**CHECKLIST:**

|  |  |
| --- | --- |
| \_\_\_\_\_\_A | **Make sure you are using the latest form (downloaded from http://compliance.ouhsc.edu/iacuc/Norman/Forms.aspx)** |
| \_\_\_\_\_ B. | **Complete protocol form and submit to IACUC Chair (****iacuc@ou.edu****). For all protocols, make sure that Sections 1-4 and Sections 6-10 are complete. For studies that employ hazardous agents,** pathogenic, zoonotic or recombinant organisms, **infectious agents or radioactive substances, also complete Section 5 (as relevant).**  |
| \_\_\_\_\_ C. | If applicable, submit approval forms from IBC or Radiation Safety Committee. |
| \_\_\_\_\_ D. | If applicable, submit a copy of Scientific Collecting Permit. |
| \_\_\_\_\_ E. | **Make sure all personnel have completed training and submit verification thereof. Training must be completed every 3 years. Verification includes the following:** 1. **Copy of Certificate (pdf) for successful completion of the AALAS Training Module “Working with the IACUC”.**
2. **Copy of Certificate for successful completion of AALAS Species-specific Training Module (if working with laboratory animals)**

**OR****Signed statement that personnel have read and understand appropriate Guidelines for use of vertebrates in field research.**1. Statement from Principal Investigator that all personnel involved in the project have read and understand the Laboratory-specific Risk Assessment. Individual personnel must be named in the statement.
 |
| \_\_\_\_\_ F. | Make sure that all personnel involved in the project have read the Occupational Health and Safety Program for Working with Animals (OHSPWA) and have signed the protocol form (Section 10). Personnel are only responsible for sections of the OHSPWA that are relevant to the project in which they are involved. |

**IACUC USE ONLY**

**PROTOCOL NUMBER: \_\_\_\_\_\_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_\_\_\_\_\_**

**IACUC Agent approval signature:**

**OU – Norman Campus**

**PROTOCOL FOR ANIMAL CARE AND USE**

**SECTION 1: Principal Investigator**

|  |  |
| --- | --- |
| Name: | Department: |
| Office Phone:Mobile Phone: | E-mail Address: |

**SECTION 2:**

1. **Project Title (Enter the name of your project/course number below.)**

|  |
| --- |
|  |

1. **Anticipated Project Start Date**

|  |
| --- |
|  |

**SECTION 3:**

1. **Animal Species**

|  |  |
| --- | --- |
| Species (common name):  | Strain (if applicable): |

|  |  |
| --- | --- |
| Number of animals needed:Year 1:Year 2:Year 3:TOTAL: | Maximum number needed at one time: |

|  |  |  |
| --- | --- | --- |
| Yes: | No: | Are you using wild, invasive, or non-native species for which permits are necessary? (ATTACH COPY OF PERMIT)Note: a copy of the permit(s) must be received before animal work begins. |

1. **Source of Animals**

|  |  |
| --- | --- |
|  | Approved vendor |
|  | Other (list source): |
|  | Transfer from Approved Protocol (list protocol number): |

1. **Location of Animal Housing**

|  |  |
| --- | --- |
|  | Animal Facility (Bldg 63): |
|  | Stephenson Life Sciences Research Center (list rooms): |
|  | Stephenson Research and Technology Center (list rooms): |
|  | Aquatic Research Facility (list greenhouse): |
|  | Richards Hall (list rooms): |
|  | Other (list site): |
|  | Field Study (Do not complete D and E) |

|  |
| --- |
| Animal housing and veterinary care have been coordinated with LAR office.Yes:No:Name of Animal Housing Representative Contacted (typed): |

1. **Special Husbandry Requirements**

**Do your animals have special needs to be addressed by LAR?**

|  |  |
| --- | --- |
|  | Housing under the direct care of LAR is not required. (e.g. ARF greenhouses or Richards Hall)  |
|  | NO. Animals will be cared for according to standard operating procedures of LAR. |
|  | YES (complete table below) |

|  |  |
| --- | --- |
| TEMPERATURE RANGE |  (F) Humidity: (%) |
| LIGHT CYCLE | Hours light: Hours dark: |
| CAGING | Type: Size: ABSL2: ABSL3: |
| BEDDING/LITTER | Type: Autoclaved: Changes/week: |
| WATER | Sterile: De-ionized: Acidified: Tap: Other: |
| DIET | List Special Feeding Requirements: |
| OTHER SPECIAL NEEDS | List: |

1. **Animal Management**

**Individual (or groups of) animals are identified by:**

|  |  |
| --- | --- |
|  | Tag |
|  | Tattoo |
|  | Cage, or Tank Card |
|  | Other. List type of identification: |

