****

IACUC USE ONLY

Protocol No. \_\_\_\_\_\_\_\_\_

Protocol Expires:

**PROTOCOL FOR ANIMAL USE AND CARE: APPLICATION**

Please e-mail to: IACUC@newhaven.edu

**INTRODUCTION**

The University of New Haven (UNH) is committed to research and scientific investigation. The following proposal materials are designed to address all pertinent issues regarding the use of live vertebrate animals for scientific study at UNH. Individuals interested in conducting research on these organisms must provide this information to satisfy the requirements of the Institutional Animal Care and Use Committee (IACUC). It is the function of the IACUC to ensure the ethical and humane treatment and housing of research animals and that research and teaching activities conform to the guidelines and standards established by the United States Office of Lab Animal Welfare and the United States Department of Agriculture. Information should be specific and comply with the format as presented. Questions regarding the preparation of this proposal should be directed to:

 Dr. Marisia Fikiet, Chair, IACUC

 203-479-4866

 mfikiet@newhaven.edu

**I. CONTACTS**

**Principal Investigator –** Identify the UNH faculty member who will oversee this project.

Name:

Title:

Department:

Phone:

After-hours phone:

e-mail:

**Alternate Contact(s)** – Identify other participants who will act in a primary capacity in this project, such as graduate or undergraduate students. For each, please provide:

Name:

Title:

Department/Affiliation/Major:

Phone:

After-hours phone:

e-mail:

**II. PROJECT DESCRIPTION** Please use this section to briefly describe the research, bearing in mind that your target audience may not be experienced in your field of study.

**Title:**

**Introduction and background:**

**Brief summary of proposed research** (please state if the study would be conducted at UNH, an affiliated institution, or in the field.)**:**

**Specific objectives and significance of the proposed research:**

**Anticipated duration of study:**

**Interinstitutional collaboration:** If the proposed work will be conducted at a collaborating institution or facility, oversite may also be required by that institution’s IACUC. State if this is necessary and, if so, provide:

* Name of collaborating institution
* Collaborating institution USDA registration number and/or Animal Welfare Assurance number
* Contact information for collaborating institution IACUC Chair
* collaborating institution IACUC protocol approval number and expiration date

**III. JUSTIFICATION FOR ANIMAL USE**

**What species will be used and from what source:**

**Justify the choice of species to be used:**

**State and justify the number of animals to be used:**

**Justify the use of animals, the choice of methodology, and note any resources used in developing the methodology. Explain why non-animal models are not appropriate:**

**IV. DESCRIPTION OF ANIMAL CARE AND USE PROCEDURES**

**Describe in sequence, the proposed use of the animals:**

Describe in detail the use of animals in your project 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 final fate of the animals. List each study group and describe all the specific procedures that will be performed on each animal in each study group.

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 whether they have been obtained.

**Will test substance(s) be administered?** Yes No

**If yes:**

1. **What compound(s)?:**
2. **Indicate all routes of administration and describe the dosage regimen. Include frequency, amounts or volumes:**

**Will manual, chemical and/or mechanical restraint of the animal be necessary? If yes, explain the method of restraint:**

**Indicate the level of pain or distress the proposed procedure is expected to cause:**

a) No pain or distress will occur OR the proposed procedures are expected to cause no more than momentary or slight pain or distress.

 b) The procedure is expected to cause more than momentary or slight pain or distress, but the pain or distress will be alleviated or minimized by the use of appropriate anesthetics, analgesics and/or tranquilizers.

 c) The procedure is expected to cause more than momentary or slight pain or distress that will not be relieved due to scientific necessity OR cannot be relieved because no appropriate drugs are available to alleviate the pain or distress.

