GENERAL INFORMATION AND INSTRUCTIONS

**ANIMAL SUBJECTS REVIEW FORM**

**IMPORTANT:**

**Allow a minimum of 4-6 weeks for protocol approval.**

**SUBMIT ONE ORIGINAL WITH ALL SIGNATURES TO:**

**Office of Research Compliance**

**115 Ramsay Hall Basement**

**Wilmore Drive**

**Auburn, University 36849**

**Phone: 334-844-5966**

**Or scan/email to:** **IACUCadmin@auburn.edu**

**IACUC Website:** [**https://cws.auburn.edu/OVPR/pm/compliance/iacuc/home**](https://cws.auburn.edu/OVPR/pm/compliance/iacuc/home)

University policy requires that all research, teaching, production/maintenance, and demonstration activities involving vertebrate animals be approved by the Auburn University Institutional Animal Care and Use Committee (IACUC) prior to initiation of the project. The *Auburn University Policies and Procedures for the Care and Use of Live Vertebrate Animals* is available on the IACUC website. This policy is in accordance with federal regulations and guidelines.

When submitting the original, the General Information and Instructions and the Additional Information sections should be omitted.

The IACUC meets the first and third Thursdays of each calendar month. Protocols received at least seven days prior to a scheduled meeting date (e.g. by 11:30 a.m. on Thursday of the week prior to a scheduled Thursday p.m. meeting) will be placed on the agenda. Approved protocols will be assigned a PRN (protocol review number). Approved Animal Subjects Review Forms will remain in the official files of the University for not less than three years beyond the completion of the project.

Annual review of all protocols is required. An Annual Review Form will be sent to the Principal Investigator approximately 30 days prior to the Annual Review Due Date.

Animal users are required to become familiar with all guidelines and regulations pertaining to the care and use of animals in research and teaching by visiting the Animal Welfare Information Center (AWIC) website: <http://www.nal.usda.gov/awic/>

An Animal Subjects Review Form may be obtained by downloading it from the IACUC website. Only the current version ASRF 04/2016 will be accepted.

Complete this form by providing **BOLD TYPED** answers in the text boxes in each item. All acronyms must be spelled out upon first use. If an item is not applicable, please indicate NA. The attached REQUIRED Checklist must be completed and included with the original protocol.

**ALL SIGNATURES are required for the protocol to be eligible for placement**

**on the IACUC meeting agenda.**

###  ANIMAL SUBJECTS REVIEW FORM

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| **PRINCIPAL INVESTIGATOR:**  |  |
| RANK/TITLE: |  |  |
| DEPARTMENT: |  |  |
| COLLEGE/SCHOOL: |  |  |  |
| CAMPUS ADDRESS: |  | CAMPUS PHONE #:  |  |
| E-MAIL: |  | FAX #:  |  |
|  | **Check if PI will serve as faculty advisor to the Lead Graduate Student or Resident associated with this activity.** |
| **LEAD GRADUATE STUDENT/RESIDENT:** |  |
| RANK/TITLE: |  |  |  |
| DEPARTMENT: |  | CAMPUS PHONE #:  |  |
| EMAIL: |  | FAX #:  |  |
| **CO-INVESTIGATOR:** |  |
| RANK/TITLE: |  |  |  |
| DEPARTMENT: |  | CAMPUS PHONE #:  |  |
| EMAIL: |  | FAX #:  |  |

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|  | **Check box if this protocol has more than one co-investigator. Additional co-investigators should be listed on page 2.** |

|  |  |
| --- | --- |
| **PROJECT TITLE:** |  |
| **STARTING DATE:** |  | **EXPIRATION DATE:** |  |
| *(Must not be prior to IACUC approval)* |  | *(Must not exceed three years)* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is any part of the funding from a U.S. Public Health Service Agency:** | **YES** |  |  **NO** |  |

**REQUIRED SIGNATURES**

The information contained on this form provides an accurate description of the animal care and use protocol which will be followed. I agree to abide by governmental regulations and university policies concerning the use of animals. I will allow veterinary oversight to be provided to animals showing evidence of pain or illness. If the information provided for this project concerning animal use should be revised, or procedures changed, I will so notify the committee of those changes in writing, and no proposed changes will be implemented until full IACUC approval has been granted.

