Before you submit your proposal, make sure of the following:

* Modification/amendment requests: Ensure the newly revised form has changes in *red italicized font*
* Consultation with the Attending Veterinarian is required for procedures categorized under D & E prior to submitting on IRBNet.
* Include all relevant Appendices (<http://research.utep.edu/Default.aspx?tabid=74595>)
* Please indicate all sections that are not applicable with N/A
* PLEASE TYPE AND SUBMIT PROPOSAL VIA IRBNET

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| PROJECT INFORMATION |
| 1. SUBMISSION TYPE |

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|  | Initial Submission |  | Triennial Renewal |  | Modification/Amendment |

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| Project Title: | |  | | | |
| Funding Source: | | NSF  NIH/PHS  Other: | | | |
| Grant Title: | |  | | | |
| Grant Proposal Number: | |  | | | |
| **TRIENNIAL RENEWAL APPLICATIONS ONLY**   1. Briefly summarize the progression of the study | | | | | |
|  | | | | | |
| 1. Describe any adverse events and the measures that were taken to reduce or eliminate their effects on animal health or well-being. | | | | | |
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| ADMINISTRATIVE DATA | | | | | |
| Principal Investigator: |  | | | Contact Phone: |  |
| Office Number: |  |
| Department: |  | | | | |
| Email Address: |  | | | | |
| 1. PERMISSIONS | | | | | |
| 1. Is a *federal* permit required? | | | NO  Yes - **Agency**: Click here to enter text.   1. Permit Number: Click here to enter text. 2. Date Valid From: Click here to enter text. TO: Click here to enter text. | | |
| 1. Is a *state* permit required? | | | NO  Yes- **Agency**: Click here to enter text.   1. Permit Number: Click here to enter text. 2. Date Valid From: Click here to enter text. TO: Click here to enter text. | | |
| 1. Other permits? | | | NO  Yes - **Agency**: Click here to enter text.   1. Permit Number: Click here to enter text.. 2. Date Valid From: Click here to enter text. TO: Click here to enter text. | | |
| 1. PERSONNEL   *List the names of all individuals involved with the use of animals under this proposal. All applicable training must be completed prior to handling of any animal(s)****.*** *Review the* [*IACUC Training*](http://research.utep.edu/Portals/99/iacuc/docs/training/Training%20Summary-%20CITI%20Main%20Modules.pdf)*requirements.*Indicate the role(s) for each individual.  Surgicial Definitions   1. Single non-survival = only one surgical procedure will be performed, and the animals will be euthanized without recovery from anesthesia 2. Single survival = only one surgical procedure will be performed, after which the animals will recover from anesthesia 3. Single survival followed by non-survival = two surgical procedures will be performed. The animals will recover from the first but be euthanized without recovery from anesthesia during the second. 4. Multiple major = two or more major surgical procedures will be performed from which the animal will recover. Major surgery penetrates and exposes a body cavity, penetrates or alters a major bone, or produces substantial impairment of physical or physiologic function. 5. Multiple minor = two or more minor surgical procedures will be performed from which the animal will recover   **COPY AND PASTE FOLLOWING ROWS FOR EACH INDIVIDUAL** | | | | | |

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| Last Name: | |  | | | | First Name: | |  | | | | M. Initial: |  | | UTEP ID #: | | |  |
| Position: | | | |  | | | | | | | | Phone Number: | | | |  | | |
| UTEP Email Address: | | | |  | | | | | | | | Vivarium Access: | | | | Yes  No | | |
| Role: (check all that apply) | | | | | | | | | | | | | | | | | | |
|  | Anesthesia | | | |  | | Animal Husbandry | |  | | Breeding | | |  | | | Phlebotomy/  injections | |
|  | Observation only | | | |  | | Single non-survival | |  | | Single survival | | |  | | | Multiple minor | |
|  | Single survival followed by non-survival | | | |  | | Surgical monitoring & care | |  | | Multiple minor | | |  | | | Euthanasia/  Tissue procurement | |
|  | Other – specify: | |  | | | | | | | | | | | | | | | |
| Describe person’s experience (with animal models) in the specific procedures they will perform under this protocol: | | | | | | | | | |  | | | | | | | | |
