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
* To complete application for Field Studies visit our [website](http://research.utep.edu/Default.aspx?tabid=74595) (<http://research.utep.edu/Default.aspx?tabid=74595>)
* PLEASE TYPE AND SUBMIT PROPOSAL VIA IRBNET

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PROJECT INFORMATION | | | | | | | | | | | | | | |
| ADMINISTRATIVE DATA | | | | | | | | | | | | | | |
| Principal Investigator: | |  | | | | | | | | Lab/Office Phone: | | | |  |
| Lab Room Number: | | | |  |
| Department: | |  | | | | | | | | Email Address: | | | |  |
| 1. SUBMISSION TYPE | | | | | | | | | | | | | | |
|  | Initial Submission | | | |  | Triennial Renewal | | | | | |  | Modification/Amendment | |
| Project Title: | | |  | | | | | | | | | | | |
| Funding Source:  **Attach VAS or similar on IRBNet** | | |  | 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. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. PERSONNEL   List 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/Default.aspx?tabid=59827)requirements. **Personnel with no experience must be trained and supervised by PI or experienced staff.** Indicate the role(s) for each individual.  Surgical definitions   * Non-survival surgery = a surgical procedure will be performed, and the animals will be euthanized without recovery from anesthesia * Survival surgery = a surgical procedure will be performed, and the animals will recover from anesthesia   + Examples from the [*Guide*](https://grants.nih.gov/grants/olaw/Guide-for-the-Care-and-Use-of-Laboratory-Animals.pdf)     - Major survival surgery (e.g., laparotomy, thoracotomy, joint replacement, and limb amputation) penetrates and exposes a body cavity, produces substantial impairment of physical or physiologic functions, or involves extensive tissue dissection or transection (Brown et al. 1993).     - Minor survival surgery does not expose a body cavity and causes little or no physical impairment; this category includes wound suturing, peripheral vessel cannulation, percutaneous biopsy | | | | | | | | | | | | | | | | | | | | |
| Name and Position  (E.g., John Smith, Graduate Student) | UTEP ID | UTEP email & Phone # | Experience with species & procedures | | | | VIVARIUM ACCESS | | | | | | ACTIVITIES INVOLVED WITH | | | | | | | |
| No Experience | 6mos – 3 yrs. | 4-10yrs. | >10 yrs. | NO ACCESS | Bioscience | Psychology | Biology | Aquarium | Reptile Room | ANESTHESIA | NON-INVASIVE ACTIVITY | BREEDING | EUTHANASIA | NON-SURVIVAL SURGERY | SURGICAL MOINTOR & CARE | SURVIVAL SURGERY | NO ANIMAL CONTACT |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| 1. **STUDY OBJECTIVES** | |
| 1. Briefly explain the educational purpose in **laymen terms** (non-scientific and non-techinical languageso that it can be understood by someone with no scientific background). *Do not describe experimental procedures in this section. DO NOT PASTE GRANT ABSTRACT.* ***Avoid technical jargon.*** | |
|  | |
| 1. Describe how the study is important to human or animal health, the advancement of knowledge or the benefit of society in **laymen terms** (non-scientific and non-techinical language so that it can be understood by someone with no scientific background). *Do not describe experimental procedures in this section. DO NOT PASTE GRANT ABSTRACT.* ***Avoid technical jargon****.* | |
|  | |
| 1. CATEGORIES OF USE:   *Check each box that applies 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)*)* | |
|  | Antibody or Ascites Production (Appendix A) |
|  | Breeding (Appendix B) |
|  | Behavioral/Developmental/Nutritional |
|  | Holding |
|  | Non-Standard Husbandry/Housing |
|  | Biological Agents/Radioactive/ Chemical Agents/ Carcinogenic / Toxicological (Appendix C) |
|  | Photography or Video Recording |
|  | Prolonged Physical restraint |
|  | Non-Survival Surgery / Survival Surgery / Multiple survival surgeries (Appendix D) |