**Check all applicable below:**

|  |  |  |
| --- | --- | --- |
| CARE OF SICK ANIMALS | DISPOSAL OF DEAD ANIMALS | PEST CONTROL |
|  | Call Investigator |  | Call Investigator |  | Call Investigator |
|  | Clinician to Treat |  | Necropsy |  | Pesticides OK |
|  | Euthanasia |  | Disposal. List any special requirements: |  | No Pesticides |

1. **Disposition of Animals**

**What will be done with any animals at the conclusion of the project? Mark all that apply.**

|  |  |
| --- | --- |
|  | Animals will be euthanized. |
|  | LAR has permission to REASSIGN animals to another IACUC-approved protocol. |
|  | TRANSFER animals to the following IACUC-approved protocol(s).List Protocol Number(s): |
|  | Catch and release (applies to field studies). |
|  | Return to owner/supplier. |
|  | Other (please state): |
|  | TRANSFER animals to another institution (please state where): |

**SECTION 4: Layman’s Summary of Research/Teaching**

Provide a brief (100 word maximum), non-scientific (i.e., no jargon) explanation of the purpose, materials, and methods in the block below for the benefit of reviewers and animal handlers who need to understand the research project.

|  |
| --- |
|  |

**SECTION 5: Hazardous Materials**

Will pathogenic, zoonotic, recombinant, radioactive, or hazardous chemical agents be **PRESENT IN THE ANIMAL ROOM? Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If pathogenic, zoonotic or recombinant organisms are to be used, this protocol request must be submitted to the Institutional Biosafety Committee (IBC) for approval **PRIOR TO CONSIDERATION** by the IACUC. Final approval will not be granted until IBC approval is received by the IACUC. Similarly, if hazardous chemicals are to be used in the animal room, submit the proposal to the Environmental Health and Safety Office for prior approval. **P.I. MUST PROVIDE** health and safety measures for animal technicians and facility maintenance personnel. In Standard Operating Procedure (SOP) form, describe any precautions, procedures, or personal protection required in handling animals or waste containing listed agents or compounds, or in working in or around the animal room (including air handling system), and **attach a copy of your SOP(s) to this protocol proposal.**

|  |
| --- |
| Will Pathogenic Agents be used (disease causing agents)? YES NOList agents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are these agents zoonotic (infectious to humans)? \_\_ YES \_\_ NO Has request for use of agents been submitted to the Institutional Biosafety Committee (IBC)? YES NOIf not, please contact Andrea Miller (Andrea-Miller@ouhsc.edu or 271-3000)Also note that a Door Posting Form for the Animal Room **is required when using zoonotic agents**.  |

|  |
| --- |
| Will Recombinant DNA and/or Virus Vectors be used? YES NOList:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Has request for use been submitted to the IBRDS Committee? YES NOIf not, please contact The EHSO, or Andrea Miller (Andrea-Miller@ouhsc.edu or 271-3000)Note: Transgenic rodents housed under BL1 conditions are exempt unless: 1) they contain more than 50% of a virus genome, or 2) the transgene is under control of a gamma retroviral long terminal repeat. Please contact either the EHSO (Trent Brown, tbrown@ou.edu or 271-3000) or the IBC Chair (David McCauley, dwmccauley@ou.edu or 325-9038) if you have questions concerning the use of transgenic animals. |

|  |
| --- |
| Will radioisotopes be used? YES NOList isotope(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you certified by the Radiation Safety Committee? YES NO |

|  |
| --- |
| Will hazardous chemicals be used? YES NOList compound(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please note that approval from is required when using hazardous chemicals in the animal facilities. You can contact him regarding a list of hazardous chemicals, and approval of these chemicals.  |

**SECTION 6: Type of Project and Narrative Statement**

|  |  |
| --- | --- |
|  | **TYPE B –** Animals being bred, conditioned, or held for use in teaching or research but not yet used for such purposes. (e.g. a breeding colony of mice which will transfer individuals to experimental protocols.) |
|  | **TYPE C -** Pain or distress will not be induced; animals will only be used for injections, collections, or procedures causing nothing more than minor discomfort; or will be humanely euthanized prior to the procedures that induce pain or distress. |
|  | **TYPE D -** Pain or distress will be relieved by appropriate therapy, e.g. sedatives, analgesics, anesthetics, or euthanasia. |
|  | **TYPE E -** Drug intervention for pain or distress would interfere with the protocol. **(If this block is checked, specific justification MUST be provided here.)** |

Federal regulations mandate that you provide **written, narrative statements** for all projects.

