

**Animal Care and Use Proposal (ACUP)**  
University of Kansas Medical Center

<b>FOR IACUC USE ONLY</b> Protocol #: _____
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Project Title	
Date of Submission	

**1.0** Contact Information

**1.1** Principal Investigator

Principal Investigator		
Faculty Rank/Status		
Department		
Office Phone Number		
Office Fax Number		
Emergency Contact Number		
Laboratory Location/Room #		
Laboratory Phone Number		
Email Address		
Mailstop		
Laboratory Animal Resource (LAR) Training Date		
PI Signature and Date		Date

<b>ACUP Summary Data</b>	
Animal Species	
Animal housing location	
Animal use location	
List all procedures	
List all drugs	
List euthanasia methods	
List all hazardous agents	



#### 4.0 Scientific Merit, Summary and Specific Aims

**Instructions:** The description below should be written at a 12<sup>th</sup> grade level and should include:

- The scientific importance of the research being proposed.
- A brief summary of the study. If more than one species is being studied, the principal investigator is responsible for ensuring clarity regarding procedures that will be performed on each species.
- Definition of all abbreviations and acronyms
- List of proposed specific aims.
- Rationale for animal use
- Rationale for the appropriateness of the species or specific model(s) chosen.

Relevance and Significance:

State in lay terms the practical problem being addressed.

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Specific Aims:

List each specific aim with a brief summary of each aim.

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Rationale for the use of animals in the proposed research:

Provide the rationale for involving animals in the proposed research.

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Rationale appropriateness of the species or model(s) chosen:

Provide rationale for the appropriateness of the species or model(s) chosen.

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#### 5.0 Literature Review

Instructions: The USDA stipulates that principal investigators must provide an assurance that their research does not duplicate previous research and consideration must be given to alternatives to procedures that cause more than slight or momentary pain or distress in animals. Additionally, the **USDA** requires that an animal welfare database be used in literature searches in addition to PubMed or Medline. See for a list of animal welfare databases: <http://www.nal.usda.gov/awic/databases/database.htm>.

Databases searched			
Date Range	From		To
Key Words (Include procedures that are painful or distressful to animals. It may be helpful to search for “procedure + pain, procedure + distress and procedure + alternative):			
Provide below how your study design implements:			
Reduction <sup>1</sup>			
Refinement <sup>2</sup>			
Replacement <sup>3</sup>			

Provide below a summary of findings from the literature review related to a search for alternatives to procedures that cause more than slight or momentary pain or distress. If an alternative to painful or distress procedures was discovered but will not be implemented in the study design, provide scientific justification for why the alternative cannot be implemented.

- 1 Reduction = using the fewest number of animals necessary to accomplish the aims. One of the following must be used for sample size justification.
  - a. Power analysis including means, standard deviations/errors, estimated differences between means, alpha and power levels.
  - b. Sample size based upon previous studies and endpoints and/or a minimum number of animals required to obtain sufficient tissue/cells for experimentation. Include references.
  - c. If a pilot study is proposed, the PI may request a reasonable number of animals for these studies in which the sample size, means, and deviation may not be known. If positive results are obtained and the PI wishes to further the studies, the PI will submit an addendum requesting additional animals based upon a power analysis (using this newly generated pilot data).
- 2 Refinement = employing refining methods to reduce pain or distress.
- 3 Replacement = using a less sentient species as replacement for a higher more sentient species.