|  | Teaching / Training |
|  | Tissue procurement after euthanasia |
|  | Transgenic Animals |
|  | Other: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **ANIMAL REQUIREMENTS** | | | | | | | | | | | | | | | | | | |
| 1. ANIMAL INFORMATION | | | | | | | | | | | | | | | | | | |
| 1. Species: *[e.g., Mus musculus]* | | | | | | | |  | | | | | | | | | | |
| 1. Common name: *[ e.g., white laboratory mouse*] | | | | | | | |  | | | | | | | | | | |
| 1. Sex: | | Male  Female | | | | | 1. Age or weight range for all animals to be used: | | | | | | | |  | | | |
| 1. Will transgenic/knockout animals be **created** at UTEP? | | | | | | | | | | | | | | | | | | |
|  | No - **Proceed to 6)** | | | | | | | | | | | | | | | | | |
|  | Yes – answer the following (a & b) | | | | | | | | | | | | | | | | | |
| * 1. What is the DNA/gene to be introduced or disrupted? | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| * 1. Describe the manner in which it will be introduced into animals | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Indicate any known health issues associated with strains and/or transgenic animals: | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Source(s): Check all that apply | | | | | | | | | | | | | | | | | | |
|  | Animals will be bred in-house | | | | | | Fill out [Appendix B - Breeding](http://research.utep.edu/Default.aspx?tabid=74595) | | | | | | | | | | | |
|  | Order from a vendor or breeder Provide name: | | | | | |  | | | | | | | | | | | |
|  | Transferred in from another institution. List institution and primary contact: | | | | | |  | | | | | | | | | | | |
|  | Other | | | | | |  | | | | | | | | | | | |
| 1. HOUSING | | | | | | | | | | | | | | | | | | |
| 1. Microbiological status:*(e.g. specific pathogen free[SPF], conventional)* | | | | | | | | | | | | | | | | | | |
|  | SPF | |  | Conventional | | | | |  | | BSL 2 | | | | |  | BSL 3 | |
|  | Other - Explain: | | | | | | | | | | | | | | | | | |
| 1. Primary housing location(s): *[Attending Veterinarian and/or Facility Manager must certify that facility has the resource capability to support the study.* ***If animals will be housed in lab or anywhere else outside the central facility vivarium for more than 24 hours (12 hours for USDA-regulated species****),* ***provide justification****.]* | | | | | | | | | | | | | | | | | | |
|  | Bioscience | | | |  | Psychology | | | | | |  | | Biology | | | | |
|  | Outside Housing – Specify building with room # and justify: | | | | | | | | | | | | | | | | | |
| 1. Will standard husbandry/housing procedures be followed? **If single housing for social animals is required, check no and provide justification in description**. Contact the LARC department to verify standards ([larc@utep.edu](mailto:larc@utep.edu)). | | | | | | | | | | | | | | | | | | |
|  | Yes - All standard husbandry and housing procedures outlined by LARC staff will be followed. | | | | | | | | | | | | | | | | | |
|  | No - Non-standard procedures as described will be followed. Describe: | | | | | | | | | | | | | | | | | |
| 1. PAIN OR DISTRESS CLASSIFICATION  * List all strains to be used in the study and the number of animals to be used for 3 years under the appropriate USDA category. * For an animal undergoing multiple procedures, list the animal under the highest level of pain expected. * List breeders under category C. * Clearly identify the number of preweaning pups to be used for experimental procedures (not including genotyping) and list in chart. * **NOTE:** For renewal protocols, animals remaining on the expiring protocol and to be transferred to this new protocol must be included in animal numbers. Animals will be transferred upon activation of the new protocol. * *ADD ADDITION ROWS IF NEEDED.* | | | | | | | | | | | | | | | | | | |