| State who will be supervising and training personnel who are not yet qualified to perform procedures independently | | | | | | | | | |  | | | | | | | | |

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| 1. **STUDY OBJECTIVES** |
| 1. Briefly explain the educational purpose and/or objective of the study.   Do not describe experimental procedures in this section. DO NOT PASTE GRANT ABSTRACT. Avoid technical jargon |
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| 1. Why is the study important to human or animal health, the advancement of knowledge or the benefit of society? Avoid technical jargon |
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| 1. CATEGORIES OF USE:   *Check all that apply to this application and be sure to complete the relevant Appendix. (Appendices can be found on the* [*website*](http://research.utep.edu/Default.aspx?tabid=74595)*)* | |
|  | Breeding (Apprendix B) |
|  | Behavioral/Observational |
|  | Wildlife in Captivity |
|  | Non-Standard Husbandry / Housing |
|  | Hazardous Agents/Non-Pharmaceutical Grade Compounds/Controlled Substances (Appendix C) |
|  | Physical restraint |
|  | Capture and Release |
|  | Non-Survival / Survival Surgery / Multiple survival surgeries (Appendix D) |
|  | Marking / Tagging |
|  | Teaching / Training |
|  | Tissue/Fluid sampling |
|  | Other: Click here to enter text. |

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| 1. **ANIMAL REQUIREMENTS** | | | | | | |
| 1. ANIMAL INFORMATION | | | | | | |
| 1. List each species being used. Include the common name for each species in the appropriate column. Add more rows if needed. | | | | | | |
| **Genus/Species** | | | | **Common name** | | |
|  | | | |  | | |
|  | | | |  | | |
| 1. Sex: | Male  Female  unknown | | | 1. Approximate age or weight: | |  |
| 1. Source of Animals/Location of Study: | | |  | | | |
| 1. ANIMAL NUMBERS & PAIN OR DISTRESS CLASSIFICATION   List species to be used with total number for 3 years and indicate the [USDA pain & distress](http://research.utep.edu/Portals/99/iacuc/docs/IACUC%20Forms/Pain%20and%20Distress%20Classification%20Chart.pdf) category. Species list may include general descriptors, such as “all native mammals” or “all aquatic vertebrates”. ADD ADDITION ROWS IF NEEDED.  **NOTE: Non-target animals** *include any non-study animals directly or indirectly affected by the research. Examples include the potential to live-capture or kill non-target individuals (e.g., loss of offspring due to taking of one or both parents) or disturb/harass other species during the research activity.* | | | | | | |
| **Animal Species (scientific name)** | | **USDA Classification** | | | **Total number for 3 years** | |
|  | |  | | |  | |
|  | |  | | |  | |
| **Non-target Animals (scientific name)** | | **USDA Classification** | | | **Potential number for 3 years** | |
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| 1. **JUSTIFICATION** | | | | |
| 1. RATIONALE FOR ANIMAL USE | | | | |
| 1. Explain your rationale for animal use *(Check all that apply).* | | | | |
|  | The complexity of the processes being studied cannot be duplicated or modeled in simpler systems,e.g., insects. | | | |
|  | There is not enough information about the processes being studied to design *in vitro* or non-living models | | | |
|  | Preclinical studies in living animals are necessary prior to human testing. | | | |
|  | This is a behavioral, learning, or observational study. | | | |
|  | This is a teaching/demonstration activity. | | | |
|  | Other (briefly describe): Click here to enter text. | | | |
| 1. Justify the appropriateness of the species selected (*Check all that apply).* | | | | |
|  | A large database exists for this species, which will allow comparisons with previous data. | | | |
|  | The anatomy, genetics, physiology, or behavior of the species to be used is uniquely suited to the proposed study. | | | |
|  | This is the phylogenetically lowest species that provides adequate size, tissue, or anatomy for the proposed study. | | | |
|  | The results will be directly applicable to the health or care of this species. | | | |
|  | This is a teaching/observational activity. | | | |
|  | Other (briefly describe): Click here to enter text. | | | |
| 1. JUSTIFICATION OF ANIMAL NUMBERS   *The number of animals should be the minimum number required to obtain statistically valid results. When appropriate, statistical calculations should be provided*. | | | | |
