**Pace University**

**Animal Care & Use Committee**

**Protocol for Animal Use**

Federal and New York State animal welfare regulations require that Pace University Institutional Animal Care & Use Committee (IACUC) review all protocols using live, vertebrate animals. The IACUC reviews each protocol with consideration toward the NIH guide for the Care and Use of Laboratory Animals, the expertise and experience of the membership, particularly the consulting veterinarian, and all other available and pertinent information. While the applicant may refer to previous protocols, or published work, the IACUC is not constrained by previous protocols or published work in arriving at its recommendations.

PROTOCOL No.

PRINCIPAL INVESTIGATOR(S):

DATE:

TELEPHONE & EMAIL ADDRESS:

DEPARTMENT: Haskins Laboratories

PROJECT CLASSIFICATION: (check one)

\_\_\_ Faculty Research\*

\_\_\_Student Research\*

\_\_\_Laboratory Exercise (course number)\_\_\_\_\_\_\_\_\_

\*At the end of the protocol please list all persons utilizing the protocol.

1. PROPOSAL (Please complete the fields on the form do **not** submit as attachments)
2. Title:
3. Describe the goal(s) of the research:
4. Projected duration of study:
5. ANIMAL MODEL
6. Description:

Species and common name: Sex:

Strain/Breed: Age:

1. Why is it necessary to use animals in this project?
2. Why is this species used?
3. What is the total number of animals needed for this project?
4. PROJECT DESCRIPTION
5. This project involves: (Please check all that apply)

\_\_\_\_survival surgery \_\_\_\_radioisotopes

\_\_\_\_ prolonged restraint \_\_\_\_ infectious organisms

\_\_\_\_ experimentally induced disease \_\_\_\_ other biohazards

\_\_\_\_ animals housed more than 24 hours in a non-animal room

1. Describe all procedures involving live animals. All procedures in III.A. should be described. (Please include anesthetic or analgesic doses, administration routes and schedules, collection techniques and duration of procedures.) This information can be presented in a flow chart.
2. Describe safety procedures that are to be followed if biohazard agents are used: N/A

D. All investigators proposing projects that could, or do cause more than slight or momentary pain (even if anesthetics or analgesics are used) in an animal **must consider the use of non-animal methods** to accomplish the research/teaching goal. (Please check the appropriate category)

\_\_\_\_ 1. This project will not involve more than slight or momentary pain or discomfort to the animals and no anesthetic or analgesic is required

\_\_\_ 2. Anesthetics, analgesics or euthanasia are to be used to prevent pain or discomfort.

\_\_\_\_ 3. This project involves more than slight or momentary pain or discomfort to animals. The withholding of euthanasia from animals that will experience more than slight or momentary pain must be justified based on scientific necessity. (**Please contact the IACUC chair prior to submission if checked**)

1. Use of control substances requires registration with the New York State Department of Health. (For complete list of these drugs, please see

http://www/deadiversion.usdoj.gov/schedules/alpha/alphabetical.htm

1. Name of controlled substance used:
2. Dose regimen and route of administration:
3. Projected total quantity to be used:
4. Name and DEA number of distributer or manufacturer:
5. At the end of the study, the animals will be:

\_\_ 1. Returned to the animal facility

\_\_ 2. Euthanized (Please indicate method to be used)

 \_\_\_\_\_ Cervical dislocation\*

 \_\_\_\_\_ Decapitation\*

 \_\_\_\_\_ CO2 asphyxiation

 \_\_\_\_\_ Exanguination with anesthesia

\_\_\_\_\_ Anesthetic overdose (Please describe the chemical to be used, dosage, route of administration, and person(s) administering drug)

\_\_\_\_\_ Perfusion under anesthesia

 \_\_\_\_\_ Other form of euthanasia (Please describe)

 \_\_\_\_\_ 3. Other (Please describe)

* Anesthetics or analgesics must be used if cervical dislocation or decapitation is to be the method of euthanasia. The withholding of anesthetics or analgesics when performing these methods of euthanasia must be justified for scientific reasons.

INVESTIGATORS ASSURANCE STATEMENT

* I am familiar with federal and state regulations regarding the care and use of laboratory and the NIH “Guide for the care and use of laboratory animals.”
* I agree to abide by these regulations and guidelines in the conduct of the project described above.
* In this study, I have considered the use of non-animal alternatives and found them unavailable or unacceptable for scientific reasons.
* I affirm this study is not unnecessarily duplicative and is of scientific merit. All safety procedures will be followed and all personnel assisting with this project will be thoroughly trained and are competent to perform the procedures noted in this protocol.

NOTE: Investigators must notify animal care staff when the study is completed.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONCURRENCE:

 Attending Veterinarian certification of review and approval.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IACUC APPROVAL

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Failure to comply with Pace University IACUC requests regarding animal care, and/or this protocol once approved, may result in consequences ranging from suspension or termination of the protocol approval, to a requirement to meet with the Dean of Faculty, to suspension or termination of your ability to use vertebrate animals at Pace University.*

List other persons using the protocol:

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| --- | --- | --- |
| NAME | TITLE | TRAINING |
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1. Addendum:

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| **Date** | **Compound class: Name** | **Number of Mice** |
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