**6.0** Affirmations that must be initialed by the investigator.

**6.1** Duplication

I affirm that this work does not unnecessarily duplicate previously published research.	Initials→	
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**6.2** (a) Alternatives to procedures that cause pain or distress

I affirm that I have considered alternatives to procedures that cause more than momentary pain or distress in these research animals. No alternatives were found.	Initials→	
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**6.3** (b) Alternatives to procedures that cause pain or distress

I affirm that I have considered alternatives to procedures that cause more than momentary pain or distress in these research animals. The alternative is not appropriate for my research because: (Provide scientific justification for not implementing the alternative procedure below).	Initials→	

**Provide handwritten initials for affirmations in items 6.4 – 6.6. If not applicable, mark N/A.**

**6.4** Aseptic surgery

I affirm that all survival surgical procedures will be performed according to standard medical	Initials→	
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practices for aseptic surgery, regardless of the species and that all materials used will be within the expiration date denoted on the material. (If no surgery is proposed mark “None proposed”).		
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**6.5** Use of paralytics

I affirm that if the use of paralytics is proposed, that such use will be accompanied by appropriate anesthetics, analgesics, or both. (If no paralytics are proposed, mark “None proposed”).	Initials→	
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**6.6** Responsible conduct of animal research

<p>As the responsible party for this animal care and use proposal, I affirm each of the following:</p> <ul style="list-style-type: none"> <li>• I am knowledgeable about the regulations and requirements set forth in the Animal Welfare Act, the PHS Policy, and the Guide for the Care and Use of Laboratory Animals.</li> <li>• I agree to comply fully with all of these laws and policies.</li> <li>• I agree to comply with the, LAR Standard Operating procedures.</li> <li>• I agree to perform only the procedures approved in this document or any subsequently approved amendments to this document.</li> <li>• I understand that my privilege of performing animal research under this protocol may be removed if I do not comply with the items listed above.</li> </ul>	Initials→	
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**6.7** Conflict of Interest

Do any of the investigators, study personnel, or members of their family (defined as spouse, children, siblings, parents, equivalents by marriage [in-laws], or other household members) have a financial relationship relevant to <b>the sponsor of this study</b> (e.g. patent rights, stock ownership, equity holdings, consultant fees, board membership)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials
Does this study involve research on a University/Research Institute-owned technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials

**6.8** Intellectual property

Does this research have a possibility of generating intellectual property such as a novel model or compound? If yes, contact the Division of Technology Transfer, Intellectual Property & Commercialization at	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials
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**7.0** Animal Use

**General instructions regarding this section of the proposal:**

- **Describe the proposed research and animal use.**
- The IACUC members who will be reviewing this proposal read large amounts of material and may not be familiar with your field of study. **Please write clearly making it easy for the reviewers to read and understand.**
- **Define all abbreviations or acronyms.** The IACUC members who are reviewing this proposal may not be familiar with the jargon of your field.
- **Provide tables detailing study groups, control groups, procedures, and the number of animals in those groups.** If a table is not provided, the committee will request that one be added as a contingency to approval.
- **Provide a timeline indicating all experimental procedures done to animals within each experiment (surgical procedure, injection, sacrifice).** The will help clarify the sequence of events for each animal/group of animals.
- **Animal numbers must be clearly stated and scientific or statistical justification must be provided.** Breeders (if proposed) should be included in the animal numbers. Animals bred, but discarded (unusable genotypes) also need to be included.
- **Animal numbers in the study descriptions must agree with the summary table in 7.2.** If the number of animals does not agree, then the committee will require the numbers be reconciled.
- **Surgical and non-surgical procedures need only be named in 7.1.** You will be asked to give a description of those procedures in sections 7.3 and 7.4.

**7.1 Experimental Design (Organize by specific aim):** What procedures will be performed on these animals to accomplish the specific aims listed in 4.0 (Scientific Merit, Summary, and Specific Aims)? If the principal investigator is studying more than one species, then the principal investigator is responsible for ensuring clarity regarding procedures that will be performed on each species. Provide tables detailing study groups, control groups, procedures, and the number of animals in those groups.

