

APPLICATION FOR VERTEBRATE ANIMAL USE

WEST TEXAS A&M UNIVERSITY
APPLICATION FOR VERTEBRATE ANIMAL USE
(Non-Agricultural)
(revised 7/31/04)

ID# _____ (Committee Use Only)

NOTE: BEFORE COMPLETING THIS FORM, READ [INSTRUCTIONS here](#).

If this application covers a clinical study involving privately owned animals, please attach a copy of the client consent form. If this application covers animal use for teaching, please attach a copy of the course syllabus.

Only typed forms will be accepted.

Title of project: _____

Submitted to (Name of Funding Agency, if applicable): _____

Agency Deadline: _____

If this project has been approved previously by the Committee, please indicate the ID# of the previous application _____ and expiration date: _____

A COPY OF THIS APPROVED PROTOCOL WILL AUTOMATICALLY BE SENT TO THE ANIMAL HOUSING FACILITY NAMED IN THE CONFIDENTIAL SECTION OF THIS DOCUMENT.

DO NOT WRITE BELOW THIS LINE. APPLICATION CONTINUES ON NEXT PAGE.

Please retain a copy and, AS APPROPRIATE, submit a copy with your application to various University offices through which applications must be routed, or send a copy directly to the review group or project officer in the Funding Agency for your project.

Date of Review: _____

____ Approved ____ Approved with modification (Attached) ____ Not Approved

This institution has an Animal Welfare Assurance on file with OLAW .

Chairman, Institutional Animal Care and Use Committee

EXPIRATION DATE: _____

CONFIDENTIAL

INFORMATION ON PAGES 2 AND 3 IS CONSIDERED PRIVATE AND NOT SUBJECT TO RELEASE UNDER THE PUBLIC RECORDS ACT. PLEASE PROVIDE THE APPROPRIATE INFORMATION IN THE SPACES

PROVIDED BELOW, BUT DO NOT INCLUDE THIS INFORMATION IN ANY OTHER PORTION OF THE APPLICATION. THE REST OF THE APPLICATION IS CONSIDERED PUBLIC AND IS SUBJECT TO RELEASE.

Principal Investigator (PI) _____ Phone Number _____
Department _____ Box Number _____
E-mail address: _____ Fax Number _____

Lab Contact (Technician) and phone number: _____

After-hours emergency contact and phone number: _____

1) a. Will animals be housed? ____ Yes ____ No

If no, explain why not (i.e. field studies, client owned). For field studies, give location. Be specific.

b. Where will animals be housed?

Animal Facility Name: _____ Room Number (if known): _____

Describe the facilities – Include Sq. footage, temperature, and ventilation.

c. Where will procedures (including surgeries) be performed? Include building and room number.

d. Will animals be maintained at any time in Investigator's lab or any off-campus site? ____ Yes ____ No

If yes, how long? _____ Building _____ Room Number _____

If greater than 12 hours, provide justification. These arrangements must be approved by the IACUC.

e. For animals that are transported away from the animal facility to an investigator's lab or to any off-campus site, describe containment of animals and method of transport.

2) List all personnel in your research group who will care for and work with the animals without direct (in-lab) supervision; include the PI. For each person:

- Indicate their role in the project.
 - List animal-related experience and training, for procedures being performed, in sufficient detail to allow the IACUC to determine that individuals are qualified; listing of degrees is not sufficient. Provide specific information for those performing euthanasia, and if applicable, for those performing anesthesia and/or surgery.
- FOR SECTION G (Animal use categories D and E)**

3) If applicable, list experts in the area of investigation with whom you have consulted. Provide name, position, and briefly describe area of expertise:

PRINCIPAL INVESTIGATOR ASSURES:

- *That she/he will abide West Texas A&M policies for the care and use of animals; the provisions of the ILAR Guide for the Care and Use of Laboratory Animals; and all federal, state and local laws and regulations*

governing the use of animals in research; and that he/she understands that emergency veterinary care will be administered to animals showing evidence of pain or illness, in addition to routine veterinary care as prescribed for individual species in the Standard Operating Procedures;

- *That all manipulations involving live animals will be performed under her/his supervision or that of another qualified individual listed on this protocol;*
- *That all personnel having direct animal contact, including the investigator, have been trained in humane and scientifically acceptable procedures in animal handling, administration of anesthetics, analgesics, and euthanasia to be used in this project, and have completed the WTAMU Animal Welfare training module, or are under the direct (in-lab) supervision of a trained individual; and that employees will be allowed adequate time to attend training sessions;*
- *That personnel with animal or animal tissue contact participate in the Occupational Health and Safety Program;*
- *That this proposed animal use does not unnecessarily duplicate previous activities;*
- *That she/he will obtain approval from the IACUC before initiating any changes in this study, including changes in personnel or location of animal use;*
- *That she/he will notify the IACUC and the attending veterinarian regarding any unexpected study results that adversely impact the animals, including any unanticipated pain or distress, morbidity or mortality.*

I have read, understand, and will comply with the assurance statements.

