***IACUC Protocol No.***

***IACUC Rep.***

***Approval Date***

***(Office Use Only)***

# STUDENT CLASS PROJECT ANIMAL USE PROTOCOL

**University of Puget Sound**

**Institutional Animal Care and Use Committee (IACUC)**



**This protocol is required for use of any live vertebrate animals or cephalopods in laboratory and/or field projects associated with a class project.**

**Submission:**

* **Protocols must be word-processed, not hand-written, and include digital versions of all investigators’ signatures.**
* **A complete protocol includes this filled out form (with digital signatures), which includes a narrative, reference list, and CITI course completion certificate(s).**
* **Submit the complete protocol as a single PDF or Microsoft Word document by email to iacuc@pugetsound.edu. Incomplete protocols or protocols in any other format will be returned without review.**
* **The review process can take between 5 business days and one month.**



**Student(s) (Name and Signature):**

**Project Title:**

**Date of Submission: (Protocol must be approved prior to start of project.)**

**Duration of Project:**

## Faculty Sponsor (Name and Signature):

## Faculty signature indicates that the faculty member will ensure that, prior to working independently with animals, student(s) will receive training for proper and safe use of animals in this project and that students are familiar with the University of Puget Sound’s Occupational Health and Safety Plan for Animal Care and Use.

## Department and Class Number:

**Contact Information:** List the name, telephone numbers, and email address for each person responsible for animal procedures or care **(it is required that all animals be checked at least once a day).**

**List the primary care provider first.**

 **Name: Home telephone number: Office telephone number: E-mail address:**

**A. ANIMALS**

**A1. List the NUMBER, TYPE(S), and SOURCE of all live vertebrate animals or cephalopods used for this project.**

 (Example: 50 female fancy guppies purchased from PetsMart, Tacoma, WA)

**A2. List the location(s) (building, room number) where the animals will be housed (or the site of field work).**

**A3. List who will be responsible for animal care; identify any special animal care beyond routine housing and feeding.**

**B. PROJECT**

| **PLEASE CHECK *ONE* OF THE FOLLOWING:****Project involves manipulation of diet and/or housing but no invasive procedures (including injection or venipuncture).** **Project involves no significant pain or distress to animals greater than that from routine injection or venipuncture or caging.**  **Project involves manipulations that may result in pain or distress; however, project employs an appropriate anesthesia, analgesic, or tranquilizer to avoid significant pain or distress during procedures.** **Project involves significant pain or distress without administration of appropriate anesthetic, analgesic, or tranquilizer.** **Project does not involve any of the above.** |
| --- |

**B1. Is stress (including stress due to diet or housing manipulation) or prolonged restraint a necessary component of the project?**

**❑** No

**❑** Yes

If **“YES”**, describe the nature of the manipulation or restraint, the risk of injury to the animal, and any acclimation or training used.

**B2. Will animals be exposed to hazardous materials requiring special care and/or disposal?**

**❑** No

**❑** Yes

If **“YES”**, describe the care and/or disposal methods.

**B3. Will you perform surgery?** [Includes minor surgery such as superficial wounds used for catheter placement and needle aspirations as well as major surgery involving penetration of a body cavity.]

 **❑** No

 **❑** YesIf **"YES"**, address the following:

Identify and describe the surgical procedure(s) to be performed. Include preoperative procedures *[e.g., fasting, analgesic loading]*, and monitoring and supportive care during surgery. Include the aseptic methods to be used.

Identify the individual(s) that will perform surgery and their qualifications, training, and/or experience.

Identify the location where surgery will be performed *[building(s) and room(s)].*

If survival surgery, describe postoperative care that will be provided and frequency of observation. Identify the responsible individual(s) *[names]* and location(s) where care will be provided *[building(s) and room(s)].* Include detection and management of postoperative complications during work hours, after hours, and on weekends and holidays.

If non-survival surgery, describe how euthanasia will be provided and how death will be determined.

Are paralytic agents used during surgery? If yes, please describe how ventilation will be maintained and how pain will be assessed.

Will more than one survival surgery be performed on an animal while on this study? If yes, please justify.