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**7.2** Animal Numbers: This is the total number of animals required for the 3 year approval of this study. **The total number of animals reported in this table must equal the total number described in Item 7.1.**

Specific Aim #	Study number	Species	Type, Strain or Cross	Sex	Housing Location	Pain Category	Number Animals
Category B	Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, surgery but not yet used for such purposes. (Animals held for research or breeding, but not used in studies)						
Category C	Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain relieving drugs. (Animals used of studies involving no pain or distress)						
Category D	Numbers of animals upon which experiments, teaching, research, surgery, or tests were conducted						

	involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. (Animals used for studies involving pain or distress alleviated by treatment)
Category E	Number of animals upon which teaching, experiments, research, surgery tests were conducted involving pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery or tests. (Animals used for studies involving untreated pain or distress)

7.2 (a) Provide statistical justification for the number of animals required in category C.

One of the following must be used for sample size justification.

- Power analysis including means, standard deviations/errors, estimated differences between means, alpha and power levels.
- Sample size based upon previous studies and endpoints and/or a minimum number of animals required to obtain sufficient tissue/cells for experimentation. Include references.
- If a pilot study is proposed, the PI may request a reasonable number of animals for these studies in which the sample size, means, and deviation may not be known. If positive results are obtained and the PI wishes to further the studies, the PI will submit an addendum requesting additional animals based upon a power analysis (using this newly generated pilot data).

7.2 (b) Provide statistical justification for the number of animals required in category D.

One of the following must be used for sample size justification.

- Power analysis including means, standard deviations/errors, estimated differences between means, alpha and power levels.
- Sample size based upon previous studies and endpoints and/or a minimum number of animals required to obtain sufficient tissue/cells for experimentation. Include references.
- If a pilot study is proposed, the PI may request a reasonable number of animals for these studies in which the sample size, means, and deviation may not be known. If positive results are obtained and the PI wishes to further the studies, the PI will submit an addendum requesting additional animals based upon a power analysis (using this newly generated pilot data).

7.2 (c) Provide statistical justification for the number of animals required in category E.

One of the following must be used for sample size justification.

- Power analysis including means, standard deviations/errors, estimated differences between means, alpha and power levels.
- Sample size based upon previous studies and endpoints and/or a minimum number of animals required to obtain sufficient tissue/cells for experimentation. Include references.
- If a pilot study is proposed, the PI may request a reasonable number of animals for these studies in which the sample size, means, and deviation may not be known. If positive results are obtained and the PI wishes to further the studies, the PI will submit an addendum requesting additional animals based upon a power analysis (using this newly generated pilot data).

7.2 (d) Studies involving untreated pain or distress (**USDA category E studies**), require the principal investigator to provide scientific justification in writing. This justification will be submitted in an annual report to the USDA. Please write carefully because USDA reports are subject to public access via the Freedom of Information Act.

Scientific justification for category E:

**7.3 Surgical Procedures:**

Will this project include surgical procedures? Yes  No

If “NO”, proceed to Section 7.4.

If “YES”, answer all questions below.

- 7.3.1 **Surgery Location:** Where will the surgery be done? If surgical procedures are performed in more than one location, please indicate. Add additional rows if necessary.

Procedure Name	Facility	Room #

- 7.3.2 **Preoperative Care:** What pre-operative care will be provided? This includes procedures such as overnight fasting, administration of pre-surgical medications, etc.

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- 7.3.3 **Anesthesia used:** Add lines if necessary.

Species	Drug	Dose	Route

If gas anesthesia is used, please define in the row below how the gas is delivered and scavenged.

- 7.3.4 **Standard Operative Procedures:**

Describe below any operative procedures. Name the procedure and describe the surgical manipulations, including closure and what materials will be used. Indicate the species and whether the procedure is survival or non-survival. Add more rows for additional procedures as necessary.

