical procedures must be described.)

NOTE: If survival surgery is performed, it must be done using aseptic technique.

No; Proceed to Question 21.

Yes; Complete **Appendix A**.

## **Application for Animal Care and Use Approval**

### **Assurances by Principle Investigator**

The policies and procedures of Pacific University, apply to all activities involving live vertebrate animals performed at or by the personnel of this Institution. Therefore, no activities involving the use of these animals are to be initiated without prior written approval by the University Animal Care and Use Committee (IACUC).

- I assure that all investigators are familiar with the PHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions, the NIH Guide for the Care and Use of Laboratory Animals and the University Guidelines, and agrees to abide by the Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training.
- I assure that students, staff, and faculty on the project are qualified or will be trained to conduct the project in a humane and scientific manner.
- I assure that I will notify the IACUC of any proposed change in the care and use of animals involved in this protocol, and will wait for approval from the IACUC before any changes are implemented.
- I assure that animals will not be transferred between investigators without prior approval.
- I assume responsibility for the ethical conduct of this project and for protecting the welfare of the animal subjects and human participants.
- I am aware that deviations from an approved protocol, or violations of pertinent policies, guidelines, or laws could result in immediate suspension of the project.

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(Signature of Principal Investigator)

(Date)

# Application for Animal Care and Use Approval

## Pacific University IACUC Application Approvals

<input type="checkbox"/> Approved	<input type="checkbox"/> Refer to Committee
Signature of Primary Reviewer	Date:

<input type="checkbox"/> Approved	<input type="checkbox"/> Refer to Committee
Signature of University Veterinarian	Date:

<input type="checkbox"/> Approved	<input type="checkbox"/> Refer to Committee
Signature of IACUC Chairman	Date:

**Comments of University Reviewers:**

# Application for Animal Care and Use Approval

## APPENDIX A: SURGICAL PROCEDURES

a. Will “multiple” survival surgeries be performed on the same animal?

<input type="checkbox"/>	<b>No</b> ; Proceed to Question 20.b.
<input type="checkbox"/>	<b>Yes</b> ; You must provide a <b>detailed scientific justification</b> .
Justification (please expand text box as necessary):	

b. Where will the survival surgery be performed?

Bldg:		Room:	
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c. Describe the postoperative care, fluids, physical support methods **and postoperative monitoring** given to the animals.

Species		Monitoring provided	
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Please copy and paste additional tables if needed.

d. How are the instruments sterilized?

<input type="checkbox"/>	Steam Sterilization		
<input type="checkbox"/>	Ethylene oxide		
<input type="checkbox"/>	Bead heat sterilizer		
<input type="checkbox"/>	Chemical sterilization	Name of sterilant	

e. Does the surgeon utilize the following during surgery?

<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	Sterile gloves
	If NO Why Not?			
<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	Sterile gown
	If NO Why Not?			Not required for rodent/ectotherm surgery <input type="checkbox"/>
				Other reasons <input type="checkbox"/>
<input type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	Face mask
	If NO Why Not?			

f. For each distinct surgical procedure, describe the manipulations that will be performed and the order in which they will be performed. Include time frames and intervals for the sequence of procedures. Unless listed elsewhere in this document, describe all drugs (including test substances) administered during the study as well as the dosage, route, and frequency. Procedures that will be performed after the animal has been euthanized need not be described. (Describe the procedures in enough detail so that reviewers will be able to determine what is actually being done to the animal. You DO NOT need to re-describe in detail procedures addressed in previous Questions (e.g anesthesia, euthanasia))

Surgical Procedures (please expand text box as necessary):
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## **Application for Animal Care and Use Approval**

### **APPENDIX B: HAZARD USE**

Please describe in detail, in narrative form, any hazardous substances used in this protocol. Be sure to include precautions taken to reduce exposure risk to personnel, and contingency plans for cleanup and/or medical care if an exposure or spill occurs.

Hazard use (please expand text box as necessary):

# Application for Animal Care and Use Approval

## APPENDIX C: ANESTHESIA

a. **Preanesthetic agent(s)**, dosage and route

Species	
Drug (e.g. Atropine)	
Dosage (mg/kg)	
Route (IV, IM, SQ, IP)	

Please copy and paste additional tables if needed.

b. **Anesthetic agent(s)**, dosage and route

Species	
Drug (e.g. Pentobarbital)	
Dosage (mg/kg)	
Route (IV, IM, SQ, IP)	

c. For prolonged procedures how will anesthesia be maintained?

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d. How many times will anesthesia be required for each animal during the study?

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e. Describe the methods used to monitor the state of anesthesia and general well being:

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f. Will paralytic agents be employed?

	No; Proceed to question 15	
	Yes; Name of agent	
	Explain why it is necessary to use this agent	
	Explain how the animals will be monitored to insure adequate anesthesia	