STATE UNIVERSITY OF NEW YORK AT POTSDAM
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

Application for Protocol Review for the Use of Animals in Research or Classroom Study

Project #: **Project Title:**

Indicate what type of research you are submitting:

☐ Field Study ☐ Laboratory ☐ Classroom Study ☐ Other -

☐ Training was completed for all researchers: All Co-Investigators, Student Researchers or Staff Members must complete the CITI course. ***Required - Appendix A must be completed.***

Appendices:

☐ Yes ☐ N/A Appendix A – Co-Investigators, Student Researcher(s) or Staff Member(s)

☐ Yes ☐ N/A Appendix B – Surgery

☐ Yes ☐ N/A Appendix C – Free Ranging Wildlife

☐ Yes ☐ N/A Appendix D – Conscious Physical Restraint

☐ Yes ---------- Appendix E – Conflict of Interest – ***Required***

☐ Yes ☐ N/A Letters of permission and/or IACUC approval from other organizations involved in the project are attached.

☐ Yes --------- The application is has been signed by the PI and Co-Pi(s).

☐ Yes --------- All questions have been answered ***or marked n/a.***

☐ Yes --------- All appropriate appendices are attached.

☐ Yes ---------- The IACUC veterinarian has reviewed by protocol.

Application Submission:

☐ One complete paper copy of the application with original signatures was sent to the IACUC Chair.

☐ One complete electronic copy of the application was emailed to the IACUC Chair.

Glenn Johnson, Chair Timerman Hall 229 Phone 267-2710 SUNYPotsdamIACUC@potsdam.edu Rev 3.6.17

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Application for Protocol Review for the Use of Animals in Research or Classroom Study

If this is a continuation of a prior project, please provide the date the original project was first approved.

For all protocols please answer all the questions below. Specify non-applicable (N/A) as needed.

Project Title: _____

☐ Field Research ☐ Classroom Study, Course # ☐ Laboratory Research

☐ Other (Please describe)

Anticipated Start Date: Anticipated Completion Date:

**** All researchers, co-researchers, student researchers and staff members must complete training in use of animals in research through the Collaborative Institutional Training Initiative (CITI). You can access this site at http://www.citiprogram.org/**

Principal Investigator: **Department:**	**Campus Phone Number:** **Home Phone Number:** ***(In case of an emergency)***
Title:	**Date:**
Campus Mailing Address:	**E-mail:** **Fax:**
Date CITI Modules Completed: **Working with the IACUC** ☐ **Working with Amphibians** ☐ **Other, describe (ex. Field Study Training) _____**	

Please list all other personnel that will be working on this project and complete Appendix A.

Name/Role (co-investigator, student, staff)	Name/Role (co-investigator, student, staff)

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1. **Study Objectives**: Briefly explain the objectives and scientific rationale of this study. Include how the animals will contribute to the study. **Jargon should be avoided or explicitly explained (please define all acronyms).**

2. **Is this protocol funded by a grant?**
   ☐ No ☐ Yes. Attach grant proposal if available and funding information.

Name of Principal Investigator(s):	
Name of Funding Source:	
Name of Grant/Contract:	
Grant/Contract award #:	**Internal award #:**
☐ **Will be submitted** ☐ **Has been submitted** ☐ **Approved** ☐ **Pending Approval**	
Award period:	

3. **Will this research take place on SUNY Potsdam campus? ☐ Yes ☐ No, location:**
4. **Does this research require federal or state permits, or letters of permission from landowners?**
   ☐ **No, explanation:**
   ☐ **Yes,** ☐ **complete below & attach copy OR Yes,** ☐ **an application was submitted for:**

Effective Date(s):	**Number and name/type of permit/license**	**Agency**	**Address**
to			
to			
to			

5. **Description of the Animal Model(s):**

Number:	**Species:**	**Source of Animals:**	**Age:**	**Sex:**	**Endangered or threatened species/State or Federal?**

6. **Rationale for Selection of Animal Numbers**: Please justify the use of animals, the selection of species, and the number of animals to be used. Describe the experimental and control group composition. If applicable, discuss statistical considerations used to derive the number of animals to be used.