Name of procedure 1		Species	
Survival		Non-survival	
Description			

Name of procedure 2		Species	
Survival		Non-survival	
Description			

Name of procedure 3		Species	
Survival		Non-survival	
Description			

Name of procedure 4		Species	
Survival		Non-survival	
Description			

- 7.3.5 **Post-operative Care:** What post-operative care will be provided? Include a discussion of pain management. **If no pain management is provided, provide scientific justification for withholding pain management.**

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Analgesic	Species	Route	Dose	Duration of Admin

- 7.3.6 **Post-surgical monitoring and criteria for removal:** Describe post-surgical monitoring plan and criteria for removal from study. Include frequency of monitoring, person responsible for monitoring and recording pertinent information. If any of the following will be used as a criteria for removal, a plan must be provided in which the times, frequency, and person(s) responsible will record the pertinent information (i.e. change in body weigh, food intake, water intake) beginning with baseline values indicating when these baseline values will be obtained.

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- 7.3.7 **Multiple Operative Procedures:**

If more than one operative procedure is planned for any single animal, provide the name of the procedure, the species involved, the interval between procedures, and scientific justification for using a single animal in more than one major operative procedure in which it is allowed to recover.

Procedure 1	Species	Procedure 2	Interval between
Scientific Justification			
If more than two survival operative procedures are required please provide the details here.			

- 7.3.8 **Medical Records:** Please describe where operative and post-operative records will be maintained? The LAR Medical Records Database is available on the LAR website at [www.kumc.edu/lar](http://www.kumc.edu/lar) and its use is mandated for all regulated species.

Answer:	
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- 7.4 **Non-surgical procedures:** Will this project include non-surgical procedures? (This might include exercise, inoculations, any type of study stressors). Yes  No

Describe all non-surgical procedures. Indicate species and procedures to be performed. Add more rows for additional procedures as necessary.

Species:	
Procedure 1:	

Species:	
Procedure 2:	

Species:	
Procedure 3:	

Species:	
Procedure 4:	

7.4.1 Non-surgical Pain/Distress: Describe all clinical signs of pain or distress anticipated as a result of these non-surgical procedures. Describe how pain or distress will be alleviated. Include a description of how animals will be monitored for signs of pain or distress and who will be responsible for that monitoring. If pain or distress will not be alleviated, provide scientific justification for withholding relief.

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7.4.2 Criteria for Removal from study or euthanasia: Define any clinical or study paradigms prompting removal from study or euthanasia. A plan must be provided in which the times, frequency, and person(s) responsible will record the pertinent information (i.e. change in body weigh, food intake, water intake) beginning with baseline values indicating when these baseline values will be obtained.

7.4.3

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**\*\*\*Note: Adverse events (anticipated and unanticipated) must be reported to the IACUC using the Adverse Event Report Form. \*\*\***

**7.5 Administered Drugs:** List all drugs that will be administered to the animals. Add additional rows if necessary.

Drug	Species	Class of drug	Hazardous (yes/no)	Dose	Route	Duration of treatment

**7.6 Other considerations.** Are any of the following proposed in this work?

Prolonged Restraint (yes/no) (See <a href="#">SOP Prog 2</a> )	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Justification, type of restraint, and duration:				

Noxious Stimuli (yes/no)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Justification, type of stimulus, duration:				
Food or Water Deprivation (yes/no) (See <a href="#">SOP Prog 4</a> )	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Justification, duration, monitoring, and criteria for restoring food/water:				
Death As Endpoint Study (yes/no)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Justification, how monitored, clinical signs that prompt euthanasia:				
Waiver of Stabilization Period (yes/no) (Does the proposed work require that animals be used within 48 hours of receipt? If yes, provide scientific justification. SOP <a href="#">Prog 9</a> , 10.0)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Justification:				
Are programmatic exemptions requested i.e. extended weaning period, alterations in lighting cycles, harem breeding, exemption from environmental enrichment...? If yes, indicate what exemption is being requested and provide scientific justification.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Answer:				
Are there other aspects the IACUC should know? (yes/no)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Answer:				

- 7.7** Euthanasia: Check the box indicating your method of euthanasia. Provide relevant dosing information. Describe any additional method to be performed but is not listed in the table. This must be consistent with the American Veterinary Medical Association Guidelines on Euthanasia [http://www.avma.org/issues/animal\\_welfare/euthanasia.pdf](http://www.avma.org/issues/animal_welfare/euthanasia.pdf)

**Euthanasia Table:**

Check all relevant boxes for method of euthanasia				
Euthanasia Agent	Physical Method	Dose	Route	Species
Pentobarbital				
Beuthanasia				
Isoflurane				
Carbon dioxide		To effect	Inhalant	
Physical Method	Anesthetic			
Cervical dislocation				
Decapitation				
Exsanguination				
For methods not listed, please provide details below.				

