**Old Dominion University**

**IACUC PROTOCOL REVIEW FORM**

Submission instructions: Please e-mail this form and any applicable attachments to the Office of Research ([kwheeler@odu.edu](mailto:kwheeler@odu.edu)) with PI’s CV or Biosketch by the submission dates listed at <http://www.odu.edu/ao/research/compliance/animals.shtml> Electronic signatures are acceptable.

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| **FOR IACUC USE ONLY** | |
| IACUC Number: | Submission Date: |
| Notes: | Veterinarian Review Date: |
| Statistician Review Date: |
| Committee Review Date: |
| Final Approval Date: |

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| A. ADMINISTRATIVE DATA | | | | | | | | | | |
| **Is this application funded or pending funding by outside source?** | | | | **Yes, funded  Yes, pending  No** | | | | | | |
| **If yes, which source?** | | | | | | |
| If Yes, please submit the Specific Aims and Vertebrate Animals sections from your grant application. | | | | | | |
| **Project Title (If a grant supports the project, the titles must be identical):** | | | | | | | | | | |
| **Principal Investigator:** | | | | | | | | | | |
| Position: |  | | | | | | | | | |
| Department: |  | | | | | | | | | |
| Address 1: |  | | | | | | | | | |
| Address 2: |  | | | | | | | | | |
| Email Address: |  | | | | | | | | | |
| Phone: |  | | | | Emergency Phone: |  | | | | |
| **Animal Emergency Contact Person:** | | | | | | | | | | |
| Email Address: |  | | | | | | | | | |
| Phone: |  | | | | Emergency Phone: |  | | | | |
| Other Responsible Personnel (co-investigators, graduate students, postdoctoral fellows, technologists, etc.): *Documentation of training must be submitted for newly trained personnel* | | | | | | | | | | |
| Name, degree, and position | | Role in this protocol | | | | | Email Address | | | |
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| **Proposed Starting Date:** | | | **Proposed Ending Date (3 years max):** | | | | | | | |
| **Reviews by other regulatory committees.** If the answer to any of the questions is “yes” please provide the date of approval of responsible committee or office. Please attach the approval along with the procedures for safe handling and disposal of animals and materials. | | | | | | | | | | |
| **Reviews by other regulatory committees.** | | | | | | | | Yes | No | Date |
| 1. Use of radioisotopes *in vivo*? Radiation Safety Committee | | | | | | | |  |  |  |
| 2. Use of known chemical hazards, mutagens, teratogens? Environmental Health & Safety | | | | | | | |  |  |  |
| 3. Use of recombinant DNA? –Institutional Biosafety Committee | | | | | | | |  |  |  |
| 4. Use of biohazards? Institutional Biosafety Committee | | | | | | | |  |  |  |
| 5. Study conducted at Biosafety Level 2? Institutional Biosafety Committee | | | | | | | |  |  |  |
| 6. Study conducted at Biosafety Level 3 or 4? (Cannot be conducted at ODU.) | | | | | | | |  |  |  |
| 7. Use of non-pharmaceutical grade drugs?  If yes, provide name of drug and % purity  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  |  |  |

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| B. ANIMAL REQUIREMENTS | | |
| Animal species, strain, & common name (if applicable): | | |
| Sex and Age/Weight (size): | Vendor/source of animals (check all that apply):  An approved vendor  Transfer from another protocol or PI  Other source: Click here to enter text. | |
| Location where animals will be held: IRP2  MGB  Other (list below) |
| Satellite or Field Location: | | |
| If animals are to be maintained as a standing colony, maximum number at any one time: | | Total number of animals to be used in this protocol (Consider adding an extra 10% for extenuating circumstances, vendor overages, etc): |