| 1. Describe how the number of animals needed for the study was determined (e.g. power analysis), what parameter was used and justify your answer. Indicate the number of experimental groups for the study and number of animals in each group. *Do NOT describe experimental procedures in this section.* | | | | |
|  | | | | |
| Consultation with a Biostatistician: | | If yes, name of Biostatistician: |  | |
| No  Yes | | Date and Time of Meeting: |  | |
| Does this proposed research duplicate any previous work? | | | | No  Yes |
| * 1. If yes, provide justification for the duplication and indicate what procedures and sources were used to determine that this protocol is not unnecessarily duplicative. | | | | |
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| 1. **ALTERNATIVES**   *Specify the methods and sources used to search for duplication and alternatives. All* ***USDA category D and E*** *require a minimum of* ***two*** *database searches.* ***An alternative consideration must be performed for USDA category D or E procedures****. Alternatives include methods that* ***refine*** *existing procedures by minimizing animal pain/distress;* ***reduce*** *the number of animals necessary for an experiment; and* ***replace*** *whole animals with less sentient species, in vitro or other tests.* | | | | |
| 1. Keywords used for search: | | | | |
|  | | | | |
| 1. Date literature search was performed: | |  | Years covered : | to |
| 1. Sources: | | | | |
|  | AGRICOLA Database <<http://agricola.nal.usda.gov/>> | | | |
|  | ATLA (Alternatives to Laboratory Animals) <<http://altweb.jhsph.edu/publications/journals/atla/atla-index.htm>> | | | |
|  | TOXLINE <<http://toxnet.nlm.nih.gov/>> | | | |
|  | BIOSIS <[www.biosis.org/](http://www.biosis.org/)> | | | |
|  | MEDLINE < <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?DB=pubmed>> | | | |
|  | Google Scholar <http://scholar.google.com/> | | | |
|  | Animal Welfare Information Center <<http://riley.nal.usda.gov/nal_display/index.php?info_center=3&tax_level=1&tax_subject=183>> | | | |
|  | Alternatives to Animal Use in Research, Testing and Education (US Congress office of TechnologyAssessment) <<http://govinfo.library.unt.edu/ota/Ota_3/DATA/1986/8601.PDF>> | | | |
|  | [Biological Abstracts](http://libraryweb.utep.edu/) | | | |
|  | Other (please specify): Click here to enter text. | | | |
| 1. **ONLY** for **USDA category D and E** procedures; describe your determination that alternatives were not available, or were available but could not be used. | | | | |
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| DESCRIPTION OF EXPERIMENTAL DESIGN AND ANIMAL PROCEDURES | | | | | | | | | | | | | | | | |
| PROCEDURES: *Check each box that applies to this application and be sure to complete the relevant Appendix. Do not attach appendices that will not be used. (Appendices can be found on the* [*website*](http://research.utep.edu/Default.aspx?tabid=74595)*) Describe all procedures to be carried out on live animals in the following sections. For chronic, as well as acute experiments the length of time the animals will be maintained prior to euthanasia must be estimated. If you are proposing multiple studies, clearly identify each individual study and describe it separately.* | | | | | | | | | | | | | | | | |
|  | | Breeding (Appendix B) | | | | | | | | | | | | | | |
|  | | Hazardous Agents / Non-Pharmaceutical Grade Compounds/Controlled Substances (Appendix C) | | | | | | | | | | | | | | |
|  | | Non-Survival / Survival Surgery / Multiple survival surgeries (Appendix D) | | | | | | | | | | | | | | |
| 1. Where will observational records be kept? Specify building and room number. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. Where will non-surgical manipulations/procedures be performed? Specify building and room number | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. Will animals be captured? | | | | | | | | | | | | No  Yes – answer the following questions | | | | |
| * 1. Describe the capturing method and equipment to be used? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| * 1. What is the monitoring schedule for the traps? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| * 1. Check all that apply for capture of non-target species. | | | | | | | | | | | | | | | | |
|  | | Release | | | | | | | | | | | | | | |
|  | | Tag and Release | | | | | | | | | | | | | | |
|  | | Euthanize as described below – Justify: | | | | | | Click here to enter text. | | | | | | | | |