**7.8** Participant Responsibilities:

Indicate the responsibilities of each staff member listed in section 1.2. Indicate staff members who will be doing the procedures listed in sections 6.2, 6.3 and 6.7. Add additional rows if necessary.

Name	Responsibilities	Trained by:	Date

## 8.0 Safety

### 8.1 Chemical Hazards

Does the project involve any hazardous chemicals (i.e., chemicals that are flammable, corrosive, reactive, and/or toxic)?

Yes     No

If yes, please provide a list of the name of hazardous chemicals to be used, define the type of hazard, the quantity, and the intended use of the chemical.

Type of hazards include: F – flammable, R – reactive, O – Oxidizer, Co – Corrosive, C – Carcinogen, T – Teratogen, M – Mutagen, To - Toxin

<u>Hazardous chemical</u>	<u>Type of Hazard</u>	<u>Quantity</u>	<u>Use of chemical</u>

Add additional rows, if necessary.

Note: Hazardous waste chemicals must be properly disposed of through the Environment, Health and Safety Office. Please see the chemical pickup form at <http://www2.edu/safety/chempick.html>.

### 8.2 Hazards Administered to or Indigenous to Animals

Do any of the procedures involve hazardous materials or agents either administered to the animals or indigenous to the animals (zoonotic agents)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Hazard	Animal Dose	Route of Administration	Duration
If the hazard is indigenous to the animal but may be hazardous to lab personnel, discuss how the hazard will be managed in item 7.7 below.			

### 8.3 Recombinant DNA

Does this project involve recombinant DNA (Yes/No)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, provide a description of the proposed work utilizing recombinant DNA technology including vector(s), cell line(s), protein expression, etc.	

Projects involving recombinant DNA require approval of the KUMC Institutional Research Safety Committee

Please see Appendix B. Classification of Human Etiologic Agents on the Basis of Hazard within the *NIH Guidelines for Research Involving Recombinant DNA Molecules* which includes a list of biological agents known to infect humans as well as selected animal agents that may pose theoretical risks if inoculated into humans. [http://oba.od.nih.gov/oba/rac/guidelines\\_02/NIH\\_Gdlnes\\_lnk\\_2002z.pdf](http://oba.od.nih.gov/oba/rac/guidelines_02/NIH_Gdlnes_lnk_2002z.pdf)

#### 8.4 Transgenic Animal Models

Does this project involve the production and/or acquisition of transgenic animal models?

Yes  No

If yes, please provide a brief description of how the transgenic animal models are produced or acquired.

#### 8.5 Human Etiologic Agents

Does this project involve the use of human etiologic agents (virus, prion, bacteria, fungi, and/or parasite)? (Yes/No)		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Specify the agent		
Place an "X" in the box to the left of the appropriate risk Group.		
Mark	Risk Group	Description
	Risk Group 1	Agents not known to cause disease in healthy adults
	Risk Group 2	Agents associated with human disease which is rarely serious and for which preventative or therapeutic interventions are often available.
	Risk Group 3	Agents associated with serious or lethal human disease for which preventative or therapeutic interventions may be available (high individual risk but low community risk)
	Risk Group 4	Agents that are likely to cause serious or lethal human disease for which preventative or therapeutic interventions are not usually available (high individual risk, high community risk)

Please see Appendix B. Classification of Human Etiologic Agents on the Basis of Hazard within the *NIH Guidelines for Research Involving Recombinant DNA Molecules* which includes a list of biological agents known to infect humans as well as selected animal agents that may pose theoretical risks if inoculated into humans. [http://oba.od.nih.gov/oba/rac/guidelines\\_02/NIH\\_Gdlnes\\_lnk\\_2002z.pdf](http://oba.od.nih.gov/oba/rac/guidelines_02/NIH_Gdlnes_lnk_2002z.pdf)

#### 8.6 Laboratory Safety

This section ensures the intended research will be conducted in a containment level that is adequate for the health and safety of all laboratory personnel. This is determined by using a combination of laboratory practices, techniques, safety equipment and laboratory facilities.