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| C. STUDY OBJECTIVES |
| Describe briefly the objective(s) of this study at the level of a high school senior (limit 250 words): |
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| Technical Abstract (limit 400 words): |
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| Scientific Value of the Study: |
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| D. RATIONALE FOR ANIMAL USE | | | |
| **1. Explain your rationale for animal use in this study at the level of a high school senior.** | | | |
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| **2. Justify the appropriateness for the species chosen.** | | | |
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| **3. The Animal Welfare Act regulates animal care and treatment. This act requires Principal Investigators to consider alternatives to procedures that may cause more than momentary or slight pain or distress to animals and to consider the “Three R’s”:**  **Refinement** is defined as an alternative to earlier examples of animal use by better use and/or modification of existing procedures so that animals are less subject to pain or distress.  **Reduction** is defined as a lesser number of animals used to obtain information of a certain amount and precision through sharing of animals, better experimental design, or changed practices.  **Replacement** is defined as an alternative to animal use, replacing animal use with some method that does not require whole animals, e.g., the substitution of insentient materials for animals, substitution of a lower species less sensitive to pain and distress, etc. | | | |
| **3a. Database searches for alternatives such as refinement, reduction, and replacement as described above**. Search at least two databases. Do not use non-refereed search engines such as Google or non-refereed sources such as Wikipedia. Give the date you carried out your computerized search, the keywords used in the search, and the years covered in the search. The keywords used should be relevant to the protocol. | | | |
| **Database** | **Search Date** | **Keywords** | **Time period covered by search** |
| AGRICOLA (USDA)  <http://agricola.nal.usda.gov/> |  |  |  |
| Animal Welfare Information Center (AWIC, USDA)  <http://awic.nal.usda.gov/nal_display/index.php?tax_level=1&info_center=3> |  |  |  |
| Current Research Information System (CRIS,USDA)  <http://cris.csrees.usda.gov/> |  |  |  |
| PUBMED (NLM)  <http://www.ncbi.nlm.nih.gov/pubmed/> |  |  |  |
| TOXNET (NLM)  <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?TOXLINE> |  |  |  |
| RePORTER (NIH)  <http://report.nih.gov/searchable_public_databases/index.aspx> |  |  |  |
| Biomedical Research Database (BRD,DOD)  <http://brd.dtic.mil/> |  |  |  |
| Other (please describe): |  |  |  |
| **Please describe your findings below.** Include the number of citations found and a brief narrative description summarizing your findings, including citations of pertinent references found. | | | |
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| 3b. Describe any provisions specific to this protocol that refine, reduce or replace the use of animals, including computer and animal modeling*, in vitro* cell, tissue, or organ culture. Address each of the 3R’s (refinement, reduction, and replacement).  Refinement:  Reduction:  Replacement: | | | |
| **3c. Consultation with other experts in area of investigation.** Please list names, qualifications, and a brief narrative of the discussion. | | | |

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| E. DESCRIPTION OF EXPERIMENTAL DESIGN AND ANIMAL PROCEDURES | | | |
| Briefly explain the general experimental design. This description should be written so as to enable the IACUC to understand the experimental course of the animal from its entry to its endpoint in the study. A clear description of the species, number of animals, and their distribution into experimental groups including tables, flow charts, diagrams, etc. will expedite the review process. Specify the normal experimental endpoint. (More detailed information regarding husbandry, anesthetics/analgesics, surgical procedures, etc should be provided in the appropriate attachments) | | | |
| **Statistical Justification.** Provide justification that the number(s) given in this protocol is the minimum necessary to obtain *statistically meaningful* results. A reference to an appropriate statistical methodology and to a sample size determination formula or the recommendations of a qualified statistician may be used. If the services of a statistician were used, provide a brief (2 page) CV or biosketch of the qualifications of the statistician. | | | |
| **Animal identification method**, if appropriate, including ear tags, tattoos, collars, cage cards, etc. | | | |
| Procedure | Yes | No | If yes, include: |
| Any other than standard or routine husbandry and handling practices required (e.g. special housing, animal care requirements or safety requirements such as water or feed or waste disposal) |  |  | Attachment A |
| Injection, inoculation, or delivery of substances other than anesthetics or analgesics (e.g. antibiotics, drugs, reagents, radiation, biohazards, chemical agents, infectious agents, recombinant DNA, tumor cells, etc.) |  |  | Attachment B |
| Ante-mortem specimen collection (fluids, cells, tissues, or organs) |  |  | Attachment C |
| Other experimental procedures (behavioral manipulations, noxious stimuli, forced exercise, physical restraint) |  |  | Attachment D |
| Surgical procedures |  |  | Attachment E |
| Injection, inoculation, or delivery of anesthesia, analgesia, or tranquilization |  |  | Attachment F |
| Death as an endpoint |  |  | Attachment G |
| Field study and/or field collection |  |  | Attachment H |
| Post-mortem specimen collection (fluids, cells, tissues, or organs) |  |  | Attachment I |

