

Date received in office: _____

IACUC#: _____



ANIMAL CARE AND USE APPLICATION (live vertebrate animals)

Send a signed electronic copy of this document along with any attachments to researchcompliance@uca.edu

Date:

Principal Investigator Name(s):

Email(s):

Work Phone:

Home/Emergency Phone:

UCA Address: Building: Room #: Dept.: College:

Emergency Contact Faculty: Phone:

Project Title:

Proposed Use: Research Teaching

Anticipated dates of project: Beginning: Ending:

Application Type (check one): New Renewal (IACUC#) Modification

FUNDING: Anticipated source of funds, if any, including UCA Research Funds. (If this project will be funded under a grant to another investigator, please give the title of the grant, name of agency or institution, and the investigator's name.)

Proposal has been (will be) submitted for funding (date):

Will proposed research be conducted with investigator(s) from other agency/institution(s)? Yes No

If YES, complete and attach the Study Personnel Form

Has proposed research been reviewed by another IACUC? Yes No

**If YES, what were the results?
(attach approval letter)**

Required Training/Education in protections of vertebrate animal research subjects: (Complete for all research staff.)

Name: Name:

Role: Role:

CITI Certificates are: attached on file CITI Certificates are: attached on file

Name: Name:

Role: Role:

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(Use additional pages if necessary)

ANIMAL SUBJECTS:

1. Common name, genus, species:
2. Number of animals to be used:
3. Source of animals to be used:
4. Housing location (Building, Room):
5. Location(s) where manipulation/observation will be conducted:
6. Person responsible for daily care:

STUDY OBJECTIVES: (Use additional pages if necessary)

Briefly explain in lay language the aim of the study and why the study is important to human or animal health, the advancement of knowledge, the good of society, or teaching/instruction.

RATIONALE FOR ANIMAL USE: (Use additional pages if necessary)

- Explain your rationale for using vertebrate animal subjects
- Justify the appropriateness of the species and the number of animals to be used
- Explain the reasons why non-animal models cannot be used

EXPERIMENTAL DESIGN AND ANIMAL PROCEDURES: (Use additional pages if necessary)

Briefly explain the experimental design or project and specify the sequence of procedures involving animals. This description should allow the IACUC to understand the course of an animal subject from its entry into the project/experiment to the endpoint of animal in the project. Specifically address the following as applicable to your study:

- Stressors and potential stressors and the procedures to monitor and minimize
- Surgical procedures (provide the details of surgical procedures in next section)
- Experimental injections or inoculations
- Blood withdrawals
- Methods of restraint, specialized housing
- Animal identification methods
- Experimental endpoint criteria (e.g. tumor size, anorexia)
- Veterinary care

SURGERY: (Use additional pages if necessary)

Will surgical procedures be performed? Yes No

IF YES, address the following:

- Identify and describe the preoperative and surgical procedures including aseptic methods to be utilized
- Who will perform the surgery and what is their qualifications/training/experience?
- Where will surgery be performed and postoperative care provided?
- If survival surgery, describe postoperative care, frequency of observation, and identify the individuals responsible
- If more than one major survival surgery will be performed on an animal, justify this

PAIN OR DISTRESS CLASSIFICATION: (Use additional pages if necessary)

Species (common name):

Number of Animals (by year, if applicable):

Classification: B C D E

***For Classification D or E animal use :**

- 1) Describe your consideration of alternatives and your determination that alternatives are not available.
- 2) Reference the methods and sources used in the search for alternatives.

***For Classification E animal use:**

- 1) Explain the procedures producing pain or distress.
- 2) Provide justification for the elimination of appropriate anesthetic, analgesic or tranquilizing drugs.

ANESTHESIA, ANALGESIA, TRANQUILIZATION, CONTROLLED SUBSTANCES:

Will any anesthesia, analgesia, tranquilizers, and/or controlled substances be used? Yes No

IF YES, address the following:

- Specify the agents or drugs to be used, the dosage, route, and schedule of administration
- Describe tracking and security of controlled drugs and any permit or license required

IF using controlled substances:

- Are you registered with the DEA and ADH for this protocol? Yes No Pending
- Is a copy of your registration on file with the Research Compliance Office? Yes No

POTENTIALLY HAZARDOUS AGENTS:

(Radioisotopes, hazardous chemicals or drugs, infectious organisms or toxins, recombinant DNA)

Will potentially hazardous agents be used? Yes No

IF YES, indicate the specific name of the agent and how it will be used:

Note: The use of radioactive materials requires pre-approval by the UCA Radiation Safety Committee.

DISPOSITION OF ANIMALS AT THE END OF THE PROJECT:

Will animal subjects be euthanized? Yes No In some cases

IF YES, indicate method:

Barbiturate overdose Carbon dioxide asphyxiation Cervical dislocation (mice or birds only)

Other (describe):

Note: Physical methods such as cervical dislocation and decapitation, in the absence of anesthesia, are not considered an acceptable means of euthanasia, unless required for the scientific goals of the project. If they are used, a thorough justification must be submitted for consideration of approval.)

Name of person performing euthanasia:

Disposition of carcass:

IF NO, indicate the disposition of the animals following the project (e.g. returned to habitat, used in another study, etc)

Note: If transferring the animals to another study, please complete the UCA IACUC Animal Transfer form.

FIELD STUDIES:

Will vertebrate animals be studied in the field? Yes No

IF YES, address the following as applicable to your project:

- Describe how animals will be observed
- Will the animals be disturbed or affected
- Will there be any damage to the environment
- Will other animal species be affected
- Method of capture, handling, identification
- Any special procedures anticipated
- Compliance with professional society standards

Are State and/or Federal permits required? Yes No

IF YES, attach copies

PRINCIPAL INVESTIGATOR'S ASSURANCE STATEMENT:

I understand the University of Central Arkansas' policies concerning research involving vertebrate animals and:

- 1) I attest that I am qualified and have the appropriate (necessary) training required to conduct this activity involving vertebrate animal subjects.
- 2) I understand that I must notify the IACUC and/or the UCA IACUC veterinarian regarding any unexpected study results that impact the animal subjects or unanticipated pain or distress, morbidity, or mortality to the animal subjects.
- 3) I am aware of, understand, and will follow the applicable provisions of the:
 - a) *PHS Policy on Humane Care and Use of Laboratory Animals*, and
 - b) *Guide for the Care and Use of Laboratory Animals*in the conduct of this activity.
- 4) I understand if I am using controlled substances I will follow the *UCA Controlled Substances in Research Projects* policy.

Signature of Principal Investigator

Date

Signature of Department Chair

Date

****If the Principal Investigator is also the Dept. Chair, the College Dean/Assoc. Dean should sign the Assurance Statement.**

UCA IACUC Application