**B4. Literature Consulted While Developing the Laboratory Exercise**

Please provide brief responses to the following:

* Databases searched when developing the laboratory exercise
* Date the search was performed
* Years of citations covered by database searches
* Keywords and/or search strategy used when searching a database

**B5. Experimental Design and Rationale for Animal Use**

Briefly explain the objectives of the study and the experimental design, specifying all animal procedures. The description of the procedures should allow the IACUC to understand the experimental course of an animal from its entry into the study to the endpoint of the project. A flowchart may be an effective presentation of the planned procedure.

Explain your rationale for animal use rather than alternatives. Justify the appropriateness of the species selected and the number of animals to be used (citing literature, if available). Alternatives include methods that:

* Refine existing tests by minimizing animal distress,
* Reduce the number of animals necessary for an experiment, or
* Replace whole-animal use with *in vitro* or other tests.

If the project is a field study, describe how the animals will be observed, any interactions with the animals, whether the animals will be disturbed or affected, and any special procedures anticipated. Indicate if federal, state, and/or local permits are required and whether they have been obtained.

##### B6. Disposition of Animals at the End of the Study

Please describe your plan for the disposition of all animals in your study. If more than one method of disposition applies, please check all applicable boxes and include in your description which method will be used for which animals and why. The IACUC encourages PIs to consider whether adoption is a viable option for disposition.

**Animals used in this study will be (check all that apply):**

Euthanized

Adopted \_\_\_\_\_

Returned to departmental animal collection

Transfer to departmental animal collection

Other \_\_\_\_\_

* **If “Euthanized” is checked**, include in your description: a) the proposed method of euthanasia, b) the name of the person who would be performing the euthanasia and their qualifications for doing so, and c) the method of carcass disposal. If someone other than the persons performing the study would be euthanizing the animals, you must provide evidence of their consent (e.g., email correspondence, electronic signature on protocol). If a chemical agent is used, specify the dosage range and route of administration. If the method of euthanasia is **not** consistent with the current AVMA Guidelines for the Euthanasia of Animals, provide scientific justification as to why such a method must be used.
* **If “Adopted” is checked**, include in your description a) an acknowledgement **by your course’s professor** of their agreement to abide by the IACUC Animal Adoption Policy, including the requirement **of the professor** to schedule a consultation with the IACUC consulting veterinarian prior to initiating adoptions, and b) your disposition plan for animals that are not successfully adopted. Any animals that are eligible for adoption but are not adopted must have an approved disposition, whether euthanasia, transfer to departmental animal collection, or other.
* **If “Returned to departmental animal collection” is checked**, this implies the animals were already designated part of the departmental animal collection. Please confirm this and include in your description the departmental collection to which the animals belong (e.g., Biology, Psychology).
* **If “Transfer to departmental animal collection” is checked**, this implies new animals are being acquired for your project.  Before checking this box, you must provide evidence of consent (e.g., email correspondence, electronic signature on protocol) from those who would be responsible for caring for the animals, and from the chair of that department (e.g., Biology, Psychology).
* **If “Other” is checked**, briefly describe the planned fate of all animals used for the project. **If an alternative disposition of the animals is planned, you must attach any necessary approval documentation from the appropriate agencies.**

**C. RISK**

**C1. All researchers submitting a protocol that involves contact with live vertebrate animals must have completed and submitted to CHWS a Medical History and Risk Assessment Questionnaire for Persons Handling or Working with Live Vertebrate Animals prior to starting their project**. This form is available through the IACUC website. Signing below affirms that these individuals have done this.

| Printed name | Signature | Date |
| --- | --- | --- |

**C2. For investigators conducting field studies**, describe any relevant zoonotic diseases and/or safety issues applicable in the study area.

**D. MANDATORY ANIMAL HEALTH REPORTING**

Daily monitoring must occur for all animals purchased by the University and housed on campus (i.e., not pets or wild animals) for the purposes of this project. These records must be submitted to the IACUC at the end of your project. Failure to do so may impact your grade. Please refer to the instructions and sample system provided on the IACUC’s website for details, and contact your professor or the IACUC chair with any questions.