**ANIMAL PROTOCOL REVIEW FORM**

Institutional Animal Care and Use Committee

Ross University

School of Veterinary Medicine

**ANY USE OF VERTEBRATE ANIMALS MUST BE REVIEWED AND APPROVED BY THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE BEFORE ANY ANIMAL USE INITIATED**

Please reach out to the IACUC administrator to assist you with form completion.

**COMPLETION OF FORM:**

The Institutional Animal Care and Use Committee (IACUC) **MUST HAVE** enough information to evaluate what is going to happen to the animals from start to finish, i.e., a complete description of all animal uses (e.g., acquisition, housing, observations and manipulations). If more than one species is involved, completion of separate forms is recommended. **Some information is required for all relevant questions; "see attached" is not sufficient.** Everyone must fill out pages 2-9 and any appendix forms that refer to their specific protocol. If your protocol cannot be completely explained by answers to this form and the appendix forms, please append a narrative description. Incomplete forms will be returned and approval consideration will be delayed. **For further instructions, see the Animal Protocol Review Form Instructions**.

**CONSULTATION:**

The IACUC members and Attending Veterinarian are available for consultation to help you complete these forms. Such consultation is REQUIRED if animals will be subjected to more than momentary pain or distress. The IACUC strongly recommends that you contact the Manager of Animal Resources to discuss future plans of procurement and housing of animals before completing this application. **IACUC approval does not guarantee availability of animal resources or housing.**

**SUBMISSION:**

Submit an electronic copy of the completed form and secondary forms to the IACUC Administrator (broman@rossvet.edu.kn). The IACUC Administrator will aid in the submission process and administratively review the application for completeness before sharing with the committee.

**POST-APPROVAL:**

The protocol will be reviewed on an annual basis for two years. At the end of the third approval year, the protocol will expire and will have to be resubmitted for IACUC approval. Any changes in methods, number of animals or personnel must be approved by IACUC prior to implementation. Minor changes can be submitted via an amendment to IACUC. More extensive changes (e.g., increase in animal numbers) might require resubmission of this form. After the protocol is approved, an approval letter containing a unique IACUC protocol number will be sent to you. Please keep both the approval letter and approved IACUC protocol readily available at the site of animal use.

**EVERYONE WHO USES ANIMALS SHOULD BE FAMILIAR WITH THE NIH GUIDE FOR THE CARE AND USE OF LABORATORY ANIMALS, PHS POLICY ON HUMANE CARE AND USE OF LABORATORY ANIMALS, AND THE FEDERAL ANIMAL WELFARE ACT. THESE DOCUMENTS ARE ACCESSIBLE ON THE IACUC WEB SITE PORTAL PAGE.**

1. **GENERAL INFORMATION:**
2. Principal Investigator (PI)

|  |  |
| --- | --- |
| Last Name:  | First Name:  |
| Academic Title:  | Office Phone:  |
| Department/Section:  | Emergency Phone:  |
| E-Mail:  |

1. [ ]  Secondary Contact Person [ ]  Co-PI (Please use [x]  to copy and paste when needed.)

|  |  |
| --- | --- |
| Last Name:  | First Name:  |
| Academic Title:  | Office Phone:  |
| Department/Section:  | Emergency Phone:  |
| E-Mail:  |

1. General Protocol Information

|  |
| --- |
| Protocol Title:  |
| Type of Protocol: [ ]  New [ ]  Continuation  If a continuation of a previous protocol, previous protocol #: Type of Project: [ ]  Research [ ]  TeachingIf applicable: [ ]  Pilot(Please use [x]  to copy and paste when necessary in the check boxes.) |
| **IACUC Office Use Only**IACUC Approved Protocol #: Approval Date: Expiration Date:  |