|  |
| --- |
| 1. You must state that “the proposed activities do not unnecessarily duplicate previous experiments”. In this statement, include sources used to make such a determination (e.g., Databases, workshops, expertise in the field, etc.) If an electronic database was used, include database, years and words searched, and date of search.Database used:Years searched:Words searched:Date of search: |

Note: Address the following items only if you indicated project **Type D or E**.

|  |
| --- |
| 2. You must state that you have considered alternatives to procedures producing more than momentary or slight pain or distress. Describe any alternatives available and why they are not appropriate. |

|  |
| --- |
| 3. Describe the methods you used to determine that alternatives to such procedures were not available (Databases, years and words searched, date of search etc.). Put your statements in the block below.Database(s) used:Years Searched:Words Searched:Date of Search: |

**SECTION 7: Animal Treatment Checklist**

Check “Yes” or “No” to each of the following questions. Provide an explanation in Section 8 for any “yes” answers.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q#** | **YES** | **NO** |  |  |
| **1** |  |  | Will animals be restrained? *(Restraint refers to immobilization or other restrictions to normal movement beyond momentary holding for injections, etc. This includes chemical restrain (with sedatives) as well as physical constraint.* | Not applicable |
| **2** |  |  | Will animals be fasted? | Not applicable |
| **3** |  |  | Are any ANESTHETICS, ANALGESICS, or TRANQUILIZERS to be used? Include drug, dose, route and frequency, and how animals will be monitored in Section 8. | **Who will administer? Is that person trained? If not, who will train him/her?** |
| **4** |  |  | Are neuromuscular blocking agents to be used? Include drug, dose, route and frequency, and how animals will be monitored in Section 8. | **Who will administer? Is that person trained? If not, who will train him/her?** |
| **5** |  |  | Will surgical procedures be employed? Check all that apply! Are they: Survival \_\_\_\_\_\_\_ Multiple-Major Survival \_\_\_\_\_\_Multiple-Minor Survival \_\_\_\_\_\_\*Major survival surgery= Any procedure which  penetrates **and** exposes a body cavity or alters  function.Terminal\_\_\_\_\_\_\_ In addition to describing surgical procedures in Sec. 8, you must indicate the time frame between multiple procedures.**Note**: *Survival mammalian surgeries must be conducted aseptically, and major surgical procedures performed on non-rodent species must be conducted in a dedicated surgical facility.* | **Who** will perform surgery? **Is that person trained? If not, who will train him/her?**If survival:**1) Who** will be responsible for recovery of the animals? **2) Who** will maintain post-operative records?**3) Where** will records be maintained?**4) Who** will provide post-operative analgesics? |
| **6** |  |  | Do you anticipate any adverse effects of the experimental procedures on the animals (e.g., pain, discomfort, reduced growth, fever, anemia, etc)? | Not applicable. |
| **7** |  |  | Is death an endpoint in your experimental procedure?**Note**: *Death as an endpoint refers to acute toxicity testing, assessment of virulence of pathogens, neutralization tests for toxins, and other studies in which animals are not euthanized, but die as a direct result of the experimental manipulation.* | Not applicable. |
| **8** |  |  | Are there emergency treatments by the LAR veterinary staff that would not be allowed? | Not applicable. |
| **9** |  |  | Will animals be euthanized during or at the close of the study? | **Who will perform euthanasia? Is that person trained? If not, who will train him/her?** |
| **10** |  |  | Will animals be used for antibody production? | Not applicable. |
| **11** |  |  | Will Complete Freund’s Adjuvant be used? **Must be scientifically justified in Section 8.** | Not applicable. |
| **12** |  |  | Will other adjuvants be used?  | **If yes, please specify here:** |
| **13** |  |  | Will blood be collected? **Note**: *Blood equal to 1.5% of the animal’s body weight per 2 weeks represents the upper approvable limit, unless scientific justification is provided.* | **How often?** **Volume?**  **Who will collect blood? Is that person trained? If not, who will train him/her?** |
| **14** |  |  | Will live animals be taken from approved housing facilities for procedures followed by their return later that day?**Note:**  *Animals may not be housed outside of the Vivarium (e.g. in a laboratory) overnight.* | **If yes, please specify to which building and room/rooms the animals will be taken:****Note:** *This room(s) must be approved for use before the animals can be brought there. Contact* *IACUC coordinator for list of approved rooms.* |
| **15** |  |  | Will live animals be brought onto campus for demonstration, teaching, euthanasia, etc. for which no housing is required? | **If yes, please specify to which building and room/rooms the animals will be taken:****Note:** *This room(s) must be approved for use before the animals can be brought there. Contact* *IACUC coordinator for list of approved rooms.* |
| **16** |  |  | Will field-caught animals be held in a laboratory or at the Aquatic Research Facility? | **If yes, please specify location and type(s) of housing (tanks, cages, enclosures, etc).** |
| **17** |  |  | Will field-caught animals be used as breeding stock? | **If yes, please describe long-term plans for holding animals and offspring.** |