| **Strain:**  **e.g., B6.129-hDTRtg**  ***Mouse or Wild type is unacceptable*** | | | | | | | **Number of animals per USDA Category for 3 years**  [*Examples*](http://research.utep.edu/Portals/99/iacuc/docs/IACUC%20Forms/Pain%20and%20Distress%20Classification%20Chart.pdf) | | | | | | | | | | | **Total # of animals** |
| **C** | | | **D** | | | **E** | | | | |
|  | | | | | | |  | | |  | | |  | | | | |  |
|  | | | | | | |  | | |  | | |  | | | | |  |
|  | | | | | | |  | | |  | | |  | | | | |  |
| **Grand Total:** | | | | | | | | | | | | | | | | | |  |

|  |  |
| --- | --- |
| 1. **JUSTIFICATION** | |
| 1. JUSTIFICATION OF ANIMAL NUMBERS | |
| 1. Indicate how the requested animal numbers were deterimed (select all that apply) and provide justification for each. *Do NOT describe detailed procedures in this section.* ***The number of animals should be the minimum number required to obtain statistically valid results.*** *When appropriate, statistical calculations should be provided*. | |
|  | Statistical Analysis: Expand on what parameters were used: |
|  | Pilot Study: Explain reason for pilot study and justify on how numbers were determined: |
|  | Tissue/Cell: Expand on why the requested animal numbers are needed to provide the appropriate amount  of tissue/cells: |
|  | Training: Describe how the number of animals was determined for technical training or practice for trainees: |
|  | Other (Describe & Justify): |
| 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 developmental study. |
|  | This is a teaching/demonstration activity. |
|  | Other (briefly describe): |
| 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/demonstration activity. |
|  | Other (briefly describe): |

|  |  |  |
| --- | --- | --- |
| 1. **ALTERNATIVES**   *Specify the methods and sources used to search for duplication and alternatives. A minimum of* ***two*** *database searches are required.* ***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 and years covered used for search: | | |
|  | | |
| 1. Date literature search was performed: | |  |
| 1. Years covered by search:   *19XX to present is not acceptable* | | to |
| 1. Sources: | | |
|  | AGRICOLA Data base <http://agricola.nal.usda.gov/> | |
|  | ATLA (Alternatives to Laboratory Animals) < <http://www.atla.org.uk/>> | |
|  | 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 <https://www.nal.usda.gov/awic/databases> | |
|  | Alternatives to Animal Use in Research, Testing and Education (US Congress office of Technology  Assessment) <<http://govinfo.library.unt.edu/ota/Ota_3/DATA/1986/8601.PDF>> | |
|  | UTEP Library [Biological Abstracts](http://libraryweb.utep.edu/) | |
|  | Other (please specify): | |

|  |  |  |
| --- | --- | --- |
| 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. | | |
|  | | |

|  |
| --- |
| 1. **ONLY** for **USDA category D and E** **procedures**; describe your determination to perform the proposed procedures and that alternatives were not available, or were available but could not be used. |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 do not apply. (Appendices can be found on the* [*website*](http://research.utep.edu/Default.aspx?tabid=74595)*)* | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Antibody/Ascites Production (Appendix A) | | | | | | | | | | | | | | | | | | | | |
|  | | | Breeding (Appendix B) | | | | | | | | | | | | | | | | | | | | |
|  | | | Biological Agents/Radioactive/ Chemical Agents/ Carcinogenic / Toxicological (Appendix C) | | | | | | | | | | | | | | | | | | | | |
|  | | | Non-Survival Surgery / Survival Surgery / Multiple survival surgeries (Appendix D) | | | | | | | | | | | | | | | | | | | | |
