

XAVIER UNIVERSITY OF LOUISIANA
INSTITUTIONAL ANIMAL CARE
AND USE COMMITTEE

Application

For the Use of Laboratory Animals in Research, Teaching, and Training

Please type your answers. Answer all (put N/A, if applicable) questions and submit your application to the IACUC Chairman (Dr. Patience Obih, College of Pharmacy RX) with the following:

A. - The original and SIX copies of this application form, and

B. - Two copies of the expanded protocol describing the research project (typically, the specific aims and the experimental design and methods section of the grant application where it deals with animal utilization; Please highlight the animal utilization sections).

FOR OFFICE USE ONLY: IACUC #: _____ Date Received: ___/___/___

Approval Date: ___/___/___

Non Approval Date: ___/___/___

Reviewers: _____

1. Principal Investigator: _____ Rank: _____

Department: _____

Telephone: Office: _____ Home: _____ Fax: _____

2. Proposal Title: _____

3. Funding Agency or Source of Funds: _____

4. Co-Investigator(s): Name: _____ Telephone no.: _____

5. Category of Proposal:

a. New:

b. Research:

c. **Teaching/Training:** **Course #:** _____

6. **A. Location(s) where animals are to be housed: ***

Xavier University's Animal Care Facility (ACF):

Other Vivarium: *: Name & Location: _____

Transportation: (Describe the method of transportation to and from XU ACF and the other vivarium)

B. Location(s) where procedures are to be conducted (if other than the X.U. Animal Care Facility)*:

Name:

Building: _____ Room #: _____ Transportation: _____

(describe the method of transportation to and from XU ACF and other location)

Building: _____ Room #: _____ Transportation: _____

(describe the method of transportation to and from XU ACF and other location)

Approximate length of time per day spent outside of ACF: _____

* Note: If procedures are conducted or if the animals will be housed outside of Xavier University's facilities, the project must be approved by the other institution's IACUC. An appropriate institutional official must supply information concerning their AAALAC status, PHS assurance status, USDA registration number, the IACUC approval letter, and the name of the attending veterinarian.

Information: Attached Requested on date: _____

Not applicable, reason:

7. Duration of the Project (3 yrs. Maximum)
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8. **Classification of Study by Distress and Pain Levels:**

Under which of the following will your experiment fall? (Mark more than one if appropriate.)

If C is checked, provide scientific rationale in section #24 for this requirement in the project.

A: ___ **Non-Painful or Non-Stressful** (e.g. studies, experiments and tests that will not cause pain or distress or procedures causing only transitory discomfort such as venipuncture and injection).

B: _____ **Painful or Stressful with Analgesia/Anesthesia/Tranquilizers** (e.g. painful procedures performed on anesthetized animals that are not allowed to regain consciousness or painful or stressful procedures that are carried out with the use of appropriate anesthetic, analgesics, and tranquilizing drugs that will prevent pain and distress).

C: _____ **Painful or Stressful without Pain and Stress Relieving Measures** (e.g. painful and stressful procedures performed without the use of appropriate analgesics, anesthetics, and tranquilizing drugs or other measures to prevent and relieve pain or distress or painful and stressful procedures not amendable to relief by therapeutic measures).

9. A. **Will any un- anesthetized animal be restrained for a period longer than 10 minutes?**

Yes:

No:

If yes, then complete Parts B and C.

B.

Species	Method of Restraint	Duration of Restraint

C. Briefly describe physical restraint acclimation procedures.

10. **Animal Species Inventory Information:**

Species	Strain	Weight	Average # Housed/day	Total # to be used for the appvd Duration

11. **Hazardous Material Use:**

Will any animal exposed to a radioactive compound, a suspected chemical carcinogen, and/or a Potential biohazard is housed in the Animal Care Facility? Yes: No:

(If yes, provide details of any risk to personnel and/or animals below. **)

_____ **** If the answer is yes, prior to initiation of the project you must consult with the Director of the Animal Care Facility to formulate a plan for the protection of Personnel and animals.**

Approval by a Hazardous Material Committee: Has this proposal been (answer as indicated):

Submitted: Yes: No: **Status:** pending approved disapproved

to/by another committee. If yes, please give the committee name (Biohazard, Safety, Radiation, etc):

_____ **Indicate any special equipment or precautions that will be utilized to protect personnel and other housed animals:**

12. Does the proposal involve a major operative procedure?* yes: No:

a. If yes, has any animal to be utilized in the project been used in a previous major operative Procedure? Yes: No:

b. In the proposed project, will any animals be used in more than one major operative Procedure? Yes: No:

If either question a or b is answered yes, provide a scientific justification for this requirement under Item # 24.

A "major operative procedure" is defined as any surgical intervention that penetrates and exposes a body cavity or any procedure which produces permanent impairment of physical or physiological functions.