|  | | Other – Specify & Justify: | | | | | | Click here to enter text. | | | | | | | | |
| 1. Will animals be held in captivity? \**IF YES, ANSWER THE FOLLOWING* ***(a-e)*** | | | | | | | | | | | | | | | | |
|  | | NO | | | | | | | | | | | | | | |
|  | | Yes – more than 12 hours but less than 24 hours\* | | | | | | | | | | | | | | |
|  | | Yes – more than 24 hours but not permanently\* | | | | | | | | | | | | | | |
|  | | Yes – Permanently \* | | | | | | | | | | | | | | |
|  | | Yes – Other\*: | Click here to enter text. | | | | | | | | | | | | | |
| * 1. Justify the duration animals are to be held in captivity. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| * 1. Describe how animals will be transported to and from capture location to facility/processing site? *Include capture and handling techniques and how to minimize animal’s distress during transport.* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| * 1. Explain the measures to be taken to avoid potential transmission of disease from captured animals (live or dead) to researchers/other animals? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| * 1. Describe the housing arrangements/facilities to include but not limited to; cage size/type, environmental controls suitable for species(temperature, humidity, lighting), food and water, acclimatization period, social or solitary housing? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| * 1. Describe health monitoring frequency and parameters for captured animals? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| * 1. If applicable, describe the procedures to release animals back to the wild? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| * 1. **PERMANENT ANIMAL HOUSING ONLY**: Describe duration of quarantine, diagnostic testing and acclimatization to captivity. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. Will animals be physically restrained?   (Refer to [IACUC Policy 022, Physical Restraint of Non-Anesthetized Research Animals](file:///\\orspsrvapp00\Public\IACUC\Institutional%20Policies%20and%20SOP\AALAC\IACUC%20Policies\Approved\IACUC%20Policy%20022%20-%20Physical%20Restraint%20of%20Unanesthetized%20Research%20Animals_21Nov2014.pdf)) | | | | | | | | | | | | | | No  Yes – answer questions **a - f** | | |
| * 1. Will animals be anesthetized? *If yes, complete question 8.* | | | | | | | | | | | | | | No  Yes | | |
| * 1. How long will animals be restrained? | | | | | | | | | | 0-15mins  >15mins (Prolonged restraint) – Answer question **i.** | | | | | | |
| * + 1. Rationale for prolonged restratint: | | | | | | | | | |  | | | | | | |
| * 1. How often will animals be restrained? | | | | | | | | | | Daily  Weekly  Twice a week  Monthly  Other: Click here to enter text. | | | | | | |
| * 1. Describe how animals will be physically restrained? *Include methods to be used, equipment to be used, and observation schedule during confinement.* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| * 1. Describe how animals will adapt to restraint and explain the criteria for removal when animal fails to adapt to restraint? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Will animals be identified? | | | | | | | | | | | No Yes – answer the following questions | | | | | |
| * 1. Select identification methods: *Check all that apply* | | | | | | | | | | | | | | | | |
|  | PIT tags | | | | |  | Ear punch | | | | | |  | | Tattoos/Dye | |
|  | Radiotransmitters | | | | |  | Metal or plastic Bands/Tags | | | | | |  | | Other: Click here to enter text. | |
| * 1. Justify and provide details on identification method & procedures? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 1. Personal Protective Equipment - Indicate the PPE that will be required of researchers conducting all procedures. | | | | | | | | | | | | | | | | |
|  | Gown/Lab coat | | | |  | | Shoe covers | | | | | |  | | Double gloves | |
|  | Head cover | | | |  | | Safety glasses | | | | | |  | | PAPR | |
|  | Sugrical Mask | | | |  | | Single pair of gloves | | | | | |  | | N95 Respirator | |
|  | Face Shield | | | |  | | Specialty/Handling Gloves | | | | | |  | | Other: **Click here to enter text.** | |
|  | Other: **Click here to enter text.** | | | |  | | Other: **Click here to enter text.** | | | | | |  | | Other: **Click here to enter text.** | |