Factors that should be considered when determining the biosafety level include: risk group of the

known human etiologic agent used, mode of transmission, procedural protocols, experience of staff, etc.

Please provide the animal biosafety level (ABSL) and/or biosafety level (BSL), as applicable, in which the intended research will be conducted.

Place an "X" for appropriate level(s) of containment for all that apply.		
Mark	Containment Level	Description
	ABSL-1	Not known to cause disease in humans
	ABSL-2	Associated with human disease, Hazard: percutaneous exposure, ingestion, mucous membrane exposure
	ABSL-3	Indigenous or exotic agents with potential for aerosol transmission. Disease may have serious health effects
	ABSL-4	Dangerous and exotic agents that pose a high risk of life threatening disease. Aerosol transmission, or related agents with unknown risk of transmission
	BSL-1	Not known to cause disease in humans and present minimal potential hazard to laboratory personnel and environment
	BSL-2	Associated with human disease, Hazard: percutaneous exposure, ingestion, mucous membrane exposure.
	BSL-3	Indigenous or exotic agents with potential for aerosol transmission. Disease may have serious health effects
	BSL-4	Dangerous and exotic agents that pose a high risk of life threatening disease. Aerosol transmission, or related agents with unknown risk of transmission

### 8.7 Radiation Safety

Does this project involve the use of radiation producing devices (x-rays, CT scans, etc? If yes, you must complete the "Proposed Radiation Use" Table below. Note: Ultrasound or MRI devices are not considered radiation-producing devices.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this project involve the use of radioisotopes? (Yes/No)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>If yes, select all of the following types of uses which apply:</p> <p><input type="checkbox"/> <b>Injection:</b> Live animals will be injected with radioisotope(s)</p> <p><input type="checkbox"/> <b>Ingestion:</b> Live animals will ingest radioisotope(s)</p> <p><input type="checkbox"/> <b>Inhalation:</b> Live animals will inhale radioisotope(s)</p> <p><input type="checkbox"/> <b>Absorption:</b> Radioisotope(s) will be applied topically to live animals</p> <p><input type="checkbox"/> <b>In-Vivo and In-Vitro Use:</b> Radioisotopes will be used in or on live animals (as indicated above) <u>and</u> will be used for bench-top experiments</p> <p><input type="checkbox"/> <b>In-Vitro Use Only:</b> Radioisotopes will only be used with tissue samples or other bench-top use; they will not be used in or on live animals.</p> <p><input type="checkbox"/> <b>Other, please describe:</b> _____</p>		

**Proposed Radiation Use:** If you selected any other use except “In-Vitro Use Only” in the questions above, complete the information requested below for each radioisotope and radiation device used in the protocol. The cells will expand as you fill them, so be as detailed as needed. Add additional rows as necessary.

Radioisotope or Device Description	Location of Use (Room No. and Bldg.)	Personnel who will operate the device or handle the isotope	Procedure to be performed
Example entries: “H-3” or “CT Scanner”	Ex: “G010 KLSIC”	Ex: “PI only”, “John Smith”, etc.	Provide as much detail as necessary to allow a judgment to be made in regards to the safety of the animals and the personnel.

### 8.8 Personal Protective Equipment (PPE)

In the space below, define safety procedures and personal protective equipment required to minimize risk to personnel for all chemical, biological, and radiological hazards. (i.e. gloves, certified biological safety cabinets, safety glasses, laboratory coats, respirators, lead shielding, etc.)

