

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

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**Application for Renewal/Termination**

**Project #:**                      **Project Title:**

Indicate what type of research you are submitting:     Renewal     Termination

For a:     Field Study     Laboratory Study     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 my 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.

**Fourth year of research:**

This is the fourth year of research on this project. I am requesting that the current approval be closed and I have submitted a new application for approval.

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**Application for Renewal/Termination**

**Project #:**

<input type="checkbox"/> <b>Renewal</b>	<input type="checkbox"/> <b>Termination</b>
Please provide the date the original project was first approved	If this is the fourth year of your project you will need to close this project approval and request an approval of a new application

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

Project Title:

- Field Research                     
  Classroom Study, Course#                     
  Laboratory Research  
 Other, please describe:

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

Principal Investigator:	Campus Phone Number:
Department:	Home Phone Number: <i>(In case of emergency)</i>
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 or have worked on this project. You must complete an Appendix A for all **new** personnel. (CITI training must be current).

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

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1. Provide a brief summary of your research results to date.

If you are requesting a renewal include why a renewal is needed and what additional or continuing work needs to be completed.

If your study is being closed provide a brief summary of the results. *Jargon should be avoided or explicitly explained (Please define all acronyms).*

2. Was this protocol funded by a grant?  
 No       Yes. Name of the grant:

Have there been any changes to the scope of work since your original application?  
 No       Yes. Explain why and attach a copy of the scope of work:

3. Did this research take place on SUNY Potsdam's campus?  
 Yes, if so will there be any changes to the housing or dietary needs:  No  Yes, Describe:  
 No, location:      Is this a change from the original application?  No  Yes, why:

4. Did this research require federal or state permits, or letters of permission from landowners?  
 No       Yes,  complete below & attach copy     Yes, an application was submitted for:

Effective Dates:	Number and name/type of permit/license	Agency	Address
to			
to			

5. Number of subjects accrued;

Number:	Species:	Endangered or threatened species? State or federal?

Does this number represent a change to your original application request?

No  Yes. Explanation:

6. Adverse Events. Have there been any unanticipated problems which have affected animal use, welfare, morbidity or mortality?

No  Yes. Provide a summary of the problems, the cause(s), if known and how the problem(s) were resolved.

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\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
IACUC Chair

\_\_\_\_\_  
Date

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**You are not required to complete questions 7-9 if your study is complete.  
If you are requesting a renewal please continue:**

7. Alternatives to animal use. Since the last IACUC approval, have alternatives to the use of animals become available that could be substituted to achieve your specific project aims?  
 No  Yes, explain:

### **Pain Categories:**

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.
8. Alternatives to potentially painful procedures. Since the last IACUC approval, have alternatives which are potentially less painful or distressful to animals become available that could be used and that would allow you to achieve your specific project aims?  
 N/A Pain category is a one (1) or two (2).  
 Yes. State whether your study will be or has been modified to include the alternatives or explain why it is not feasible for you to use this alternative:  
 No. Provide sources consulted to determine whether or not alternatives exist.

Procedure 1:	
Database(s):	

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Key words used:		
Date of search		Years covered by search:
Procedure 2:		
Database(s):		
Key words used:		
Date of search:		Years covered by search:

9. Checklist for Renewal Request;

- No changes are planned and the project will continue as previously approved by the IACUC.
- All changes (Including changes in personnel) are included or have been previously submitted and approved by the IACUC.
- Minor changes are planned and justifications for the proposed changes have been included. (Ex. Future changes to personnel will be submitted when known).

**If significant changes are planned a new application for the Use of Animals in Research and/or Classroom Study must be submitted and this protocol must be closed.**

**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**

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\_\_\_\_\_  
**Co-Investigators Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Chair or Supervisor/Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Chairperson, IACUC**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**College Veterinarian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Health and Safety Officer**

\_\_\_\_\_  
**Date**

Office Use Only:

- |   |
|---|
| <input type="checkbox"/> Approved<br><input type="checkbox"/> Approved with Modifications<br><input type="checkbox"/> Disapproved |
|---|

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Date of IACUC Approval