IACUC: New Project

Project Review Form for Animal Care and Use

The IACUC consists of scientists from several disciplines as well as a non-scientist member of the Marietta community. The project should therefore be described in terms understandable by an audience of educated non-specialists. Please return one electronic copy of the completed project (and any associated materials, such as permits) to the Chair of the IACUC.  **For questions, comments, or assistance in completing the form, contact the IACUC Chair (email on IACUC website).**

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information

Principal Investigator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Type of Project (check one):

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 Faculty Project (the work will be done principally by a faculty member)

 Student Project (the work will be done by a student with guidance by a Faculty Supervisor):

 Class Project (the work will be done by students in a teaching laboratory setting)

Course Name, Number, and Instructor:

 Other (Specify, with Faculty Supervisor if Applicable):

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

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

Duration of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

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 Primary Investigator(s) Signature Date

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

 Faculty Advisor Signature Date

1. **Animal Species**

a. Please indicate source of animals:

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 \_\_\_ **Collected in Field** (section #9 must be completed)

\_\_\_ **Purchased** (Source): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_ **Other** (Explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. **Identify the species**, approximate ages, and numbers of animal to be used for the entire project.

c. **Explain how the number of animals** required for this proposal fits your study design. Give the rationale for the number in terms of statistical methods to be used.

d. **Alternatives.** Explain why animals must be used in the study and why educational or research objectives cannot be met by the use of phylogenetically lower organisms, cell or tissue cultures, or non-animal systems such as computer simulation or audio-visual demonstration.

1. **Animal Location**
2. **Where will the animals be housed?** If housed on campus, please describe the location, and procedures for feeding, cleaning of cages, duration of containment, etc.
3. **Where will the procedures be conducted?**
4. **Benefits.** If this is not a class project (as described on page 1), explain how use of animals in this project will contribute to the advancement of knowledge or eventually benefit humankind and/or animals?
5. **Investigator Qualifications.** Describe the qualifications of project personnel including students and faculty. If personnel are not already trained, explain your plan for training them (including lab/class training).
6. **Protocols to be Used (**Mark Yes or No for each)

Yes No

 **Administration of drugs/reagents/cells/etc**. *(describe agent, route of administration and frequency, anesthesia, anticipated side effects, monitoring protocol)*

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 **Antibody production** *(indicate route of administration, adjuvant use and frequency, collection protocol)*

 **Behavioral testing without significant restraint or noxious stimuli** *(describe)*

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 **Behavioral testing with significant restraint or noxious stimuli** *(describe; provide rationale for degree of restraint or stimulus)*

 **Blood sampling** *(describe techniques, volumes, frequency, anesthesia)*

 **Collection of** tissues *(describe method, anesthesia)*

 **\*Euthanasia** *(Describe euthanasia methods and why alternatives will not be use)*

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 **Human safety concerns or hazards**, such as ether *(describe intended use, means available to ensure safety)*

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 **Indwelling catheters or implants** *(describe site, type, maintenance/monitoring protocol)*

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 **Invasive sampling of urine/feces** *(describe techniques, frequency, anesthesia)*

 \***Pain or distress to the animals that will be relieved** with appropriate anesthetic, analgesic or tranquilizing drugs to relieve accompanying pain or distress to the animals. *(explain in protocol description(s) and why alternatives will not be used)*

 **Pain or distress to the animals that will not be relieved** because drugs would adversely affect the procedures, results or interpretation of the teaching, research, experiments, surgery or tests. *(explain and justify in protocol description(s))*

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 **Restraint** *(describe method, duration)*

 **Surgeries: multiple for individual animal** *(justify the need for multiple surgeries and describe procedures, duration, anesthesia, post-operative care provisions or each procedure; explain how surgeries are related)*

 **Surgery, nonsurvival** *(describe procedure, duration, anesthesia)*

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 **Surgery: single survival** *(describe procedure, duration, anesthesia, postoperative care provisions)*

 **Special diets** *(describe diet and any anticipated nutritional deficit)*

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 **Tumor transplantation** *(describe any anticipated functional deficit to the animal, monitoring protocol, endpoint)*

 **Other** - give title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* For these protocols** identify which information source(s) or literature searchers were used to find the selected or alternative methods. In the protocol description(s), explain why alternatives were not selected.

1. **Biohazardous Agents to be Used**

Check all that apply. If the answer is yes to any of the questions, name the biohazardous agent(s).

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 \_\_\_ **Chemical Carcinogens** (types): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_ **Highly Toxic Compounds** (types): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_ ***In Vivo* Infectious Organisms** (types): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_ **Radiation, Radioisotopes:** Note- Marietta College does not have a license for use of radioisotopes

 \_\_\_ **UV light at wavelength(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_ **Other**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_ **No biohazardous agents will be used**

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1. **Protocol Description(s**) For each protocol checked in section #5 above, provide the following information.

**#1. Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (bold-face title from section #5)

 **Approved protocol:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (number from IACUC web page)

**New protocols:** Describe in lay language all procedures and techniques to be done with live animals.

**Approved protocol:** Describe any alterations that will be incorporated into the previously approved protocol for your project.

**#2. Title** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (bold-face title from #2)

 **Approved protocol:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (number from IACUC web page)

 (as above)

 **#3 etc…**

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. **Handling of animals collected in the field by researchers.**
2. Where and how will the animals be captured?
3. If animals are trapped in the wild, where and how will the animals be trapped? How often will the traps be checked?
4. What other steps will be taken to protect the animals from exposure or other danger?
5. Will animals be released or brought back to campus?
6. If the animals will be brought to the campus, what precautions will be taken to prevent zoonotic diseases?
7. If animals are released shortly after capture, state the release method and location.
8. Does the research require federal or state permits? If so, please attach a copy of the permit application and issued permit.