13. Will food and/or fluid be restricted in this project for a period longer than 24 hours?

Yes _____ No _____

If the answer is "Yes", please answer the following questions:

a. Species placed on restriction:

b. Fluid _____ Food _____ Both Food and Fluid _____

c. Justification:

d. Length of Restriction:

e. Indicate what variables are monitored to insure animal health during restriction period.

(Check all that apply and note any threshold/criteria of well being used for each variable)

Body Weight (e.g. % ad lib)

Urine/Fecal Output (e.g., Vol. Monitored Daily)

Food/Fluid Consumed (e.g., Vol. Monitored Daily)

Other (e.g., Vet. Evaluation for dehydration) _____

f. Describe steps taken to insure adequate nutrition/hydration during the restriction period.

g. Will any animal developing physiological or behavioral abnormalities be removed from restrictions?

Permanently: Yes ___ No ___ Temporarily: Yes ___ No _____

If temporarily is checked "Yes", explain duration, when restrictions will again be initiated, and what criteria will be used to make this decision.

For items 14, 15, and 16 provide information regarding drug choice, dosage, and route of administration for each species. Copies of guidelines concerning these issues are available from the *Animal Care Facility Director*.

14. **What tranquilizer(s) will be used?**

SPECIES	DRUG	DOSE (mg/kg)	ROUTE

15. **What anesthetic(s) will be used?**

SPECIES	DRUG	DOSE (mg/kg)	ROUTE

Monitoring Method (Provide the method of monitoring the appropriate depth of anesthesia):

- A. toe pinch reflex
- B. tail pinch reflex
- C. corneal reflex
- D. web pinch reflex
- E. other explains: _____

16. **What analgesic(s) will be used?** Provide the frequency and duration of treatment.

SPECIES	DRUG	DOSE mg/kg	ROUTE	FREQUENCY of Administration (e.g. every 4 hours)	DURATION (e.g., total number of days)

17. **Indicate any special care or handling of animals that the Animal Care Facility will need to provide:**

18. **What method of euthanasia, by species, will be used?** If methods are not consistent with Current recommendations of the *Panel on Euthanasia of the American Veterinary Medical Association* (copies available from the *Animal Care Facility Director*), explain why the Proposed method must be used. If cervical dislocation or decapitation (while not under Anesthesia) is the method of choice, provide scientific justification and information on the Training of the person(s) performing the technique. **If animals will not be euthanized, describe the plan for disposition of the animals for this project at the completion of the Experiment.**

19. **Provide an explanation of why it is necessary to use live animals?**

20. **What non-animal alternatives have been considered and why are these non-alternatives UN acceptable?**

21. **Describe the sources used to determine that alternatives to the use of live animals are not available.**

Search engine used:

Keywords used:

Inclusive years of search:

Date search was conducted:

22. Provide a brief explanation of the experimental requirements that necessitate the use of each species involved (e.g. uniqueness of the model, previous experience, and comparability to human disease).

23. Describe how the number of animals requested will be distributed throughout the study (show group assignments according to experimental variable or list each animal according to use). All animals must be represented. A series of tables may be useful in presenting this information.

24. Make a precise statement of why this number of animals is needed in each group.

25. Provide a complete description of the proposed use of animals. Describe exactly what you will do to the animals while they are alive. Provide a sequential description of all procedures to be used on the animals. Provide enough detail in order for the IACUC to evaluate the appropriateness of all procedures involving animals. Do not include methodological detail or methods not related to animals. Do not substitute this section with the methods section of a grant. It is mandatory to start on this page.

26. Provide information regarding the *qualifications and years of experience of the Investigator and staff* to perform the project proposed with particular emphasis on the **Use of animals in research**. If the principal investigator(s) experience is limited in use of Animals in research provide a description of advisory arrangements for the project and the qualifications of the advisor(s) in research using animals. Do not send CV's. Note that information about new personnel added to the project must be submitted as an amendment.

27. **Abstract:** State the project's broad, long-term objectives and specific aims, making reference to the scientific importance. Describe concisely the experimental design and methods for achieving these goals. Avoid summaries of past accomplishments. This abstract is meant to serve as a succinct and accurate description of the proposed work (The format of the abstract of an NIH grant is an appropriate model).

28. Appropriate veterinary care is available for all laboratory animals by a qualified veterinarian:

Name of Veterinarian

*Signature of Attending Veterinarian

* If this project is to be conducted in an institution other than Xavier University of Louisiana, the Appropriate attending Veterinarian must sign prior to submission.

29. **Applicant certification:** I acknowledge responsibility for the work described here. I assure that the faculty and staff on this project are qualified to conduct the study in a humane and scientific manner consistent with PHS document *Guide for the Care and Use of Laboratory Animals* and the provisions of the Animal Welfare Act. I certify that the experiments described herein do not unnecessarily duplicate any previous work using animals.

Signature of the Principal Investigator

date

Signature of Advisor (if applicable)

date

THIS APPLICATION WILL NOT BE REVIEWED UNLESS COMPLETED AND SIGNED.