**SUNY College at Oneonta**

**Animal Care and Use Protocol**

**Please complete all of the appropriate sections of this form and send an electronic copy to** **IACUC@oneonta.edu****. Note that within one year of approval of the protocol the principle investigator must notify IACUC of either the completion the project or request an extension of the project.**

**Part A. Project Identification and Signatures**

1. **Type of Application: \_\_New protocol \_\_Renewal of #\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**
2. **Project Title:**
3. **Principle Investigator (PI):**
	1. **Name (Last, First, MI):**
	2. **Phone number:**
	3. **Campus address:**
	4. **Email:**
4. **Person preparing this document:**
	1. **Name:**
	2. **Phone:**
	3. **Email:**

**Part B. Name of funding source/agency:**

1. **Grant number(s):**

**Part C. Personnel – List the personnel who will be working on this study.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name (Last, First, MI)**  | **Phone number** | **Role in Project** | **Works with Animals** | **Years of experience** |
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**Part C. Abstract (200 words). Provide an abstract describing the proposed work. Please use language that the layperson can understand. Emphasize the care and use of animals rather than detailed scientific methodology.**

**Part D. Animal Request, Pain Class, Source of Animals (over three-year protocol period).**

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| --- | --- | --- | --- | --- | --- |
| **Common name** | **Pain class1** | **Number purchased****Or received from other source** | **Number to be transferred from another protocol** | **Number produced in house** | **Total number** |
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**1Pain classes:**

**Class A: No pain or distress, or use of pain-relieving drugs (E.g., routine procedures requiring only transitory discomfort such as venipuncture, injections, ear tagging, or euthanasia, including anesthesia followed immediately by perfusion/exsanguinations/organ harvest resulting in death, etc.).**

**Class B: Potential pain/distress WITH appropriate analgesia/anesthesia/tranquilizers (E.g., any use of anesthesia/tranquilizers to restrain animals for procedures, surgery (survival or nonsurvival), tissue/organ collection before euthanasia, etc. Please complete Appendix A.**

**Class C: Pain/distress WITHOUT analgesia/anesthesia/tranquilizers. Procedures involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesics or tranquilizing drugs would adversely affect the procedures, results or interpretation of data. Please complete Appendix A.**

**Part E. Housing.**

1. **Where will the animals be housed?**
	1. **Building and room number:**
2. **Will live animals be removed from the primary facility for any amount of time?**

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| --- | --- |
| **Procedure(s) to be performed:** |  |
| **Room and building:** |  |
| **From where to where will animals be transported?** |  |
| **Via what route will animals be transported?** |  |
| **Who will transport animals?** |  |
| **What equipment will be used to transport animals?** |  |
| **At what time(s) of day will animals be transported** |  |

**Part F. Specific Aims and Details of Animal Use.**

1. **Background and significance (1-2 sentences):**
2. **Question addressed by the research (1-2 sentences):**
3. **How will the results of the research be used (1-2 sentences)?**
4. **Summarize the specific aims of the research (derived from the grant application if applicable):**
5. **Please provide a complete, sequential and accurate description of what procedures will be performed on/with the animals. You may include a diagram or chart to explain complex experimental designs and/or procedures. Please include the following information in your description. Use additional pages if necessary.**
	1. **For each species and treatment group within a study, describe all procedures performed on or with animals and indicate how often and when these procedures will be performed during the study. Identify pain classification (A,B,C) of each procedure as indicted in part C.**
	2. **Stipulate how long (endpoint) animals will participate in the study; that is, end of experiment, sacrifice, etc. Stipulate dosages (mg/kg), routes and frequency of administration of any drugs used in the study.**
	3. **Describe methods to be used in behavioral studies (including use of noxious stimuli or other methods of positive or negative reinforcement).**
	4. **Briefly describe surgical procedures. Detailed descriptions of surgeries should be provided.**
	5. **List for each species the experimental and control groups. Indicate number of animals in each and to which pain classification they are assigned.**