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| F. PAIN OR DISTRESS | | | | | | |
| Describe in detail the possible adverse effects for each experimental procedure and/or agent administered to the animals. Describe the clinical parameters specific to the species used and the procedure that will be monitored to indicate adverse effects, pain, or distress to the animals. | | | | | | |
| Check the appropriate category(s) and indicate the approximate number of animals in each. If multiple procedures are to be performed, place the animal in the category for the most painful/distressful procedure. The animal total in this section should equal the animal total in the protocol. **Include Attachment F if any animals are included in the categories “Alleviated Pain or Distress” or “Unalleviated Pain or Distress.”** | | | | | | |
|  | | | **Year 1** | | Year 2 | Year 3 |
| **No Pain or Distress:** Number of animals involved in procedures that are anticipated to have the potential to produce more than momentary or slight pain, discomfort, or distress. | | |  | |  |  |
| **Alleviated Pain or Distress:** Number of animals for which anesthesia or analgesia will be administered to avoid or alleviate pain or distress (eg. general anesthesia for surgical procedures, analgesia or anti-inflammatory agents). | | |  | |  |  |
| **Unalleviated Pain or Distress:** Number of animals where alleviation of pain or distress are contraindicated for justifiable reasons.  **A detailed justification is required.** | | |  | |  |  |
| Place the study in the appropriate USDA pain category below based on the most painful/distressful procedure an animal could experience as a normal result of this protocol: | | | | | | |
| **USDA Category B**  Breeding or Holding Colony  Protocols | **USDA Category C**  No more than momentary or  slight pain or distress and no  use of pain-relieving drugs, or  no pain or distress. For  example: euthanatized for  tissues; just observed under  normal conditions; positive  reward projects; routine  procedures; injections; and  blood sampling. | **USDA Category D**  Pain or distress appropriately  relieved with anesthetics,  analgesics and/or tranquilizer drugs or other methods for relieving pain or distress. | | **USDA Category E**  Pain or distress or potential  pain or distress that is not  relieved with anesthetics,  analgesics and/or tranquilizer drugs or other methods for relieving pain or distress. | | |

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| G. DISPOSITION OF ANIMALS AT END OF STUDY | |
| Experimental Endpoint. Check all that apply. | |
|  | Euthanasia (complete Euthanasia section below) |
|  | Death as an endpoint refers to projects in which the animals’ experimentally induced death is required as a measured data point. It does not refer to projects in which the animals will be euthanized prior to non-experimentally induced death for tissue collection or project termination. All "death as an endpoint" protocols without relief of pain or distress are identified as USDA Pain Level E. (ex. LD 50 study) If yes, include Attachment G |
|  | Return to animal colony |
|  | Available for transfer to another protocol. Animals that have undergone major survival surgery are not eligible for transfer to another survival surgery protocol. |
|  | Post-mortem animal tissues from this protocol may be available for use by other researchers. Euthanasia of animals for the sole purpose of providing tissues to another researcher is not permitted. |
| Early Endpoint. Specify results that will enable animal to be dismissed from the study; e.g., percentage body weight gain or loss, survival to specified study day, abnormal behavior, etc.) | |
| Euthanasia. Per the *American Veterinary Medical Association Guidelines on Euthanasia* (2013), “When properly used by skilled personnel with well-maintained equipment, physical methods of euthanasia may  result in less fear and anxiety and be more rapid, painless, humane, and practical than other forms of euthanasia.” In those situations where physical methods may be the most appropriate method for euthanasia and rapid relief of pain and suffering, extreme care and caution must be exercised, and personnel performing physical methods of euthanasia must be well trained and monitored for each type of physical technique. If a physical method, such as decapitation or cervical dislocation, will be used as the primary means of euthanasia, please provide scientific justification and a secondary method of euthanasia to confirm death. | |