**9.0 Animal Health Issues.** The LAR spends considerable amounts of its yearly budget on monitoring and/or limiting spread of indigenous pathogens such as parvovirus and pinworms. Mice imported from other institutions or cell lines may carry highly contagious agents, these agents could potentially decimate funded projects involving immunocompromised animals.

Does this project require the acquisition of rodent species from academic institutions of questionable or uncertain disease status (yes/no)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the research require imaging in the Hoglund Brain Imaging Center? (yes/no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will animals be given pathogenic cell lines or materials that may harbor indigenous rodent pathogens (yes/no)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 10.0 Special Husbandry

If this project requires any type of special husbandry, feed, or other particulars, provide details in the space below.

### 11.0 Animal Use in Investigator Laboratory

Will you be working with animals in your laboratory (yes/no)? A “no” answer indicates animal use will be limited to the LAR animal care and procedure rooms.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate building and room number of laboratory.		

Will you be maintaining animals in your laboratory for >12 hours (yes/no)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Note: USDA regulation stipulate that labs holding regulated animals for >12 hours qualifies as a "study area". If you plan on maintaining animals in your laboratory for more than 12 hours, describe below how you will establish housing standards (ventilation, light/dark cycle, temperature, humidity and sanitation) and indicate person responsible for monitoring these conditions.				

**12.0 Animal Care**

**12.1 Housing Location(s)**

12.1.1 Facility			
12.1.2 Room Number			

**12.2 Use Location(s)**

12.2.1 Facility			
12.2.2 Room Number			
12.2.3 Purpose			

**13.0 Collaborations with other institutions.**

The IACUC is reviewing more studies that require transportation of animals to other institutions. These collaborations raise several complexities, including compliance agreements between the institutions, management of risk to animal health at both institutions, and regulatory compliance in the transport of the animals. Generally, agreements between institutions must be negotiated to the satisfaction of all parties involved. Transportation is usually accomplished in LAR vehicles. If you must do animal work at another institution, provide all relevant information about the institution, staff who will be involved at that institution, location of the institution, and how you plan to secure approval from their IACUC.

Answer:	
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**14.0 Concordant Review:** Attach or paste a copy of your NIH grant animal use summary (old section F) or the equivalent usually required in funding applications. Indicate if this document doesn't exist.

The IACUC understands that many NIH grants encompass 4 to 5 years which differs from the ACUP of 3 years. If there is a discrepancy in the number of animals or any experiments and procedures between the grant section F and ACUP please explain the differences.

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## Veterinary Pain-Distress Consultation Form

April 2009

Principal Investigator	
Project Title	
Protocol No.	

Instructions--Complete the non-grayed areas of the table in 1.0 and your plan for managing pain or distress in 2.0. Print the form and then set up an appointment with one of the veterinarians to establish consensus on the plan of action. Both you and the veterinarian will then sign and date the document. The original document must then be included with the Animal Care and Use Proposal as it is submitted to IACUC. **The Animal Care and Use Proposal will not be considered without this completed form.**

1.0 List all of the procedures that will be done to the animals in this protocol. Include everything that will be done to the animals including injections, measurements, etc. Add lines if necessary.

Species	Procedure Name	How many times per animal?	Pain Distress Score <sup>1</sup>

<sup>1</sup>Pain Distress Score: This is a general score of 1-5 indicating the overall potential for and duration of pain or distress, based on veterinarian's understanding of the procedure. **The grayed column is to be completed by the veterinarian in ink.**

2.0 Provide an overview of how you plan to manage the pain or distress.

3.0 The following are the recommendations of the veterinarian for this project.

4.0 Signatures. The signatures below indicate that the principal investigator and the veterinarian have consulted and agreed on this pain-distress management proposal to be included in the above identified project.

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

Veterinarian \_\_\_\_\_ Date \_\_\_\_\_