1. Necessary Approvals

|  |
| --- |
| Animal Resources has been contacted to ensure that animals and animal housing are available during the period of requested animal use.[ ]  Yes [ ]  No [ ]  N/A  |
| The Attending Veterinarian has been consulted involving the use of animals used in cases in which there is more than momentary pain or distress. [ ]  Yes [ ]  No [ ]  N/A  |
| The Environmental Health Manager has reviewed and approved the health and safety aspects of this application:[ ]  Yes [ ]  No [ ]  N/A (Regardless, this application will be sent to the EHS Manager for approval before final IACUC approval) |
| IRB Approval has been received for research involving human subjects:[ ]  Yes [ ]  No [ ]  N/A Definition: Research in which the PI obtains either data through interaction with an individual or identifiable private information |
| Scientific Review of this application has been performed by:[ ]  The Scientific Advisory Board (SAB)[ ]  An Outside Scientific Consultant[ ]  External Scientific Review has not been performed |
| Will animal use occur outside of the Federation of St. Kitts and Nevis, inclusive of territorial waters? [ ]  Yes [ ]  No If “Yes”, have you sought out and received all necessary foreign permits and approvals to allow for the animal use? [ ]  Yes [ ]  No Please submit all foreign animal use approvals with this application.  |
| A Department Head has reviewed this teaching application: [ ]  Yes [ ]  No [ ]  N/A (Only for research. All teaching applications must have been reviewed by a Department Head prior to submission to the IACUC.)Department Head:Date of Review: |
| A Center Director has reviewed this research application: [ ]  Yes [ ]  No [ ]  N/A (Only for teaching. All research applications must have been reviewed by a Center Director prior to submission to the IACUC.)Center Director:Date of Review: |
| Project/grant title: Grant number:  |
| [ ]  Intramural [ ]  Extramural[ ]  N/A  | Grant Source: |

1. Animal Information

Please provide the number of individual animals requested over the 3 year protocol.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Species/Strain/Special requirements | Use Classification1 | Number of individual animals requested  | Number of uses per animal | Source |
|  | [ ] B [ ] C [ ] D [ ] E |  |  |  |
|  | [ ] B [ ] C [ ] D [ ] E |  |  |  |
|  | [ ] B [ ] C [ ] D [ ] E |  |  |  |
|  | [ ] B [ ] C [ ] D [ ] E |  |  |  |
|  | [ ] B [ ] C [ ] D [ ] E |  |  |  |
| Are the Animals transferred from another protocol: [ ]  Y [ ]  N [ ]  N/AProtocol number(s) that animals will be transferred from:  |

1. Use classification: See below

**Category B animals** are those that are being "bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes." These animals have not been used for any research procedure, however minor. Category B is the place to put breeders and other animals that are not undergoing any experimental procedures.

**Category C animals** are not subjected to procedures that involve pain or distress or would require the use of pain-relieving drugs. Routine procedures such as injections and blood sampling from veins that produce only mild, transient pain or discomfort are reported in this category. Another example of category C procedures is an observational study of animal behavior. Animals that are euthanized **before** tissue collection or other manipulations are also commonly placed in this category, if no other procedures performed that put them in a higher pain/distress category.

**Category D animals** are those subjected to potentially painful procedures for which anesthetics, analgesics, or tranquilizers will be used. The important concept is that animals are given appropriate anesthesia and/or pain relief to limit their pain and distress as much as possible.

Examples of category D procedures are:

• Surgery conducted with appropriate anesthesia and postoperative analgesia;

• Rodent retro-orbital eye bleeding performed under anesthesia;

• Primate tattooing performed for identification under anesthesia;

• Removal of a small tumor under local or general anesthesia, and use of analgesia after an animal's skin is exposed to ultraviolet light to cause a "sunburn"; and

• Terminal exsanguination (euthanasia by removal of blood) under anesthesia

**Category E animals** are those that are subjected to painful or stressful procedures without the use of anesthetics, analgesics, or tranquilizers. Withholding of anesthetics, analgesics, or tranquilizers can only be allowed if it is scientifically justified in writing and approved by the IACUC. Examples of category E procedures are lethal dose studies (e.g. LD50 studies) that allow animals to die without intervention, pain studies that would not be possible if pain-relieving agents were administered, and psychological conditioning experiments that involve painful stimuli such as a noxious electrical shock that cannot immediately be avoided by an animal.