| 1. Experimental Design | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Describe experimental design. This description should include;  * Each experimental group and their size (n/group) (DO NOT include justification for animal numbers as this is requested in a different section). * A timeline of procedures. Include the time which an animal enters the experiment and when it is euthanized. **Flow charts, diagrams or tables are strongly recommended for complicated experimental designs.** * If you are proposing multiple studies, clearly identify each individual study and describe it separately. * DO NOT provide details of procedures (e.g., volume of blood/drugs, or incision site of surgery) as this information will be requested in a different section. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 1. NON-SURGICAL PROCEDURES | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Where will observational records be kept? Specify building and room number. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Will non-surgical procedures/manipulations be performed **in** the animal facility? | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Yes - Non-surgical procedure/manipulations will be performed in the vivarium. | | | | | | | | | | | | | | | | | | | | |
|  | | | No – Non-surgical procedures/manipulations will be performed **OUTSIDE** the vivarium. Specify building with room and list the procedure (title). DO NOT DESCRIBE PROCEDURE DETAILS. : | | | | | | | | | | | | | | | | | | | | |
| 1. Will photographs or video recordings of animals/procedures under this study be taken? ([IACUC Policy 018, Photography, Videography and Audiotaping of Animals, Animal Use or Animal Facilities](https://research.utep.edu/Portals/99/iacuc/docs/IACUC%20Policies/IACUC%20Policy%20018%20-%20Photography_%20Videography%20and%20Audiotaping%20of%20Animals_%20Animal%20Use%20or%20Animal%20Facilities_VB%2024March2016.pdf)) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | No | | | | | | | | | | | | | | | | | | | |
|  | | | | Yes – Answer the following (a-c) | | | | | | | | | | | | | | | | | | | |
| * 1. Will equipment come into contact with the animal(s)? | | | | | | | | | | | | | | |  | | | No | | | | | |
|  | | | Yes – Explain: | | | | | |
| * 1. Will the animals light cycle be disrupted? | | | | | | | | | | | | | | |  | | | No | | | | | |
|  | | | Yes – Explain: | | | | | |
| * 1. Describe storage and security of data? | | | | | | | | | | | | | | |  | | | | | | | | |
| 1. Will animals be physically restrained **without** **anesthesia** for **more than 15 mins** (prolonged restraint)?   (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 – **proceed to 5**) | | | | | | | | | | | | | | | | | | | |
|  | | | | Yes – answer the following (a-e) | | | | | | | | | | | | | | | | | | | |
| 1. How long will animals be restrained? | | | | | | | | | | | | | |  | | | | 15 – 30mins | | | | | |
|  | | | | 30 – 60mins | | | | | |
|  | | | | 60 – 120mins | | | | | |
|  | | | | Other: | | | | | |
| 1. How often will animals be restrained? | | | | | | | | | | | | | |  | | | | Daily | | | | | |
|  | | | | Once or Twice a Week | | | | | |
|  | | | | Once or Twice a Month | | | | | |
|  | | | | Other: | | | | | |
| 1. Rationale for prolonged restraint: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Method of restraint. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 1. How will animals adapt to restraint and explain the criteria for removal when animal fails to adapt to restraint? | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Will tail biopsies(snips) be performed? (Refer to [UTEP IACUC Policy 002: Tail Biopsy of Mice and Rats](http://research.utep.edu/Portals/99/iacuc/docs/IACUC%20Policies/IACUC_Policy_002_-_Tail_Biopsy_of_mice_and_rats_24Oct2014.pdf)) | | | | | | | | | | | | | | | | | | | | | | | |
|  | No – proceed to 6) | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes – answer the following (a-e) | | | | | | | | | | | | | | | | | | | | | | |
| 1. Justify why tail biopsies(snips) need to be performed. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Genotyping | | | | | | | | | | | | | | | | | | | |
|  | | | | Blood collection - Frequency:       , final volume per bleed: | | | | | | | | | | | | | | | | | | | |