| 1. Will anesthetics, analgesics, anxiolytics, neuromuscular blocking agents, sedatives, or tranquilizers be used? *Provide detail information of administration method, monitoring procedures and duration under appropriate sections throughout the protocol and appendices.* (*Please separate each drug in table by* *coping and adding more rows*) | | | | | | | | | | | | | | | | No  Yes – Complete table |
| **Drug** | | | | **Dose** | | | | | **Route** | | | | | | | **Use for:**  Check all that apply |
|  | | | |  | | | | | IP  SQ  IM  ID  Inhalation  Other: Click here to enter text. | | | | | | | Non Survival Surgery  Survival Surgery  Euthanasia  Non-Surgical |
| 1. Briefly explain the experimental design and specify all animal procedures (**non-surgical**, injections, gavage, etc…) that have **NOT** been covered in any of the ***previous section(s) or in an Appendix***. This description should include & define animal groups, group sizes, how each group will be tested or used, and the experimental course of an animal from its entry into the experiment to the endpoint of the study. If you are proposing multiple studies, clearly identify each individual study and describe it separately. | | | | | | | | | | | | | | | | |
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| 1. **DISPOSITION OF ANIMALS** | | | | | | | |
| 1. HUMANE ENDPOINTS   *Extreme moribund or death should not be used as an endpoint. (*Refer to IACUC [Policy 003 – Humane Endpoints](http://research.utep.edu/Portals/99/iacuc/docs/IACUC%20Policies/IACUC%20Policy%20003%20-%20Humane%20Endpoints_26Sep2014.pdf) & IACUC [Policy 012 – Scoring & Endpoints in Tumor Studies in Rats & Mice](http://research.utep.edu/Portals/99/iacuc/docs/IACUC%20Policies/IACUC%20Policy%20012%20-%20Scoring%20%20Endpoints%20in%20Tumor%20Studies%20in%20Rats%20and%20Mice%2011Dec2014.pdf)): | | | | | | | |
| 1. Indicate all expected humane endpoints to include animals used in study and non-targeted species. | | | | | | | |
|  | | Inactivity, hunched posture | | | | | |
|  | | Loss of 20% of body weight from baseline weight | | | | | |
|  | | Respiratory distress | | | | | |
|  | | Intractable diarrhea | | | | | |
|  | | Jaundice and/or anemia | | | | | |
|  | | Any condition interfering with eating, drinking, defecation, micturition or ambulation | | | | | |
|  | | A tumor burden greater than 10% of the body weight | | | | | |
|  | | Other – Describe and Justify: | | Click here to enter text. | | | |
| 1. Describe the action(s) to be taken when endpoints are reached and/or in case of animal illness. | | | | | | | |
|  | | Contact PI or lab contact (contact information must be provided to LARC staff) | | | | | |
|  | | Euthanize as described below | | | | | |
|  | | Initiate treatment, describe: | | Click here to enter text. | | | |
|  | | Other, describe: | | Click here to enter text. | | | |
| 1. Describe the disposition of the animal at the completion of study/procedures? (Check all that apply): | | | | | | | |
|  | | Euthanize | | | | | |
|  | | Return to the wild | | | | | |
|  | | Transfer to an approved protocol at UTEP | | | | | |
|  | | Transfer to another institution (include contact and transportation method): | | | Click here to enter text. | | |
|  | | Other - Describe: | | | Click here to enter text. | | |
| EUTHANASIA*Indicate the proposed method of euthanasia for all animals (targeted and non-targeted) described on this protocol. Even if you do not intend to end animals’ lives at any point in your project, a method of euthanasia must be listed in cases of emergency except in instances where permits or statutes prohibit the killing of individuals of the species involved. If euthanasia or humane killing is prohibited by law or by permit conditions, provide supporting documentation. If the method(s) of euthanasia include those not recommended or recommended with conditions by the* [*AVMA Guidelines for the Euthanasia of Animals*](https://www.avma.org/KB/Policies/Documents/euthanasia.pdf) *(e.g., decapitation or cervical dislocation without anesthesia), provide scientific justification for why such methods must be used and provide reference.* (Refer to IACUC [Policy 008 Euthanasia Procedures](http://research.utep.edu/Portals/99/iacuc/docs/IACUC%20Policies/IACUC%20Policy%20008%20-%20Euthanasia%20Procedures_21Nov2014.pdf))Select from the drop down list and include all appropriate information. Include justification for indicated items under methods column. *Other methods not listed in drop down list must be described.* | | | | | | | |