**SECTION 8: Summary of Procedures**

Your response in this section should provide the reader with a complete description of how every animal to be used in this project is to be treated during every phase of the study. Your target audience is a faculty member from a scientific discipline unrelated to yours. Do not use jargon. **Please answer each statement in its own expanding box.**

|  |
| --- |
| 1. Why should this study be done using animals and what hypothesis will be tested? |

|  |
| --- |
| 2. Explain how and/or why the particular animal species was selected?  |

|  |
| --- |
| 3. Explain how you arrived at the number of animals to be used (e.g., power analysis in comparison studies, permitted animal limits in field studies, etc). |

|  |
| --- |
| 4. Provide a complete description of the proposed use of the animals. Describe the experimental design of the study. Include a list of any physical, chemical or biological agents (name, dose, volume, route, frequency) that may be administered (if applicable). If animals are being transported between facilities, describe conditions of transport. If multiple surgical procedures are planned you must include the time frame between those procedures. If food or fluid restriction and/or restraint are used you must include the duration of each. Use tables and outlines to indicate group assignments and study progression. For field studies, describe any manipulations of animals (e.g., marking).  |

|  |
| --- |
| 5 Describe expected adverse effects and the likelihood of those effects (high, low, unknown) |

|  |
| --- |
| 6. Describe procedures designed to assure that discomfort and injury to animals will be limited to that which is unavoidable in the conduct of scientifically valuable research. For anesthesia and survival surgeries, include a description of post-procedural care and monitoring. Indicate how analgesic, anesthetic, and tranquilizing agents will be used where appropriate, to minimize discomfort and pain to the animals. Include any conditions where veterinary treatment would not be allowed. Specify which treatments would not be allowed, and include a scientific justification. It is advisable that you obtain input from OU’s Attending Veterinarian (Dr. Alisha Preno) or from another veterinarian familiar with the species to be used**.** |

|  |
| --- |
| 7. Describe any euthanasia method to be used. Even if euthanasia is not planned please provide a “What If” scenario in the event of unforeseen circumstances. Justify any deviation from AVMA Guidelines on Euthanasia, 2013. Text, viewable at <http://avma.org/resources/euthanasia.pdf> and on IACUC website. For field studies, refer to the species-specific guidelines for species not covered by the AVMA Guidelines. These are also available on the IACUC website (iacuc.ou.edu). |

**SECTION 9: Investigator Training**

In accordance with IACUC policy, all personnel conducting animal-based research must complete investigator training and verify their training, experience and skills in the care and use of the animals and techniques for which they are responsible. Training includes 3 components: 1) AALAS Learning Library module “Working with the IACUC”, 2) Species-specific training (AALAS Learning Library Species Modules for investigators working with laboratory animals, or published Guidelines for working with particular vertebrate groups for investigators conducting field work), and 3) Laboratory Specific Risk Assessment. Instructions for Training are available on the IACUC Webpage (iacuc.ou.edu).

List all persons involved in animal care and use for this study below. Add additional lines as needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **University email address** | **“Working with the IACUC”****Date Completed**  | **Species-specific****Date Completed** | **Laboratory – Specific Risk Assessment****Date Completed** | **Other Training or Experience** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Who will train individuals for participation in protocol procedures? Answer in the block below.

|  |
| --- |
|  |

Personnel participating in the project must complete the online investigator training course once every three years. Protocols will not be approved until all personnel have completed their investigator training.

The online investigator training course is offered through the AALAS Learning Library [www.aalas.learninglibrary.org](http://www.aalas.learninglibrary.org) .

**SECTION 10: Occupational Health and Safety Program for Working with Animals (OHSPWA)**

It is the responsibility of the principal investigator to insure that all personnel involved with the project read parts of the Occupational Health and Safety Program for Working with Animals relevant to the proposed project. **All persons listed in Section 9 must read the parts of the document (available on the website iacuc.ou.edu) deemed appropriate by the PI and indicate they have done so with their signature. Add additional rows in the table as needed.**

|  |  |  |
| --- | --- | --- |
| Printed Name: | Signature: |  I have read the OHSPWA as it relates to the study in which I am involved. |
| Printed Name: | Signature: | I have read the OHSPWA as it relates to the study in which I am involved. |
| Printed Name: | Signature: | I have read the OHSPWA as it relates to the study in which I am involved. |
| Printed Name: | Signature: | I have read the OHSPWA as it relates to the study in which I am involved. |