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| H. PRINCIPAL INVESTIGATOR CERTIFICATION |
| Statement of Responsibility  I acknowledge that federal and institutional regulations require that any significant changes in my research protocol (i.e., animal model, procedures, personnel) must be approved prior to implementation. I assume responsibility for compliance with such regulations by PHS policy, USDA Regulations, the National Research Council Guide for the Care and Use of Laboratory Animals, all federal regulations, and policies of Old Dominion University governing the use of animals in research or teaching. Failure to comply with these regulations could result in a suspension of my protocol.  A. I declare that all personnel having direct live animal contact on this project, including myself, have been or will be trained in humane and scientifically acceptable procedures for animal handling, procedural techniques, administration of anesthesia, analgesia and euthanasia to be used in this project to ensure that no unnecessary pain or distress will be caused as a result of the procedures/manipulations, and all are aware of the hazards involving the use of live animals and tissues. (A “Qualifications for Working with Animals, Form B” must be on file in the Office of Research for all personnel on this protocol)  B. If survival surgery is to be done, I certify that the individuals listed in Section A of this protocol have received training in aseptic surgical methods and techniques; proper use of anesthetics, analgesics and or tranquilizers; and procedures for reporting animal welfare concerns.  C. If significant, long-lasting pain or distress will result from the procedures described in this protocol (USDA Pain Category “D” or “E”), I certify that I have reviewed the pertinent scientific literature and have found no valid alternatives to any procedures described herein.    D. If live vertebrate animals will be housed at Old Dominion University I will permit emergency veterinary intervention, even if it could compromise my experiments, for animals showing evidence of pain or illness not addressed specifically in the approved protocol, in addition to appropriate veterinary care as prescribed for individual species. I understand that it is my responsibility to provide current and updated emergency contact information if veterinary intervention will compromise my experiments.  E. I certify that the information provided within this application is accurate to the best of my knowledge. I also understand that should I use the project described in this application as a basis for a proposal for funding (either intramural or extramural), it is my responsibility to ensure that the description of animal use in such funding proposal is identical in principle to that contained in this application.  F. I certify that all personnel on this project will complete the mandatory CITI Training and will receive training from the animal facility manager if this project requires use of the animal facility in MGB or IRP2.  G. I am aware that the use of hazardous agents in animals may only be initiated after approval from IACUC, the Biosafety committee, and the Office of Environmental Health & Safety (OEHS).  H. I understand that this protocol is valid for a period not to exceed one year from the date of approval and that further approvals are required to continue animal use under this protocol.  I. I certify that the activities described in this protocol do not unnecessarily duplicate previous experiments. |
| **Printed Name of Principal Investigator:** |
| **Signature of Principal Investigator:** |
| **Date:** |
| J. APPROVAL BY INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE |
| **Printed Name of IACUC Chair or Designee:** |
| **Signature of IACUC Chair or Designee:** |
| **Date:** |

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| **CHECKLIST FOR ANIMAL PROTOCOLS**  **PI MUST COMPLETE AND INCLUDE THIS WITH THEIR PROTOCOL** | | |
| **Subject** | **Item included?1** | **Page** |
| **A. Administrative Data** |  |  |
| Project Title |  |  |
| Principal Investigator |  |  |
| Other responsible personnel |  |  |
| Proposed start date and end date |  |  |
| Approvals of other regulatory committees |  |  |
| **B. Animal Requirements** |  |  |
| Species of vertebrate, age, weight, supplier, location where animals held |  |  |
| Total number of animals used and standing colony maximum number if appropriate |  |  |
| **C. Study Objectives** |  |  |
| Lay description |  |  |
| Technical abstract |  |  |
| **D. Rationale for Animal Use** |  |  |
| Lay rationale |  |  |
| Appropriateness of species used |  |  |
| Search of two databases |  |  |
| Consultation with experts in the field |  |  |
| **E. Animal Procedures** |  |  |
| Description of experimental design |  |  |
| Statistical justification of animal numbers |  |  |
| Other than standard husbandry – if yes, attach Attachment A |  |  |
| Test substances – if yes, attach Attachment B |  |  |
| Ante-mortem specimen collection - if yes, attach Attachment C |  |  |
| Other experimental procedures - if yes, attach Attachment D |  |  |
| Surgical procedures - if yes, attach Attachment E |  |  |
| Injection, inoculation, or delivery of anesthesia, analgesia, or tranquilization - if yes, attach Attachment F |  |  |
| Death as an endpoint - if yes, attach Attachment G |  |  |
| Field study/collection - if yes, attach Attachment H |  |  |
| Post-mortem specimen collection - if yes, attach Attachment I |  |  |
| F. Pain or Distress |  |  |
| Description of possible adverse effects |  |  |
| Pain categories – total number must equal number of animals in study |  |  |
| Alleviated Pain or Distress” or “Unalleviated Pain or Distress – Attach Attachment F |  |  |
| Pain and distress: specify the number of animals that will be given anesthetic, analgesic or tranquilizing drug |  |  |
| **G. Disposition of Animals at the End of the Study** |  |  |
| Experimental endpoint: specify when animal dismissed from study |  |  |
| Experimental endpoint: Death as an endpoint – if yes, attach Attachment G |  |  |
| Early endpoint: specify when animal dismissed from study |  |  |
| Is applicable, is the method of euthanasia described and the lethal agent indicated? |  |  |
| **H. Certifications** |  |  |
| Statements of responsibility read and checked? |  |  |
| PI signature: typed name, date and handwritten signature? |  |  |
| 1Check if included; 0 if not included; N/A if not applicable. | | |