**X**

# Principal Investigator Date

Medical care for animals will be available and provided as indicated by a qualified veterinarian. By accepting this responsibility, the veterinarian is providing assurance that any personal interest he/she might have in the project will not conflict with his/her responsibility for the provision of adequate veterinary care for the animals. Furthermore, the veterinarian provides assurance of review and consultation on the proper use of anesthetics and pain relieving medications for any painful procedures.

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| --- | --- | --- |
|  |  | **X** |
| **Project Veterinarian Name (print or type)** |  | **Project Veterinarian Signature Date** |
|  |  | **X** |
| **Unit Veterinarian Name (print or type)** |  | **Unit Veterinarian Signature Date** |
|  |  | **X** |
| **Departmental Chairperson Name (print or type)** |  | **Departmental Chairperson Signature Date** |
| **X** |  | **X** |
| **Lead Graduate Student/Resident signature Date** |  | **\*IACUC Chair Signature Date** \*IACUC Chair signs the protocol after IACUC approval has been granted |

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| **CO-INVESTIGATOR:** |  |
| RANK/TITLE: |  |  |  |
| DEPARTMENT: |  | CAMPUS PHONE #:  |  |
| EMAIL: |  | FAX #:  |  |

**PLEASE TYPE IN BOLD FONT AND COMPLETE THE FOLLOWING FORM IN FULL.**

**IMPORTANT: Allow a minimum of 4-6 weeks for protocol approval.**

1. Will the animals be used in:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A. | Teaching |  |  If Teaching, give the course number(s):  |  |
| Research  |  |  |  |
| Demonstration |  |  |  |
| Production |  |  |  |

 B. If Teaching, complete the following chart:

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Students in the Class | Number of Students per animal | Number of Animals per Lab | Number of Labs per year |
|  |  |  |  |

1. A.

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| --- | --- | --- | --- | --- | --- |
| Animal Common Name | Total Used1 | Sex | Approximate Weight | Source2 | Housing Location3 |
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1The number(s) listed in this column must match the total number of animals described in Question #7.

2 If reusing animals from another protocol, please provide the protocol number and assurance statement that the animals’ well-being has not been compromised by previous research and that the animals exhibit normal physiologic function. Please state how well-being and normal physiologic function

was determined for these animals (i.e. physical exam prior to accepting animals for use in protocol).

3 Please state the housing facility as well as the area (ft2 or m2) allocated per animal in cages, stanchions, floor pens, etc. and the reference used to determine the area i.e. *Ag Guide* (2010) or *Guide* (2011).

B. Select pain/distress category relevant to the use of animals in this study.

 (*See Item 2B of Additional Information at the end of this form.)*

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| B |  | C |  | D |  | E |  |

3. Will animals be maintained for a period of 12 or more consecutive hours in a location other than the housing location mentioned in Item 2? (*See Item 3 of Additional Information at the end of this form.*)

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| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

If Yes, specify the location and reason:

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If Yes, how will the animals be transported to that location, by whom, and was this vehicle inspected and approved by IACUC?

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4. PERSONNEL QUALIFICATIONS (*See Item 4 of Additional Information at the end of this form.*)

IACUC-required CITI training and Occupational Health & Safety Program (OHSP) Enrollment for all individuals listed in section 4.A and 4.B must be completed prior to protocol approval.

1. Indicate who will provide daily care and maintenance of the animal(s). Indicate name(s) or identify the particular unit staff.

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1. List the names of all individuals who will conduct procedures involving animals on this protocol. Any individual not identified by name prior to protocol review will not be approved to conduct procedures. To add personnel after IACUC review and approval of the protocol, a *Personnel Modification Form* must be submitted and approved by the IACUC. These personnel must complete the CITI training and OHSP enrollment.