|  | | | | Other: | | | | | | | | | | | | | | | | | | | |
| 1. Age of the animals at the time of tail snips | | | | | | | | | | | | |  | | | | **≤** 16 days old | | | | | | |
|  | | | | **≥** 17 days old | | | | | | |
| 1. Will analgesic/anesthetic be provided? | | | | | | | | | | | | |  | | | | Yes – *List drugs in table below (8).* | | | | | | |
|  | | | | No – *Justify:* | | | | | | |
| 1. Maximum length of tail to be snip. | | | | | | | | | | | | |  | | | | **≤** 2 mm | | | | | | |
|  | | | | **>** 2 mm - **≤** 5 mm | | | | | | |
|  | | | | **>** 5 mm - *Justify****:*** | | | | | | |
| 1. Will more than one biopsy be done? | | | | | | | | | | | | |  | | | | No | | | | | | |
|  | | | | Yes – *Justify:* | | | | | | |
| 1. Will blood, body fluids and/or tissues be collected from **live** animals? *Excluding* *tail biopsies* | | | | | | | | | | | | | | | | | | | | | | | |
|  | | No – proceed to 7) | | | | | | | | | | | | | | | | | | | | | |
|  | | Yes – Complete table, *Add more rows if needed* | | | | | | | | | | | | | | | | | | | | | |
| Fluid or tissue collected | | | | | Volume, if applicable | Frequency | | | | | Method of collection | | | | | | | | | | | | Will Anesthetics or Sedatives be usedYes – Proceed to 7)No - Justify below (a) |
|  | | | | |  |  | | | | |  | | | | | | | | | | | |  |
|  | | | | |  |  | | | | |  | | | | | | | | | | | |  |
| 1. **Justify** for withholding anesthetics/sedatives: | | | | | | | | | | | |  | | | | | | | | | | | |
| 1. Personal Protective Equipment - Indicate the PPE that will be required of researchers **conducting non-surgical procedures**. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Gown/Lab coat | | | |  | | Shoe covers | | | | | | | | | |  | | Double gloves | | |
|  | | | Head cover | | | |  | | Safety glasses | | | | | | | | | |  | | PAPR | | |
|  | | | Surgical Mask | | | |  | | Single pair of gloves | | | | | | | | | |  | | N95 Respirator | | |
|  | | | Other: | | | | | | | | | | | | | | | | | | | | |
| 1. Will anesthetics, analgesics, tranquilizers or vehicles be used for **non-surgical procedures**?   Please refer to LARC SOPs [D-5(Mice)](https://research.utep.edu/Portals/99/iacuc/docs/IACUC%20Forms/D-5_Mouse%20Anesthetic_%20Analgesic%20and%20Tranquilizing%20Drugs%2009.09.16.pdf) & [D-6(Rat)](https://research.utep.edu/Portals/99/iacuc/docs/IACUC%20Forms/D-6_Rat%20Anesthetic_%20Analgesic%20and%20Tranquilizing%20Drugs%2009.09.16.pdf)  for guidance with appropriate use of anesthetic, analgesic or tranquilizing (AATs) drugs. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | No – **proceed to 9)** | | | | | | | | | | | | | | | | | | | | |
|  | | | Yes – Complete table (*Please separate each drug in table by* *adding more rows*) | | | | | | | | | | | | | | | | | | | | |
| Drug | | | | | | | | Route | | Frequency | | | | | | Dose(mg/kg) | | | | Final max volume(mL) | | Pharmaceutical Grade  (Yes, No**\*** or N/A) | |
|  | | | | | | | |  | |  | | | | | |  | | | |  | |  | |
|  | | | | | | | |  | |  | | | | | |  | | | |  | |  | |

|  |
| --- |
| **\*Non-Pharmaceutical Grade Compounds ONLY**   1. Justify why compounds will be used and why the available equivalent pharmaceutical grade compound cannot be used? |
|  |
| **\*Non-Pharmaceutical Grade Compounds ONLY**   1. Describe the preparation, approximate pH, storage and stability, shelf life, sterility & pyrogenicity of each compound. |
|  |

|  |  |
| --- | --- |
| 1. Will neuromuscular blocking agents be used during anesthesia for **non-surgical procedures**? | |
|  | No |
|  | Yes – List agent, justify use and provide criteria to monitor anesthetic depth: |
| 1. Describe the **non-surgical procedures/manipulations** *(e.g. injections, behavioral testing, weighing of animals, identification methods)* that have **NOT** been covered in any of the ***previous section(s) or in an Appendix***. *DO NOT describe surgical procedures in this section.* *For chronic, as well as acute experiments the estimated length of time the animals will be maintained prior to euthanasia must be indentified.* | |
