**Institutional Animal Care and Use Committee (IACUC)**

**Nebraska Wesleyan University**

**Application to Use Animals for Research and/or Teaching**

For IACUC Use Only

IACUC Proposal # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Approval Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. General Information**

Type of Application:

\_\_\_\_ New Research Application

\_\_\_\_ Renewal of a Previous Protocol IACUC # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of initial approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Addendum to Previous Protocol IACUC # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of initial approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Teaching Protocol

\_\_\_\_ Other Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title:

Principal Investigator:

Department:

Campus Address:

Email Address:

Phone: Fax:

**II. Personnel**

List any individuals (PIs, students, staff, etc.) that will be working on the project and document their training.

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| --- | --- | --- | --- |
| NAME | Duties When Working With Animals | Date of Training Completion\*Provide CITI certificate number | Date Health Risk assessment completed |
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**\* Training includes NWU training slides and/or other relevant to procedures or species. Please specify other training.**

**Submit documentation of any subsequent training (new students, staff, etc.) to IACUC committee on the Continuing Review Form (end of each semester).**

**III. Animal Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Species & Strain** | **Sex** | **Age or Weight** | **Pain Category** **(See Below)** | **Max Number of Animals That Will be used** |
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USDA Animal Pain Categories

**Category B:** Animals being bred, conditioned, or held for but not yet used in research or teaching.

**Category C:** Animals used for teaching or research causing no or only momentary pain or distress (i.e., injections), not requiring the use of anesthetics or pain-relieving drugs.

**Category D:** Animals used for teaching or research causing more than momentary pain or distress to the animals and for which appropriate anesthetic, analgesics, or tranquilizers will be used.

**\*Category E:** Animals used for research or teaching causing more than momentary pain or distress without the use of pain relieving drugs or where animals will be allowed to die as a planned result of the study, with no intervention (euthanization). \* NOTE: If animals are in this category, a brief justification must be provided as an attachment to the protocol.

Source/Vendor where animals will be purchased:

Where will animals be housed (include building and room #)? Describe the protocols for daily care and housing of the animals. Daily care record sheets must be submitted with the Continuing Review Form every three months.

Where will the procedures take place (include building and room #)?

**IV. Project Summary**

Answer the following questions using language that is clear and understandable to non-scientists.

1. Describe the purpose of your study. Mention any potential benefits that might be derived from the study.

2. What is the hypothesis being tested? Explain the experimental design and specify all animal procedures.

3. Justify the number of animals chosen to complete the study (e.g., Power Analysis, Literature review, pilot data). Also, justify why the animal species is appropriate for your study (e.g., Susceptibility of species to experimental manipulations, literature review)

4. What alternatives to the use of animals have been considered for this project? Why will they not be used?

5. Describe if any aspects of this project duplicate previous experiments. Indicate databases that have been searched to avoid duplication of projects. Justify any necessary duplication.

6. What problems can be anticipated with the use of animals in this protocol?

 A. How will the problems be addressed?

 B. Describe when an animal might be removed from the study.

7. What will happen to the animals after the project is completed? If euthanized, describe the procedure and how will death be determined (e.g., CO2 narcosis)? Verify that proper disposal of the carcasses will be followed (according to the policy established by the NWU Campus Laboratory and Safety Manager).

**V. Assurance Statements**

I accept and will conform to all federal and state laws and guidelines and all institutional policies and procedures concerning the care and use of animals in research, teaching, or testing. I have made every effort in designing this project to:

1. Minimize pain and distress to animals.

2. Reviewed alternative procedures other than animal use to explore my scientific question(s).

3. If an original study, I have reviewed the literature to insure the study does not duplicate work already done. If the project requires duplication, I have provided a justification for duplicating previous work.

I will submit a progress report to IACUC at the end of each semester. This report will include a summary of the animals used, the daily care records, and any incident reports.

I have reviewed the required IACUC training slides. I will obtain IACUC approval before conducting any aspects of this project.

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Principal Investigator Date

If Student:

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Student Date

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

Supervising Faculty Member Date

\*If any animals are in Pain Category D, then a signature from the Attending Veterinarian is required. This signifies the veterinarian has reviewed and been consulted on the proper use of anesthetics and/or pain relieving drugs for the study.

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Veterinarian Date

**FOR IACUC USE ONLY:**

Committee Members and Actions:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Approve \_\_\_\_\_ Approve w/ Changes \_\_\_\_\_ Deny

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Comments and Suggestions for the Proposal: