Office use only

Protocol Number\_\_\_\_\_\_\_\_\_

Date Approved\_\_\_\_\_\_\_\_\_\_ Date Expires\_\_\_\_\_\_\_\_\_\_

**Bemidji State University**

**Animal Care and Use Review Form**

Type all information into this form. Explain procedures as completely as possible for an evaluation of the proposal.

**I. Investigator(s) and Protocol Title**

Principal Investigator:

(include position and phone #)

Co-investigators:

(include position and phone #)

Protocol Title:

**II. Type of project (check all that apply):**

New project\_\_\_\_\_\_\_\_ Renewal\_\_\_\_\_\_\_\_

Teaching project\_\_\_\_\_\_\_\_ Research Project\_\_\_\_\_\_\_\_

**III. Identify Species and Sources**

Species Source

**IV. Purpose of Proposed Use**

1. State rational for use of animals and for appropriateness of species used.

2. Can any of the research or teaching needs described be met without the use of live animals?

No Explain why animals are required.

Yes\_\_\_\_\_Explain how animals are optional.

3. List any off-campus sites where animal use/monitoring is to be conducted. If the project requires the animals to be housed at a particular site, describe how the site is compliant with the Animal Welfare Act/IACUC guidelines.

**V. Describe all procedures to be performed on animals and their purpose. Surgical procedures must be fully described, including post-operative care where appropriate.**

1. For each distinct procedure, describe the manipulations that will be performed in the order in which they will be performed. Procedures that will be performed after the animal has been killed need not be described.

2. Will the animals be subjected to any of the following?

Use in a previous study? Yes No \_\_\_

Use in a future study? Yes No\_\_\_

Transfer to another investigator? Yes\_\_\_\_ No\_\_\_\_

If yes, please specify and note that prior Committee approval is required for each of the above.

3. List any building and room outside of the BSU animal quarters where animals will be housed longer than:

12 hours 24 hours If none: so state\_\_\_\_\_\_\_\_\_\_

**VI. Describe the animal handling qualifications and training of the personnel who will be involved in this project.**

**VII. Assurance that analgesic, anesthetic, and tranquilizing drugs will be used where indicated and appropriate to minimize discomfort and pain to animals.**

1. Check a, b, or c below and give justification below:

\_\_\_\_\_a. The procedures to be performed on animals do not involve pain or distress to the subject animals (excluding that caused by venipuncture).

\_\_\_\_\_b. The procedures to be performed do involve pain, and/or anesthetic, analgesic or tranquilizing drugs will be used throughout the entire course of the project to alleviate pain or distress including post-operative and post-procedure care. The drugs, dosages (drug amount/body weight) and routes of administration are as follows:

\_\_\_\_\_c. Pain and/or distress will be involved for subject animals but drugs will not be used because they interfere with protocol, and justification for non-use is described below.

2. Check each statement that applies to this project:

\_\_\_\_a. Terminal (animals are killed under anesthesia without regaining consciousness).

b. Survival (animals regain consciousness after anesthesia).

If checked, Federal law [AWA 2.31(d)] requires that aseptic technique be used.  Please initial here .

c. Multiple survival (individual animals may undergo more than one survival surgery).  If checked, provide a detailed scientific justification as required by Federal Law.

3. Where will the surgery be performed?

4. Who will perform the surgery (training of this individual should be addressed in question VI)?

5. What post-procedural measures will be taken to minimize discomfort and what monitoring will be done? How will post-procedural events be humanely handled?

6.Will paralytics be employed?  Yes\_\_\_ No .

If yes, how will the animals be monitored to insure adequate anesthesia

1. Where will the monitoring be performed?

8. Who will perform the monitoring?

9. Will food and/or water be withheld?  Yes\_\_\_ No .

If yes, what will be the duration, how often will a single animal be restricted, and what will be the duration between restrictions?  Describe the monitoring that will be done to assure that adverse effects do not occur.

10. Will the animals be restrained by chairs, tethers, stanchions, metabolism cages, etc.?  No\_\_\_ Yes

a. Method of restraint:

b. Duration of restraint:

c. Frequency of restraint:

d. How frequently will the animal be observed during restrain?

e. Where restraint will occur:

11. Will hazardous agents (i.e. infectious agents, carcinogens, toxic chemicals, etc.) or radioactive material be present in the animal facility?

No Yes\_\_\_

a. Identify hazardous agent or material:

b. Exposure route:

c. Exposure dose:

d. Exposure duration:

e. Will the agent be excreted? No\_\_\_\_ Yes\_\_\_\_

in urine\_\_\_ in feces\_\_\_ exhaled\_\_\_

f. Describe where the animals will be housed during and after exposure:

g. Probable animal health effects

NOTE: Radioactive materials are currently not allowed on the BSU campus, but may need to be detailed if working with an off-site collaborator.

**VIII. Euthanasia techniques**

List by species and describe method to be used, including drug, type, dose, and route of administration:

species method

**IX. Claim of confidentiality**

Contents of this report are available for public disclosure unless confidentiality is requested by the investigator and it is adequately shown by the investigator that the protocol discloses unpublished data or research procedures for which copyright or patent is being sought.

I do not claim confidentiality

I claim confidentiality; justification is attached

**X. Assurance:**

The undersigned is familiar with the AWA and the PHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions, the NIH Guide for the Care and Use of Laboratory Animals and the University Guidelines, and agrees to abide by the Principles for the Utilization and Care of Vertebrate Animals Use in Testing, Research, and Training contained in this document. I assure that I will obtain the institutional care and use committee (ICAUC) approval prior to significant changes in the protocol.  I assure that students, staff, and faculty on the project are qualified or will be trained to conduct the project in a humane and scientific manner.  Any change in the care and use of animals involved in this protocol that would affect their welfare will be promptly forwarded to the ICAUC for review.  Such changes will not be implemented until the Committee's approval is obtained.  Animals will not be transferred between investigators without prior approval.

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(Signature of Principal Investigator) (Date)

**XI. Approval**

APPROVAL NUMBER \_\_\_\_\_\_\_ DATE\_\_\_\_\_\_ EXPIRATION DATE\_\_\_\_\_\_\_\_

APPROVAL CATEGORY: A\_\_\_\_\_\_ (No pain or distress involved)

B\_\_\_\_\_\_ (Drugs used to alleviate pain and/or distress)

C\_\_\_\_\_\_ (No drugs used for pain and/or distress)

SPECIAL CONDITIONS: NONE\_\_\_\_\_\_\_\_ REMARKS ATTACHED\_\_\_\_\_\_\_\_

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(Approval Signature for Committee) (Date)