**Note: ANY surgery or procedure which requires anesthesia is considered by the USDA to be painful, with pain alleviated by anesthesia.**

**If b. or c. are checked you must fill in Addendum I. Considerations of Painful Procedures.**

**Describe the method of euthanasia to be used if necessary:**

**Does the proposed research involve survival surgery?** Yes No

If yes, fill in Addendum II. Surgical Protocol

**Where are the study animals to be housed and are conditions appropriate for the species involved? Describe any special animal care requirements or behavioral conditioning that will be provided or needed.**

**Describe the emergency medical care available and if a veterinarian is on call 24-hours (if this is not necessary, describe why).**

**Has the attending veterinarian been involved in the choice of animal use procedure and the choice of anesthetics, analgesics and antibiotics?**

**V. QUALIFICATION OF PERSONNEL**

**Describe the qualifications of the principal investigator. Include 1.) formal education, 2.) relevant general experience in the performance of procedures in the species studied, 3.) specific training and experience in the performance of non-routine, invasive, and surgical procedures in the species studied:**

**Identify all personnel other than the PI who will perform animal-related support functions associated with the experimental protocol. For each, please provide:**

Full name:

Affiliation:

Title/degree:

E-mail address:

Role in animal care/handling:

Description of qualifications:

Full name:

Affiliation:

Title/degree:

E-mail address:

Role in animal care/handling:

Description of qualifications:

Full name:

Affiliation:

Title/degree:

E-mail address:

Role in animal care/handling:

Description of qualifications:

**ADDENDUM I. CONSIDERATION OF PAINFUL PROCEDURES**

1. **Address why alternative procedures either do not exist or were rejected. Provide the source and methods used to determine that alternatives are not available (i.e. database search with key words, etc.).**
2. **How will pain or distress be monitored or assessed and what criterion will be used to determine when administration of pain medication is necessary?**
3. **Identify measures to be taken to alleviate pain or distress. Include drugs, dosage, route of administration, and expected duration.**
4. **If anesthetics or analgesics will not be used to minimize pain or distress, provide scientific justification as to why these drugs must be withheld.**
5. **If more than momentary pain or distress cannot be effectively alleviated with appropriate medication, provide scientific justification as to why the procedure must be performed.**

**ADDENDUM II. SURGICAL PROTOCOL**

1. **Have alternatives to the surgical procedure been considered and found to be inappropriate? Explain.**
2. **Describe with reasonable detail the surgical procedures to be used and where it is to be performed.**
3. **Will the surgery be major or minor?**
4. **Will multiple survival surgeries be performed OR is there more than one major operative procedure from which the animals are allowed to recover? (Note: More than one major operative procedure is NOT allowed without prior approval from the IACUC.)**
5. **What method of anesthesia will be used; who will supervise the administration of anesthesia and how will the anesthetic depth be monitored?**
6. **Describe the pre- and postoperative care that will be provided. Include names of anesthetics, analgesics, antibiotics, dose and route of administration and duration.**

**STATEMENT OF ASSURANCE**

Based upon available information, alternatives to the use of live animals for the purpose of this study have been considered and found to be inappropriate. It is the responsibility of the Principal Investigator to assure that the protocols outlined here for the humane care and treatment of the animal are followed. The University of New Haven reserves the right to discontinue the study if the health of the animal or the safety of the staff is jeopardized. Any necessary changes in the study design will be approved by the Institutional Animal Care and Use Committee (IACUC) prior to implementation. The Principal Investigator has reviewed the qualifications of all personnel involved in the study and found them to be adequate.

To the best of my knowledge, the animal research described in this protocol review does not unnecessarily duplicate previous experiments.

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

Principal Investigator Date

The Attending Veterinarian has reviewed the proposed protocols for animal use and has found them to be acceptable.

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

Attending Veterinarian Date

IACUC

Comments or Conditions of Approval:

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

Signature of IACUC Chair Date

Approval Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Protocol # \_\_\_\_\_

(Must be reviewed annually)

Re-Approval Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of IACUC Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re-Approval Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of IACUC Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Re-Approval Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of IACUC Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_