IACUC: Request for Use of Existing Protocol

Existing Protocol Form for Animal Care and Use

The IACUC consists of scientists from several disciplines as well as non-scientists, members of the Marietta College community, and persons who have no other affiliation with the Marietta College than as members of the Committee. The protocol should therefore be described in terms understandable by an audience of educated non-specialists. Please return one electronic copy of the completed protocol (and any associated materials, such as permits) to the Chair of the IACUC.

Protocol Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Any Co-Investigators with their Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Type of Protocol (check one):

Top of Form

 Faculty Project

 Student Project (Faculty Supervisor):

 Class Project (Course Name, Number, and Instructor):

 Other (Specify, with Faculty Supervisor if Applicable):

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please allow at least two weeks from submission date for approval.*

Duration of Protocol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing below, the investigator and faculty research advisor assure that this project will be conducted in accordance with this protocol, and that proposed changes to the procedure will be submitted to the IACUC for review before implementation.

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

Primary Investigator(s) Signature Date

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

Faculty Advisor Signature Date

**This form should be used only for use of a standing protocol with minor changes to the protocol.**

1. **Project Description**
   1. Protocol Title of Existing Protocol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Existing Protocol Assigned ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Provide a brief summary of the project (200 words).
   4. Describe in lay language any minor changes from the standard protocol that you will be making (*including animal species, number and ages of animals, sources of animals, and the location of animals*).
   5. Justify any minor changes to the standard protocol that you will be making.
2. **Benefits**

How will this use of animals contribute to the advancement of knowledge or eventually benefit humankind and/or animals? Or how will this use of animals benefit the students involved in the project?

1. **Endpoints**

Indicate what endpoints other than experimental parameters could lead to early termination of the experiment to prevent unnecessary pain or distress to the animal(s) (i.e., pain that cannot be controlled with analgesics, tumor size, stage of disease, 15 to 20% loss of body weight, etc.). Include interventions that will be used such as euthanasia, treatment, or discontinuance of procedure.

1. **Personnel**
2. List all individuals other than the principal investigator expected to be involved with the animals in this project (If classes are used, provide the course number, section, and name).
3. Provide a statement about the qualifications of project personnel including technicians and students. If personnel are not adequately trained, explain your plan for training them (including lab/class training).
4. **Biohazardous Agents**

Please check if any biohazardous agents will be used. If the answer is yes to any of the questions, name the biohazardous agent.

Top of Form

Chemical Carcinogens \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Bottom of Form

Top of Form

Highly Toxic Compounds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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Top of Form

*In Vivo* Infectious Organism \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Bottom of Form

Top of Form

Radiation, Radioisotopes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Bottom of Form

Top of Form

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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**For questions, comments, or assistance in completing the form, contact the IACUC Chair (email on IACUC website).**