Signature of P.I. _____ Date _____

Any deviation from an approved protocol or violations of pertinent policies, guidelines or laws could result in immediate suspension of this project.

SECTION A. Animal Care and Use (Completion of this section is required for all applications)

1. Describe in non-scientific terms the purpose and importance of this animal use activity.

2. Describe in non-scientific terms how animals will be used. Include all manipulations and procedures. This description should allow the IACUC to understand what happens to an animal from the time of acquisition to the endpoint of the activity.

3. What is the rationale for using animals for this activity? (Can this study be done without using animals?)

4. Describe the appropriateness of the species to be used.

5. a. Provide the following information for all animals. No animal should be listed more than once; count each in highest proposed category of use.

Species and strain (include common name)*	age and/or weight**	Source***	category of use****	total number requested for 3 years

*For field studies involving capture methods, anticipated non-target (by catch) species should also be indicated by species or in aggregate as “miscellaneous.”

**Give ranges if the specific information is unknown.

***Please choose from the following sources: commercial vendor, client-owned (teaching hospital, non-university farms), random source, university-owned teaching and research herds or flocks, rental or stock animals, purpose-bred, collected from wild, animals in natural habitat, other (define). DO NOT USE VENDOR OR COLLABORATOR NAMES.

****See [WEBSITE](#)

- b. Is this a laboratory exercise for purposes of teaching students? ___ Yes ___ No

- c. Do you have data from prior studies that is sufficient to calculate the sample size? ___ Yes ___ No

d. How did you determine the number of animals to be used in this study?

- PI's decision (no outside resources)
- CVM Population Medicine Statistics Consultant
- Contractual Agreement with Grantor
- Other. Please specify:

e. Using the specifics of your experimental plan (or demonstration or course syllabus, as applicable), demonstrate how the numbers of animals required to achieve your scientific (or teaching) objectives for this project (i.e., the numbers given in Sec. A.5.a) were calculated. Include details of numbers of animals per group, control groups, treatment groups, pilot studies, and potential experimental failure. Information may be provided in the form of a table or flow chart. (Note: You must submit an amendment to exceed this allotment of animals.)

SECTION B. Invasive sample collection from live animals (blood/urine/feces/tissue/other [define])

Species	sample	site(s) of sample collection	method(s)	volume(s)	frequency of collection

Provide details for any sample collection procedures that may not be clear from the table or Section A.2.

SECTION C. Substance Administration

Anesthetics, analgesics, tranquilizers and euthanasia agents should be listed in Sections D and F. Dietary manipulations should be described in detail in Section A.2, and Section D.8, if applicable.

1. Will anything be administered to animals? YES NO. If YES, list specific agents below and provide dosage information (mg/kg body weight and volume), unless provided in Section A.2.

Radioisotopes? List/dosage:

Pathogenic or viable organisms? List/dosage:

_____ Toxic chemicals? List/dosage:

_____ Carcinogens? List/dosage:

_____ *Transplantable tumors? List/dosage:

_____ * Biological materials such as tissue, sera, or cell lines? List/dosage:

_____ Recombinant DNA? List/dosage:

_____ * Others not listed above? List/dosage:

*If materials have been derived or passed through rodent species, product must be free of infectious agents (Mouse Antibody Production [MAP]/Rat Antibody Production [RAP]/Hamster Antibody Production [HAP] testing are diagnostic assays used as indicators of viral contamination of rodent products).

2. For each of the above, describe in detail the precautions taken to protect people and animals in the environment, including handling practices for contaminated excreta, bedding and toxic metabolites.

3. Describe the effects of these agents on the experimental animal. Potential for pain or distress should be addressed in Section D.

4. Safety plan approved by WTAMU Environmental Health and Safety?

___ Yes # _____ No ___

Radiological approval needed?

___ Yes # _____ No ___

Does the safety plan reflect the location of this experiment and the experimental protocol?

___ Yes ___ No If no, contact WTAMU Environmental Health and Safety, phone 806-651-2134.

1.1. SECTION D. Potential Pain and Distress

Use this section to discuss all procedures or conditions that may be accompanied by pain, distress, or discomfort. Include discussion of infectious or spontaneous disease studies and transgenic animals, even if clinical signs or abnormal phenotypes are not expected.

1. List each procedure or condition with potential for pain, distress, or discomfort, and give the species and number of animals affected. Describe the clinical signs or abnormalities that are expected or possible.

2. Describe the monitoring plan for pain and distress, including frequency and duration of checking for health or behavioral abnormalities.