|  | |
| 1. Do you anticipate any animal health complications/symptoms resulting from the proposed **non-surgical** procedures/manipulations? *DO NOT list humane endpoints here. E.g. Animals may experience diarrhea with food diet, fluid support will be provided and humane endpoint of loss than 20% of body weight will be followed to ensure pain/distress is relieved.* | |
|  | No |
|  | Yes – Explain : |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **ENDPOINTS AND DISPOSTION OF ANIMALS** | | | | | | | |
| 1. EXPERIMENTAL & HUMANE ENDPOINTS   *Extreme moribund or death should not be used as an endpoint unless scientifically justified. (*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. Check **all experimental and humane endpoints** for each study.   Definitions from the *Guide* ([*Guide, pg. 27*](https://grants.nih.gov/grants/olaw/Guide-for-the-Care-and-Use-of-Laboratory-Animals.pdf#page=53)*).*   * The experimental endpoint of a study occurs when the scientific aims and objectives have been reached. * The humane endpoint is the point at which pain or distress in an experimental animal is prevented, terminated, or relieved. | | | | | | | |
|  | | 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 : | | | | | |
| 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 for each endpoint: | | | | | |
|  | | Other, describe: | | | | | |
| 1. Describe the disposition of the animal at the completion of study/procedures? (Check all that apply): | | | | | | | |
|  | | Euthanize | | | | | |
|  | | Transfer to an approved protocol at UTEP. Justify: | | | | | |
|  | | Transfer to another institution. Justify (include contact and describe transportation method): | | | | | |
|  | | Other, describe: | | | | | |
| EUTHANASIA*Indicate the proposed method of euthanasia for all animals described on this protocol. Include methods for experimental and non-experimental animals. 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.* (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)) (COPY & ADD ROWS IF NEEDED) | | | | | | | |
| **Describe Method**  **Provide justification for methods not recommended by the AVMA** | | | **Agent** | | **Route** | **Dose (mg/kg)** | **Maximum Volume (mL)** |
|  | | |  | |  |  |  |
|  | | |  | |  |  |  |
| * + - 1. Building and room where euthanasia will occur: | | | |  | | | |
| * + - 1. A secondary method of euthanasia is required to verify death (check all that apply): | | | | | | | |
|  | Bilateral thoracotomy | | | | | | |
|  | Perfusions for tissue collection | | | | | | |
|  | Decapitation | | | | | | |
|  | Pithing | | | | | | |
|  | Other or not applicable, describe: | | | | | | |
| * + - 1. *IF APPLICABLE* - Describe the equipment maintenance program/log to ensure the sharpness of blades/scissors/guillotines used for decapitations **without** anesthesia: | | | | | | | |
|  | | | | | | | |

|  |  |
| --- | --- |
| 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 |

|  |
| --- |
| 1. **PRINCIPAL INVESTIGATOR CERTIFICATIONS**   **Read the statements and check below if you are in agreement.** |

|  |  |
| --- | --- |
| 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 are enrolled in the Institution's Occupational Health and Safety Program and 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 or have provided appropriate justification and references for the duplication. 4. I certify that all personnel who are listed will be properly trained and supervised by myself or an experienced individual for such procedures. 5. I certify that for procedure(s) 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). 11. 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 interpretations and uses taken for documentation or publication. | |
|  | **I agree with the above statements** |