***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 Erin Colbert-White, chair of the IACUC, at** **ecolbertwhite@pugetsound.edu****. Incomplete protocols or protocols in any other format will be returned without review.**
* **The review process can take between 10 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 student(s) have received training for proper and safe use of animals in this project and the 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**

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| --- |
| **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. 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). The number of animals should be the minimum number required to obtain statistically valid results. 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.

##### B5. Disposition of Animals at the End of the Study

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

 Euthanized           Returned to animal holding       Adopted\_\_\_\_\_ Other

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.

* If “Euthanized” is checked, include in your description: a) the proposed method of euthanasia, and b) the method of carcass disposal. If a chemical agent is used, specify the dosage range and route of administration. If the method of euthanasia is **not** consistent with the AVMA 2013 Guidelines for the Euthanasia of Animals, provide scientific justification as to why such a method must be used.
* If “Returned to animal holding” is checked, include in your description a) the location of animal holding, b) the duration of holding, and c) who will be responsible for care of the animals.
* If “Adoption” 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, return to animal holding, or other.

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.