**Part G. Justification of Species and Numbers.**

**Note: If the protocol involves more than one species, please complete Part E for each species used in the study.**

1. **Justification**
	1. **Check all statements that apply to this protocol.**
		* **This model has been previously used.**
			1. **Provide citation(s) and briefly explain why the citation is applicable to this protocol.**
		* **This is a new model.**
			1. **Describe the features of the species that make it desirable for this model and contrast it with other available models.**
2. **How did you determine the number of animals required for the activities describe in this protocol?**
	1. **Check all statements that apply to this protocol.**
		* **Pilot study. Group variances are unknown at present time.**
		* **Group sizes determined by statistical methods. Describe the method.**
		* **Group sizes are based on quantity of harvested cells or amount of tissue required. Explain how much tissue is required based on number of experiments and how much tissue you expect to obtain from each animal.**
		* **Product testing. If the required number of animals is based on FDA guidelines, provide citation from the regulations, the IND tracking number or relevant FDA correspondence.**
		* **Other. Elaborate including method to determine group size.**

**Part H. Monitoring Animal Health and Welfare.**

1. **List the study-induces or related adverse health conditions that animals might experience (i.e., pain, distress, health complications, etc.) as a result of their genotype or phenotype (Momentary pain or distress need not be described).**
	1. **How will pain and/or distress be monitored? List specific clinical signs as well as frequency of monitoring (including provisions for weekends and holidays).**
	2. **Explain what steps will be taken to alleviate any pain, distress or discomfort that the animals might experience. Provide dose (mg/kg), route of administration, frequency and type of analgesic or tranquilizers to be administered. Also include any environmental changes (warming pads, soft bedding, fluids, etc.) that might be used in this regard.**

**Part I. Euthanasia/Disposition of Animals.**

1. **Identify specific endpoint(s) for each animal or group of animals used in this protocol. The endpoint is the point at which an animal or group of animals will no longer be used.**
2. **Will the animals be euthanized at the end of the study?**
	* **Yes**

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| --- | --- |
| **Species** | **Euthanasia Method(s)** |
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* + **No. Describe what will happen to the animals that are not euthanized upon completion of the activities described in this protocol.**
1. **Will death or moribund (near death) condition be used as the experimental endpoint?**
	* **No**
	* **Yes**

**Provide explanation and justification is answer is “Yes.”**

**Part J. CITI training.**

**Personnel involved with animal research are required to complete one or more training courses that are pertinent to their work. Please indicate which courses you have completed.**

**Working with IACUC: Yes \_\_ No \_\_ Date: \_\_\_\_**

**Reducing Pain and Distress in Laboratory Mice and Rats: Yes \_\_ No \_\_ Date: \_\_\_\_**

**Working with Amphibians in Research: Yes \_\_ No \_\_ Date: \_\_\_\_**

**Working with Mice in Research: Yes \_\_ No \_\_ Date: \_\_\_\_**

**Working with Rats in Research: Yes \_\_ No \_\_ Date: \_\_\_\_**

**Working with Fish in Research: Yes \_\_ No \_\_ Date: \_\_\_\_**

**Other courses: (please list and indicate dates):Part K. Signatures**

**Principal Investigator (PI): I hereby certify:**

* **The information provided in this protocol is accurate.**
* **No other procedures will be used in this project.**
* **Any modifications will be submitted for approval by IACUC prior to use.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of PI Date**

**Faculty Supervisor (If PI is a student): I hereby certify:**

* **This project is under my direct supervision.**
* **I am responsible for insuring that all provisions of protocol are complied with.**

**Name of Faculty Supervisor:**

**Campus Address and Telephone Number:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Faculty Supervisor Date**

**Department Chair/Supervisor: My signature hereby indicates that I am aware of this proposal.**

**Name of Department Chair/Supervisor:**

**Campus Address and Telephone Number:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Department Chair/Supervisor Date**