1. **ANIMAL USE AND PROCEDURES**
2. Purpose & Scientific Benefit

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| --- |
| (Briefly describe in LAY TERMINOLOGY (ie understandable to a person with a high school education) the purpose of this animal study and the potential scientific benefit of the proposed study with respect to human or animal health, the advancement of knowledge, or the good of society. Please also explain how the benefits of the proposed animal use outweigh the potential adverse effects, especially in cases in which there is the potential for pain or distress in the animals used. Please do not submit your grant proposal abstract for this section.Enter Text Below: |

1. Flow Diagram/Picture/Timeline

|  |
| --- |
| Insert Timeline of the work to be done and a Picture or Diagram here if applicable:  |

1. Project Narrative

|  |
| --- |
| Briefly describe in LAY TERMINOLOGY (ie understandable to a person with a high school education) what is going to happen to the animals from start to finish, i.e., a complete description of all animal uses (e.g., acquisition, housing, observations and manipulations).Please do not submit your grant proposal abstract for this section.Enter Text Below: |

1. Veterinary Care

If the AV/Back-up AV, or clinician on-call is being used, confirm availability with the respective person. Also for these positions, please refer to them by role and not name.

|  |
| --- |
| State who will be primarily responsible for the veterinary care for the animals for the duration of the animal use: |
| Secondarily responsible:  |
| Will preventative care/screening of study animals be performed prior and during use? (ie: screening for parasites, disease, etc.)[ ]  Yes [ ]  NoExplain what will be done: |

1. **HOUSING**

|  |
| --- |
| Is this a Field Study and/or involve client owned and housed animals? [ ]  Yes If yes, submit owner consents and/or required permits for review and proceed to section 4. If client owned animals are being used at the Ross Vet Clinic, have you contacted the Clinic Director? [ ]  Yes [ ]  No  [ ]  No **If No, proceed with questions below** |
| In which facility will animals be housed?  |
| Please list possible locations for the animal use. Please use location names from the [campus map](https://rossu.apparmor.com/Tools/HostedContent/?filename=Campus-Map.pdf):  |
| Will the animals be maintained within the environmental conditions described as normal in [The Guide](http://grants.nih.gov/grants/olaw/Guide-for-the-care-and-use-of-laboratory-animals.pdf) or [The Ag Guide](https://www.aaalac.org/about/Ag_Guide_3rd_ed.pdf)? [ ]  Yes [ ]  No**If No, complete Form 7.** |
| If animals are ever moved outside these facilities, state the location:  |
| Will they be outside the animal facilities for more than 12 hours at any one time? [ ]  Yes [ ]  NoWill they be outside the animal facilities for more than 24 hours at any one time? [ ]  Yes [ ]  NoIf YES to more than 24 hours, complete Form 7. |

1. **FINAL DISPOSITION:**

|  |
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| Will animals be euthanized? [ ]  Yes [ ]  No**If Yes, complete Form 1.** |
| If NO, What is the final disposition of the animal?  |
| **Please be aware that it is the responsibility of the PI to ensure that animals used for either teaching or research have all health issues resulting from use resolved before returning the animals to their respective locations.** |

1. **SHARING OF TISSUES, FLUIDS, OR CARCASSES**

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| Only in situations that the biological materials would otherwise not be used and would be disposed of. Will you be sharing materials? [ ]  Yes [ ]  No [ ]  N/A Describe below the plan for the sharing of the biological materials:  |

1. **AUTOPSIES AFTER ADVERSE EVENTS**

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| --- |
| As the PI it is your responsibility to ensure that proper autopsies/sampling is done to minimize future unexplained deaths and to ensure the health of the animal population. Has someone been given the responsibility to perform autopsies and to collect samples if an adverse event resulting in an animal’s death occurs? [ ]  Yes [ ]  No [ ]  N/A Please state responsible individual:  |
|  |
| You have reached out to the pathology lab to ensure that the individual responsible for doing the autopsies/sampling will have knowledge of and access to the lab at all times even during school breaks. [ ]  Yes [ ]  No [ ]  N/A  |

1. **RATIONALE:**

|  |
| --- |
| State rationale for the use of animals (as opposed to computer models, tissue culture, invertebrates, or microbes):  |
| State rationale for the selected species:  |
| State rationale for the numbers of animals to be used:  |

1. **LITERATURE REVIEW:**

RUSVM requires that the literature review must be within the past 30 days and should include a search for alternatives to using animals (reduction in the numbers of animals used, refinement of techniques or replacement of animals). The literature search should be comprehensive enough to show this protocol avoids unintended duplication of animal experimentation as well as utilizes the most current methods to reduce or replace animal use and minimize pain and distress to animals.

 **If Form 11 is being completed, the literature search must include the strategy used to determine that no alternatives were available to the painful or distressful procedure.**

**\*Exemptions from literature search:** Certain research and teaching projects may be exempt from literature searches. These exemptions are determined by the RUSVM IACUC.