| **ATTACHMENT A. SPECIAL HUSBANDRY** |
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| In the space below, describe any special husbandry and handling practices necessary for this protocol. Examples include special caging, dietary manipulations, modified light cycle, confinement, isolation, unique strain requirements, stays exceeding 12 hours in study rooms, and others. If this practice will cause more than momentary pain or discomfort to the animals, include Attachment F. |
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| In the space below, justify the implementation of the special practice. |
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| ATTACHMENT B. SUBSTANCES OTHER THAN ANESTHESIA AND ANALGESIA | | | | | | |
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| Indicate the substance and complete the additional information below. Classes include antibiotics, drugs, reagents, radiation, biohazards, chemical agents, infectious agents, recombinant DNA, tumor cells, adjuvants, other. | | | | | | |
| # | Substance  (including vehicle) | Class | Dose | Route | Frequency | Duration |
| 1 |  |  |  |  |  |  |
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| 15 |  |  |  |  |  |  |
| In the space below, indicate the purpose of substance administration, its justification in relation to the hypothesis, and the expected effect on the animals. If none, so state. If any substance will cause more than momentary pain or discomfort to the animals, include Attachment F. | | | | | | |
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| If any substances are hazardous, please describe procedures to ensure safe handling and disposal. If appropriate, attach the standard operating protocol accepted by the appropriate regulatory or safety committee. | | | | | | |
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| ATTACHMENT C. ANTE-MORTEM SPECIMEN COLLECTION | | | | |
| --- | --- | --- | --- | --- |
| List the tissues or fluids to be collected and complete the additional information below. If any procedure will cause more than momentary pain or discomfort to the animals, include Attachment F. | | | | |
| # | Tissue or Fluid | Amount | Frequency | Method of Collection |
| 1 |  |  |  |  |
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| ATTACHMENT D. OTHER EXPERIMENTAL PROCEDURES |
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| In the space below, describe any other experimental procedures necessary for this protocol including the duration of the procedure. Examples include behavioral manipulations, physical restraint, or forced exercise. If any procedure will cause more than momentary pain or discomfort to the animals, include Attachment F. |
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| ATTACHMENT E. SURGICAL PROCEDURES |
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| Describe the surgical procedures necessary for this protocol below. If any procedure will cause more than momentary pain or discomfort to the animals, include Attachment F. |
| a. Procedure: In the space below, describe in detail any surgical procedures planned including the aseptic methods to be utilized. |
|  |
| b. Pre- and Postoperative Care: In the space below, detail the provisions for both pre- and postoperative care and identify the responsible individual. |
|  |
| c. Location: In the space below, give the building and location/room number for the proposed surgical procedure. |
|  |
| d. Surgeon/Qualifications: In the space below, indicate who will perform the surgery, and his/her qualifications, training, or experience in the proposed procedure. The attending veterinarian may provide training and verification of experience in surgical, technical, and handling procedures, if necessary. |
|  |