| **Procedure** | | | **Agent** | | | **Method/Justify if applicable**  (Induction chamber, open drop method, guillotine, IP injection etc.) | **Dose or Tricaine Concentration** |
| Choose an item. | | |  | | |  |  |
| Choose an item. | | |  | | |  |  |
| * + - 1. A secondary method of euthanasia is required to verify death (check all that apply): | | | | | | | |
|  | Bilateral thoracotomy | | | | | | |
|  | Perfusions for tissue collection | | | | | | |
|  | Decapitation | | | | | | |
|  | Pithing | | | | | | |
|  | Other, describe: **Click here to enter text.** | | | | | | |
| * + - 1. *IF APPLICABLE* - Describe the equipment maintenance program to ensure the sharpness of blades or other instruments: | | | | | | | |
|  | | | | | | | |

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| 1. **ASSURANCES CONFLICT OF INTEREST**   Refer to [Conflict of Interest in Research Policy](http://admin.utep.edu/LinkClick.aspx?link=docs%2fDisclosure+of+Significant+Financial+Interest.pdf&tabid=71896&mid=163593). If you answer yes to any of the questions below, a current Disclosure of Financial Interests must be filed with the Conflict of Interest office. Please contact the [COI office](file:///\\orspsrvapp00\Public\IACUC\Protocols\Forms\UPDATE%20FORMS%20AND%20REFERENCES\New%20Protocol\complianceoffice.utep.edu) for more information. | |
| 1. Do you or any individual listed have an economic interest in, or act as an officer or director of any outside entity whose financial interests may affect this research? | No  Yes |
| 1. Do you or any individual listed have existing financial holdings or relationships with the funding agency or sponsor of this study? | No  Yes |

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| 1. **PRINCIPAL INVESTIGATOR CERTIFICATIONS** |
| **By submitting this proposal electronically I certify and agree to the following:**   1. I certify that I am responsible for the welfare of the animal(s), conduct of research, and ethical performance of the project. ***The ultimate responsibility for the well-being of the animals used in this project is mine.*** 2. I certify that I am familiar with and will ensure all individuals listed will comply with all pertinent institutional, state, and federal rules and policies. 3. I certify that I have determined that the research proposed herein is not unnecessarily duplicative of previously reported research. 4. I certify that all individuals working on this proposal are enrolled in the Institution's Occupational Health and Safety Program. 5. I certify that for procedure classified as USDA D and E**,** I have reviewed the pertinent scientific literature and the sources and/or databases as noted and have found no valid alternatives which may cause more than slight or momentary pain or distress, whether it is relieved or not. 6. I certify that I will notify the IACUC regarding any unexpected study results that impact the animal’s welfare promptly. Any unanticipated pain or distress, morbidity or mortality will be reported to the attending veterinarian and the IACUC. 7. I certify that I will notify the IACUC of any changes in objectives of the study prior to being implemented. 8. I certify that I understand an Annual Progress Report must be submitted for proposals using USDA covered species to the IACUC to continue performing all activities described in the proposed protocol. 9. I certify that I understand the approval of this protocol will be no more than three years and that a renewal application must be submitted prior to the expiration date for IACUC review and approval. If approval of the renewal is not granted before the protocol expires, I will cease all animal use activities on this protocol and will follow the [IACUC Policy 021 Animals Remaining on an Expired Protocol](http://research.utep.edu/Portals/99/iacuc/docs/IACUC%20Policies/IACUC%20Policy%20021%20-%20Animals%20Remaining%20on%20an%20Expired%20Protocol%2014Jan2015.pdf). 10. I certify that the information provided in this protocol reflects the information in the specified grant application(s).   I certify that all photography (video or still) of animal facilities, animal activities and animals used for research or teaching purposes in the respective animal protocol will be carefully considered for possible interpertations and uses taken for documentation or publication. |