3. Describe how pain, distress, and discomfort will be minimized, consistent with scientific objectives. (Use Section D.6 to describe use of anesthetics, analgesics, tranquilizers, or other palliative therapies.) Include the actions to be taken, and the specific criteria/endpoints for euthanasia, if applicable. (Examples include not eating for >24 hours, loss of >15% of normal body weight, self-mutilation, non-weight bearing for >24 hours, etc. In some cases, it may be appropriate to euthanize animals at the first sign of clinical abnormality.)

4. If painful or distressful procedures or conditions will NOT be relieved with anesthesia, analgesia, tranquilization, other palliative therapies or humane endpoints, provide scientific justification.

5. If death is intended to serve as an experimental endpoint (i.e., if animals must be allowed to die from an experimental condition or procedure), provide scientific justification.

6. If painful or distressful procedures or conditions are relieved with anesthesia, analgesia, tranquilization, or other palliative therapies:

a) For each species to be used, list procedure or condition in which anesthesia, analgesia, tranquilization or other palliative therapies will be used. Provide drug, dose, route, frequency of administration, and anticipated duration of therapeutic effect. Include all medications, such as pre- and post-anesthetics, antibiotics, paralytics, etc. (If applicable, describe surgery in next section.)

Species	procedure or condition	agent	Dosage, route	frequency	Duration

b) Describe monitoring procedures to ensure adequacy and safety of anesthesia or tranquilization.

c) Describe monitoring procedures for recovery from anesthesia or tranquilization.

d) How will adequacy of post-operative/post-procedural analgesia or other pain-relieving therapies be ensured?

7. **Physical restraint** (more than one hour): Describe physical restraint methods. How will potential distress be minimized (e.g., sedation, acclimation/training)?

8. Describe **trapping or other capture methods** used in field studies, unless discussed in Section A.2. Explain how pain, distress, and discomfort are minimized.

9. **Exceptions to standards:** Describe and justify any exceptions to federal regulations or standards, and give the species of animal and number to be used. (Examples of exceptions: use of an animal in more than one protocol involving a major operative procedure from which it is allowed to recover; deprivation of food or water; maintaining animals at temperatures and/or humidities outside the ranges specified by the standards; not cleaning and/or sanitizing at required frequencies; not providing diurnal lighting as required; not meeting space requirements; exceptions from the exercise plan for dogs.)

SECTION E. Surgery

Surgery and postoperative monitoring and records must be in accordance with IACUC guidelines. Refer to the IACUC Guidelines on Intra and Post Operative Monitoring and Record Keeping. ([website pending](#) Go to “Policies.”) Contact the University Attending Veterinarian (see committee information on WTACCESS) for additional information or forms. Be sure personnel qualifications for those performing surgery and postoperative care are adequately described in the Confidential Section, number 2.

1. Will surgery be survival or non-survival?

Survival Non-Survival (animal does not recover from anesthesia prior to euthanasia)

2. Describe in detail the surgical procedure(s) for each species to be used. Include description of presurgical preparation and method of closure, if applicable.

3. If the animal will recover from anesthesia, how long will the animal be maintained after recovery?

4. Describe in detail the postoperative care, including any specialized care. (Use of analgesics should be described in Section D, above.)

5. Will individual animals undergo more than one surgical procedure? ___Yes ___No
If yes, provide scientific justification. (Multiple major survival surgeries should be justified in Section D.9.)

SECTION F. Euthanasia/Disposition

1. Provide the following information for all planned/experimental euthanasia of animals. (Death must be confirmed for all methods.) Complete Section F.4 if animals will not be euthanized.

Species	Method/agent	dosage, route

2. Justify methods that vary from those recommended by the most recent report of the American Veterinary Medical Association Panel on Euthanasia. Decapitation and cervical dislocation require justification.

3. If these animals are not to be euthanized as part of your protocol, what will become of them?

SECTION G. Consideration of Alternatives

Are there procedures or conditions that may potentially cause more than momentary or slight pain or distress? (By definition, this includes all Category D and E studies.)

If yes, there must be a written narrative description of the methods and sources [e.g. biological abstracts, Index Medicus, Current Research Information Service, and/or the Animal Welfare Information Center operated by the

National Agricultural Library (phone 301/504-6212)] which were consulted to determine the availability of alternatives (reduction, refinements, replacement).

"Alternative" refers to methods, models, and approaches that result in the reduction of the number of animals used, that incorporate refinements of procedures which result in the lessening of pain or distress to animals, or that provide for the replacement of animals with non-whole animal systems or the replacement of one animal species with another, particularly if the substituted species is non-mammalian or invertebrate.

1. Literature search for alternatives: list the databases, years searched in each database, keywords used, and date the search was performed (or attach the summary sheet with this information). Keywords should include those likely to yield information on alternatives to the potentially painful or distressful procedures or conditions that are part of this protocol.

2. Other information services utilized (list):

3. Other methods or sources used (briefly describe). Names of consultants should be listed in the confidential section of this application, item number 3.

4. Summarize how the above methods and sources have helped you identify alternatives or determine that alternatives are not available.