| e. Multiple Survival Surgery Procedures: Multiple major operative procedures on the same animal must be adequately justified for scientific reasons by the P.I. in writing in the space below. |
|  |
| f. In the space below, justify the surgery in relation to the hypothesis, and the expected effect on the animals. |
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| ATTACHMENT F. ANESTHESIA, ANALGESIA OR TRANQUILIZATION | | | | |
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| For animals that may experience pain or distress, specify the anesthetics, analgesics, sedatives or tranquilizers that are to be used. | | | | |
| Agent | Dose  (mg/kg) | Route | Frequency | |
| Sedatives/Tranquilizers | | | | |
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| Anesthetics – General | | | | |
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| Anesthetics – Local | | | | |
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| Analgesics | | | Frequency | Length of Administration |
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| ATTACHMENT G. DEATH AS AN ENDPOINT |
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| Death as an endpoint refers to projects in which the animals’ experimentally induced death is required as a measured data point (ex. LD 50 study). It does not refer to projects in which the animals will be euthanized prior to non-experimentally induced death for tissue collection or project termination. All "death as an endpoint" protocols without relief of pain or distress are identified as USDA Pain Level E.  The *Animal Welfare Act* and the *Public Health Service Policy on Humane Care and Use of Animals* discourage the use of death as an endpoint to experimental manipulation. The use of death as an endpoint must be scientifically justified and approved by the IACUC. All animals must be listed in the protocol form, Section F, as Category E, the highest USDA level of pain and distress. Investigators must define early removal criteria in their protocols, unless there is a scientific justification that euthanasia will invalidate experimental data.  Animals that meet the early removal criteria or are found to be moribund (“in a dying state”) will be humanely euthanized. An animal is considered to be moribund if no evidence of consciousness is observed with external stimuli (e.g. a toe pinch withdrawal test). An animal will be considered for euthanasia if a qualified veterinarian deems it necessary and/or if the animal exhibits any of the following clinical signs:   * Inability to ambulate to food or water * Inability to maintain itself in an upright position * Greater than 48 hours lack of appetite or clinical dehydration * Agonal breathing and cyanosis * Chronic diarrhea or constipation * Hematologic or biochemical parameters indicating organ failure incompatible with life * Weight loss ≥ 20%   Reasons for implementing humane endpoints include:   * Suffering exceeds humane limits, regardless of benefit gained * Deteriorating animal health invalidates the scientific results * Alternative endpoints are available   Requirements for the use of death as an endpoint:   * The minimal number of animals to achieve statistical significance must be used * Alternative endpoints other than death must be used whenever possible * Animals must be rigorously monitored, including weekends and holidays * Animals exhibiting clinically abnormal behavior must be housed individually with easy access to food and water   Written records of all observations must be maintained and must be available to the Animal Facility Staff and to the IACUC. The records must include:   * Time and date of observation * The person observing the animals * Any abnormal signs * The number of animals found moribund and/or dead |
| Please detail the scientific justification for using death as an endpoint in this protocol. |