**Research protocols** can only be exempt from lit search if the work conducted is non-invasive, non-distressful, observational/behavioral studies of free-ranging/wild populations.

**Teaching protocols** Require a lit search if project causes more than slight pain or distress to the animals, and especially where such effects are repeated or prolonged.

**Useful Databases\*:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [AGRICOLA](https://www.nal.usda.gov/agricola) | [PubMed](https://pubmed.ncbi.nlm.nih.gov/) | [Web of Science](https://www.webofscience.com/wos/alldb/basic-search) | [Scopus](https://www.scopus.com/search/form.uri?display=basic#basic) | [InterNICHE](http://www.interniche.org/en/alternatives) | [Aquatic Sciences and Fisheries Abstracts](https://proquest.libguides.com/asfa) |

\*Google Scholar is a search engine, not a database.

Please refer to the Animal Welfare Information Center (AWIC)’s database search operators [cheat sheet](https://www.nal.usda.gov/sites/default/files/page-files/AWIC-database-cheat-sheet-revised-12-30-2022_508.pdf) to maximize your search with effective use of syntax tools.

**Additional 3Rs Web Resources:**

* [Research Animal Training](https://researchanimaltraining.com/article-categories/procedures-with-care/)
* [Animal Welfare Institute’s Refinement Database](https://awionline.org/content/refinement-database)
* [Norecopa](https://norecopa.no/)
* [The North American 3Rs Collaborative](https://www.nc3rs.org.uk/3rs-resources)
* [The Interagency Coordinating Committee on the Validation of Alternative Methods (ICCVAM)](https://ntp.niehs.nih.gov/whatwestudy/niceatm/iccvam/)
* [Journal of Visualized Experiments](https://www.jove.com/)

**Need assistance with a literature search? Complete** [**a request form**](https://www.nal.usda.gov/services/literature-searching-animal-use-alternatives) **with the Animal Welfare Information Center for free expert assistance!**

**Definitions:**

Stress: The effect produced by external (i.e., physical or environmental) events or internal (i.e., physiological or psychological) factors… which induce an alteration in an animal’s biological equilibrium’ (i.e. state of *homeostasis*). *Stressors* are adverse stimuli resulting in stress, and *distress* is ‘an aversive state in which an animal is unable to adapt completely to stressors and the resulting stress and shows maladaptive behaviors’ (ILAR 1992)

Invasive procedures: one interfering with bodily integrity, whether through puncture or incision, or insertion of an instrument or foreign material, as in surgical and some experimental procedures. *Markedly invasive* procedures include those resulting in death (whether or not the subjects are conscious), surgical procedures (other than very minor), major physiological challenges and the production of genetically modified animals.

ILAR (1992) (Institute for Laboratory Animal Research). Recognition Alleviation of Pain and Distress in Laboratory Animals. Washington DC: National Academies Press.

|  |
| --- |
| Does your protocol meet the criteria for a literature \*exemption? [ ]  Yes [ ]  NoIf no, please provide search narrative here:  |
| Databases searched | Date of search (Must be in past 30 days) | Years covered | Key words |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **PERSONNEL QUALIFICATIONS AND TRAINING FOR ALL STUDY PERSONEL (in regard to the animals and procedures in this project): NOTE: CITI Training is required for all personnel listed on the protocol. Contact the IACUC Administrator via email (****broman@rossvet.edu****.kn) to determine training needs.**

|  |  |
| --- | --- |
| Name 1: | Relevant experience / role in project: |
| Qualification/Degree: |
| Signature: | Training completed:[ ] Working with the IACUC | **For IACUC use only:** Completion Date: |

|  |  |
| --- | --- |
| Name 2: | Relevant experience / role in project: |
| Qualification/Degree: |
| Signature: | Training completed:[ ] Working with the IACUC | **For IACUC use only:** Completion Date: |

|  |  |
| --- | --- |
| Name 3: | Relevant experience / role in project: |
| Qualification/Degree: |
| Signature: | Training completed:[ ] Working with the IACUC | **For IACUC use only:** Completion Date: |

|  |  |
| --- | --- |
| Name 4: | Relevant experience / role in project: |
| Qualification/Degree: |
| Signature: | Training completed:[ ] Working with the IACUC | **For IACUC use only:** Completion Date: |