6. **Federal law requires** that investigators indicate that they have considered alternatives to animal use. (Ref. CFR Title –9: Animal Welfare Act). Is an alternative to using animals available for the conduct of this project? ☐ Yes **Please explain**: ☐ No **Please explain:**

7. Duplication: Does this study duplicate previous studies? ☐ No ☐ Yes
If yes, please justify why it is necessary to duplicate the study and indicate sources consulted.

8. **Facility(s) where the animal(s) will be housed**:

Provide contact information for the personnel responsible for the housing area:

Name	Phone #:	E-mail:

A. Describe the housing:

1. On site location:
Bedding:
Describe sanitation procedures for tanks,cages, feeders and watering devices, include frequency:
Describe how the effectiveness of sanitation procedures are monitored:
Describe the handling, storage, frequency of disposal and final disposal location for soiled bedding, refuse and animal carcasses:

Caging: Describe:
☐ Cage card complete. Card should include date of arrival, source, and physical findings, includir species, sex, weight, age and should include any identifying features, and/or markings. Additional Records should be kept that summarize an impression of overall condition, food and water intake.

2. Field Study location:
***A Field Study requires the completion of Appendix C**

B. Describe the dietary needs:

Type of food and source:	Quantity:	How and where stored:
Frequency of feedings:		
Water – describe how it is supplied and frequency:		
If food and water are denied provide the rationale:		

C. Will animals be removed from the animal facility for experimental procedures and/or housing?
☐ No ☐ Yes, describe:

Location	Reason	Time Period

9. Description of Animal Procedures: Briefly describe the sequential proposed procedures involving animal use:

A. Will chemical, biological, and/or microbial agents be administered to animal? (any material, drug, tumor, other cells or cell lines, vaccines, adjuvants, antigens, radioisotopes, irradiation, other, that will be administered to animals) ☐ No ☐ Yes

1. If yes, please provide the following information:

Agent	Administration Route	Site	Dose/Volume	Frequency

2. If yes, please identify any anticipated effects related to administration of these agent(s), which may affect animal health, if known, and describe the frequency and methods for monitoring animals for untoward effects. What actions will be taken if untoward effects are observed?

3. If yes, and animals will be inoculated with biological agents such as cells or tissue, please indicate the source of the biological material and describe testing methods that have been performed to determine that the materials are free of adventitious agents.

4. Are any of the agents to be administered to animals considered hazardous?

☐ No ☐ Yes If yes, please state the potential risk to animals and personnel. Indicate the appropriate safety precautions to be taken for storage, handling, use, and disposal.

B. Blood Collection: Will blood samples be collected from animals?

☐ No ☐ Yes, please provide the following information:

Site/Vessel	Technique	Volume per collection	Interval between collections	Anesthesia (yes/no)

Total number of blood collections per animal:_____

C. Other samples will be collected (body fluids, tissue, skin scrapings, external parasites, fecal samples): ☐ No ☐ Yes

☐ If yes, and collections are not part of a surgical procedure, please provide the following information and indicate whether samples will be collected from live animals, anesthetized animals or following euthanasia.

Sample	**Technique**	**Volume per collection**	**Interval between collections**	**Anesthesia (yes/no)**

☐ If yes, and collections are part of a surgical procedure you must complete **Appendix B.**

10. Will surgical procedure(s) be performed ☐ No ☐ Yes – You must complete Appendix B

11. Dietary/Husbandry/Environmental Changes: Please describe any experimental dietary changes, food or water deprivation, changes in cage size or bedding material, change in room temperature or light cycle, methods of restraint, behavioral training, testing and/or monitoring, application of sensory stimuli, or other. ☐ No ☐ Yes, Describe:

12. Potential for Animal Pain and/or Distress:

Note: A painful procedure is defined by the USDA as any procedure that would reasonably be expected to cause more than slight or momentary pain and/or distress in a human being to which that procedure is applied. **Please check A or B and proceed based on your answer.**

A. ☐ Animal procedure(s) in this protocol are expected to cause no pain or distress, or only slight or momentary pain or distress in the animals (e.g. routine injections, brief restraint).
(If you have checked this response, please proceed to 12E.)

B. ☐ Animal procedure(s) in this protocol are expected to cause more than slight or momentary pain or distress in the animals (e.g. surgical procedures, use of agents that cause significant inflammation or irritation).
(If you have checked this response, please complete 12C, D, E.)