| ATTACHMENT H. FIELD STUDY/COLLECTION |
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| **SECTION 1: ANIMALS COLLECTED**   1. Please indicate, if applicable, the number of animals listed on the Permit: \_\_\_\_\_\_\_\_\_\_\_\_ 2. Given time constraints in the field, logistics, and other issues (weather, etc), what is the maximum number of target ***species***that you could conceivably use in the study? \_\_\_\_\_\_\_\_\_\_ *(****Please note that at annual report the actual number of animals collected and species name must be provided to the IACUC.)***   **3)** Please provide photocopies of all current permits that authorize the proposed field activity. If current permits are not available, previously issued permits or a copy of the application for the current permit may be submitted temporarily in order to demonstrate concept. Up to date permits must be filed with IACUC upon receipt in order to be compliant with regulations on animal use numbers.  I have attached complete/full copies of all current permits  I have attached previously issued permits or a copy of the application for a current permit and will file up to date permits with the IACUC when received  Permits do not apply:   * If permits do not apply to your project, please explain/describe. * If permits are not required, if possible, please provide documentation to that effect such as a copy of the regulatory statute or a letter from the appropriate law enforcement agency.   ***Please note, additional information may be required for studies that do not require permits*.**  **4)**  I confirm that at annual review of this project, a copy of my permit annual report will be provided if applicable or a list of each species used in the study and the exact number of individuals will be submitted to the IACUC.  **5)**  I confirm I will abide by state and federal regulations and any local requirements. This includes, but is not limited to the USDA, FDA, USFWS and the DOT. |
| **SECTION 2: PROCEDURES/ACTIVITIES TO BE DONE ON LIVE VERTEBRATE ANIMALS**  Which of the following activities will occur to live animals in the field. If checked, answer follow-up questions in *Section 3*:  Capture, other than via trap (Nets, trawling, by hand, etc)  Trapping  Tagging or marking  Collection via noxious event (includes, gunshot, poison, snap trap, etc)  Euthanasia, other than via lethal event  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION 3: DESCRIPTION OF PROCEDURES/ACTIVITIES**  **Capture, other than via trap**:  **Please describe capture methods. (i.e., hand-held, noose, net, tongs)**    **What is the maximum time an animal will remain captured? Please explain/justify**.  **What will be the fate of any animals wounded when being captured?**  **Will live animals be brought into Old Dominion?**  No  Yes (requires approved protocol and available facility space)  **If YES, please answer the following questions:**   1. describe what will be done to the animals when at Old Dominion: 2. where will the animals be held? 3. how long will live animals remain at Old Dominion? 4. if animals are euthanized, please outline the process including identification of euthanasia method, dose and route of administration: 5. identify transport methods, include information regarding maintaining appropriate environment, and food and water sources if applicable.   **Will animals be housed at Old Dominion longer than 12 hours?**  No  Yes  **If YES, please provide the following information:**   1. Who in the Animal Facilities staff has been contacted to discuss housing and care of the animals: 2. Where will the animals be housed:    1. MGB: Room number: \_\_\_\_\_\_\_    2. Physical Sciences: Room number: \_\_\_\_\_\_\_    3. Other: Building: \_\_\_\_\_\_\_\_\_\_ Room number: \_\_\_\_\_\_\_   **Will venomous or otherwise dangerous live vertebrate animals be brought into Old Dominion?**  No  Yes  If YES, please address the following issues:   1. identify the venomous or poisonous species 2. identify the venom or poison if known 3. is venom or poison part of the research? 4. indicate where emergency anti-venom sources will be maintained: 5. describe emergency transportation of antivenom:   *Please note that additional information may be required by the IACUC prior to approval*. |
| **Non-lethal Trapping**:  **Please indicate the type of trap.**  Sticky boards  Sherman  Havahart  Mist net  Other, Please describe  **What is the maximum time an animal could spend in a trap before discovery? Please explain/justify**.  **How will trapping non-target species be avoided?**  **Indicate the fate of any trapped non-target species**.  **What will be the fate of any animals wounded in the traps?**  **Tagging or marking**  **Please indicate the type of tag including the make and model as well as manufacturer (including coded wire tags, bands, ear tags, pit tags, Fly fish tags, sterile beads.)**  **If non-tag marking is used, please describe the method.**  Fin clip  Toe clip  Belly scale clip  Tattoo  Stains/dyes,  Shell etching  Other, Please describe:  **If marking involves cutting or piercing skin, please describe any antiseptic precautions to be taken and/or pain management**. |
| **Collection via lethal event (includes, gunshot, rotenone, snap trap, etc)**  **Please describe the lethal event in detail and provide indications of relevant permits and safety precautions.**    **Describe how killing non-target species will be avoided.**    **Describe what will happen to any animals wounded, but not killed**.  *\*\*Please be reminded that many drugs, controlled substances, and some other products are highly regulated materials, and may require permits or special licenses for lawful transportation across state lines or into other countries. Investigators are responsible for ensuring the lawful transport of all of their research materials to avoid legal action up to and including capital punishment.\*\** |
| **SECTION 4: OTHER HAZARDS**  **How will you protect your safety during animal collection?**  **Will your work involve other hazardous materials, objects, equipment or activities? If so, please list.** |

| ATTACHMENT I. POST-MORTEM SPECIMEN COLLECTION | | | | |
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| List the tissues and/or fluids to be collected and complete the additional information below. | | | | |
| # | Tissue or Fluid | Amount | Method of Collection | Purpose  (brief description) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| TRANSFER OF SPECIMENS | | | | |
| 1. List all investigators and/or institutions who will receive these specimens: | | | | |
| 1. Are these specimens hazardous? If so, detail the safety precautions being used in handling. | | | | |