**Please submit an attachment with the relevant information if more space is required.**

1. **TEACHING SYLLABUS/MATERIALS**

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| Has a syllabus or additional teaching materials been attached? **[ ]  Yes [ ]  No [ ]  N/A** (Any documents used for teaching involving animal use aid in the review of this application.) |

1. **ADDITIONAL FORMS:**

[ ]  [Form 1. Euthanasia](https://veterinary.rossu.edu/media/15606/rusvm-iacuc-protocol-form-1)

[ ]  [Form 2. Exogenous substance administration (tumors, cells, antigens, drugs, chemicals, toxins)](https://veterinary.rossu.edu/media/15611/rusvm-iacuc-protocol-form-2)

[ ]  [Form 3. Samples collected from a live animal (blood, feces, urine, saliva, cheek swabs)](https://veterinary.rossu.edu/media/22941/form-3-samples-from-live-animals)

[ ]  [Form 4. Anesthesia/analgesia /muscle-paralyzing agents](file:///%5C%5Cskw-filer09ap01%5CFile%20Store%5CIACUC%5C2021%20All%20IACUC%20Docs%20and%20Forms%5CIACUC%20Paperwork%20For%20Website%5CIACUC%20Forms%202021%5CRUSVM%20IACUC%20Protocol%20Form%204)

[ ]  [Form 5. Surgery or major procedure](https://veterinary.rossu.edu/media/15626/rusvm-iacuc-protocol-form-5)

[ ]  [Form 6. Potential for pain /distress/discomfort, more than momentary](https://veterinary.rossu.edu/media/15631/rusvm-iacuc-protocol-form-6)

[ ]  [Form 7. Special housing, caging, husbandry; minor hunger/thirst](https://veterinary.rossu.edu/media/15636/rusvm-iacuc-protocol-form-7)

[ ]  [Form 8. Physical restraint, more than momentary](https://veterinary.rossu.edu/media/15641/rusvm-iacuc-protocol-form-8)

[ ]  [Form 9. Behavioral testing](https://veterinary.rossu.edu/media/15646/rusvm-iacuc-protocol-form-9)

[ ]  [Form 10. Breeding](https://veterinary.rossu.edu/media/15651/rusvm-iacuc-protocol-form-10)

[ ]  [Form 11. Uncommon procedures (not adequately described elsewhere)](https://veterinary.rossu.edu/media/15656/rusvm-iacuc-protocol-form-11)

[ ]  [Form 12. Adverse events and early ending of the study](https://veterinary.rossu.edu/media/22946/form-12-adverse-events)

[ ]  [Form 13. Risk Assessment Form](https://veterinary.rossu.edu/media/23151/risk-assessment-form)

**(Form 12 and Form 13 MUST BE COMPLETED for all studies involving more than observation)**

1. **PRINCIPAL INVESTIGATOR ASSURES:**

I will abide by RUSVM policies concerning the care and use of animals; the ILAR Guide for the Care and Use of Laboratory Animals and/or the Federation of Animal Science Societies Guide for the Use of Agriculture Animals in Agriculture Research and Teaching (as applicable); and all local federal and U.S. federal laws and regulations governing the use of animals in research and teaching.

I understand that emergency veterinary care will be administered to animals showing evidence of pain or illness, in addition to routine veterinary care as prescribed for individual species in the IACUC and facility Standard Operating Procedures (SOPs).

I will notify the IACUC of any changes in the proposed project or personnel prior to initiating or continuing any animal use. IACUC and the AV also will be informed regarding any unexpected study results that adversely impact the animals.

I understand that protocol deviations and violations of policies, guidelines or laws could result in immediate suspension of this project.

I will ensure that all study participants will be adequately trained for all animal protocols used in the project, will be familiar with the Institutional Occupational Health Program for Personnel with Laboratory Animal Contact and will have completed CITI training prior to handling any animals.

I will share the approved protocol with all personnel involved in the animal use and ensure that they will read and understand all elements described within.

I confirm that my direct supervisor has been informed of this project.

I confirm that the information in the application is complete and correct.

Note: Please fill in an electronic signature below upon submission of this application.

|  |  |
| --- | --- |
| P.I. Signature:  | Date:  |

|  |  |
| --- | --- |
| IACUC Approval | Date: |
| EH&S Approval  | Date: |
| IRB Approval (if applicable) | Date: |
| IBC Approval (If applicable)  | Date: |