C. Search for alternatives to painful/distressful procedures:

USDA regulations require that "[t]he principal investigator has considered alternatives to procedures that may cause more than momentary or slight pain or distress to the animals and has provided a written narrative description of the methods and sources used to determine that alternatives were not available. The search for alternatives to painful/distressful procedures should include the following:

1. Non-animal alternatives such as in vitro systems or computer models.
2. Non-painful or less painful alternative procedures that could be used in animals.
3. Use of phylogenetically lower animal species.

A search for alternatives must be conducted for EACH potentially/distressful procedure in the protocol.

Please complete the following to indicate the methods and sources used to search for alternatives. (Complete all that apply.):

Literature search(s):

Procedure 1:	
Database(s):	

Key words used:		
Date of search:		Years covered by search:
Procedure 1:		
Database(s):		
Key words used:		
Date of search:		Years covered by search:

Meeting/Conferences attended (Provide titles and dates of meetings):

Library resources, e.g. journals, texts (Provide journal or text titles):

Consultations with colleague, experts (Provide name(s) and credentials):

Other (please explain):

D. Results of the search for alternatives: Please check one response

☐ Alternatives were not identified **OR**

☐ Alternatives were identified; however, they will not satisfy the experimental objectives. Please identify alternatives and indicate why they cannot be used.

E. Pain and Distress Categories:

The placing of animal usage into categories and annual reporting to the U.S.Department of Agriculture is required by the Animal Welfare Act. Please read the category definitions and indicate below which categories apply to this project.

1. No Pain – Examples: Observational studies of animals in natural settings or tissues provided from other studies (No live animal work).
2. Minimal Pain or distress – Examples: Routine examination, injections, blood collection, approved methods of euthanasia that produce rapid unconsciousness, post mortem tissue collection.
3. Invasive studies performed on anesthetized animals; procedures involving mild discomfort which is short lived or alleviated through treatment – Examples: Survival surgery with minimal post-procedural discomfort, survival surgery with appropriate post procedural analgesics, use of Freund's complete adjuvant, acites production in mice, tumor implantation with early endpoints (no ulceration, noninvasive, no impact on general health and well-being).

4. Procedures that inflict unrelieved pain or severe stress on conscious animals – Examples: Toxicity studies, prolonged restraint, aversive conditioning, tumor burdens beyond those stated in #3 above, death as an experimental endpoint, clinical disease in which the course of the disease must be allowed to progress to a moribund state without intervention.

Check one:

1. ☐ 2. ☐ 3. ☐ 4. ☐

Procedures that fall into Category 4 require additional explanation before proposal approval. Explain why it is not feasible or possible to use pain-relieving drugs and/or how pain and distress will be minimized.

13. Will euthanasia be performed? Euthanasia technique:

☐ **No** - If animals will not be euthanized at the completion of the study, what will be the disposition/future intended use of the animals?

☐ **Yes -** Euthanasia must be performed in accordance with the AVMA panel on euthanasia. Please indicate the method of euthanasia to be used. Indicate the agent, dose, and route of administration, if applicable.

14. Certification and Approvals

Investigator Statement and signature: To the best of my knowledge, I have provided a complete and factual description of the animal care and use procedures to be followed in the proposed experimental study. I have taken appropriate measures to ensure that I am using the minimum number of animals required to achieve my experimental objective and that I am not unnecessarily duplicating previous studies. I will assure that all personnel under my direction are appropriately trained to perform procedures with animals. I understand that I may not begin any animal procedure prior to approval of this protocol by the Institutional Animal Care and Use Committee, and I understand that changes in this protocol must be submitted as an amendment to the protocol and must be approved by the IACUC prior to implementation of the changes. I accept responsibility for compliance with provisions of the Federal Animal Welfare Act, the Public Health Service Policy on Humane Care and Use of Laboratory Animals, and the NIH Guide for the Care and Use of Laboratory Animals and will follow Environmental Health and Safety guidelines.

_____ _____

Principal Investigator Signature **Date**

Co-Investigators Signature **Date**

Department Chair or Supervisor/signature **Date**

Chairperson, IACUC **Date**

College Veterinarian **Date**

Health and Safety Officer **Date**

Office Use Only:

- ☐ Approved
- ☐ Approved with Modifications
- ☐ Disapproved

Date of Review

Date of IACUC Approval