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1. Principal Investigator Certifications

My signature on page 1 of this form certifies that:

1. Individuals performing animal procedures on this protocol are or will be qualified to perform their particular animal related duties through training and/or experience (individuals will be supervised until adequate training has occurred). Training and/or experience must encompass the following: \*biology, handling, and care of the species; aseptic surgical methods and techniques (if applicable); the concept, availability, and use of research or testing methods that limit the use of animals or minimize distress; the proper use of anesthetics, analgesics, and tranquilizers (if applicable); and procedures for reporting animal welfare concerns. Informative links regarding training resources can be found on the IACUC website.
2. All individuals working with animals, animal tissues, or animal products on this protocol will be informed of relevant \*occupational health and safety issues prior to performing their duties. \* Informative links have been provided for assistance in this and other areas as needed on the IACUC website.

5. State HOW or WHY you selected the species to be used in this project.

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6. STUDY/ACTIVITY JUSTIFICATION AND OBJECTIVES:

1. Justify your animal use in one or two brief paragraphs:

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1. What are the main objectives of your study:

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7. A. SUMMARY OF PROPOSED ACTIVITY: USE LAY TERMS to give a description of the proposed

 activity. *From reading this section it should be possible for a non-scientist to determine exactly how*

 *animals will be used in the context of the proposed activity.*

This section should include a clear description of the EXPERIMENTAL DESIGN (research protocols) or activities involving animals (teaching, demonstration, or production/maintenance protocols). This section should also include a brief description of each phase of activities involving animals and should make it possible to account for all animals requested in Item 2. Tables may be helpful to show animal numbers. Justification for animal numbers is required to assure that only the necessary number of animals is being used. If applicable, include the technique, location and volume of blood drawn. If applicable, describe method of transportation and/or method of restraint. (*See Item 7 of Additional Information at the end of this form for guidance in providing the appropriate information.)*

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 B. For experiments regarding food and/or fluid restriction:

1. Describe animal health monitoring procedures and frequency (e.g. body weight, blood urea

 nitrogen, urine/fecal output, food/fluid consumed):

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1. Describe methods of ensuring adequate nutrition and hydration during the regulated period:

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C. If this research involves production of genetically modified animals or is a pilot study and has the potential to result in unexpected outcomes, please address the following:

1. New phenotypes or other unanticipated results which may affect animal health and well-being.

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1. Method for monitoring and managing unexpected outcomes to assure animal health and well-being.

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1. Procedure for reporting unexpected outcomes to the IACUC.

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D. If exterior windows are present within the animal housing or procedure areas, describe how this may affect temperature and photoperiod control, as well as potential security risks.

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E. If this is a field study involving observation or use of a non-domesticated vertebrate species, please respond to the following:

1. What is the potential impact on the wild population of the species to be studied?

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1. How might the study compromise health of either animals or persons e.g. zoonoses?

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1. Describe the final disposition of the animals being studied (i.e. return to wild population, preserve in museum collection, etc).:

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F. Humane endpoints:

1. If pain/distress category D/E or food/fluid restriction is applicable to this protocol, please define humane endpoints:

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1. If research is novel and little or no information is available in the literature, state who you have collaborated with to define humane endpoints; please define humane endpoints resulting from your collaboration; state how you will periodically communicate with the IACUC to ensure the well-being of the animal(s) on this protocol:

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1. For category C and all other protocols where the potential exists for weight loss and/or other

parameters that could be potentially harmful to the animals, state the humane end points:

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 G. Environmental Enrichment: *(See Bloomsmith et al. Lab Anim. Sci. 41:372-377); also the Ag Guide*

 *(2010) has a good discussion on this topic by species in Chapter 4*.

1.) Social enrichment: Please describe direct or indirect animal contact (visual, olfactory, auditory)

 with conspecifics or humans.

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2.) Occupational enrichment: Please describe any devices that provide animals with control or

 challenges (psychological enrichment); enrichment that encourages exercise.

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3.) Physical enrichment: Please describe alteration of the size or complexity of the animal’s

 enclosure which may include objects, substrate or permanent structures (e.g. nestboxes, rocks

 and hiding places in an aquatic environment).

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1. Sensory enrichment: Please describe visual stimuli (television); auditory stimuli (music, vocalizations); olfactory, tactile, taste stimuli.

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1. Nutritional enrichment: Please describe presentation of varied or novel food types; changing the method of food delivery.

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1. Other types of enrichment: Please describe any other types of enrichment that do not fit the categories above.

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1. No Enrichment: Please justify the decision to provide no environmental enrichment if you have not responded to #7. G. 1-6 above.

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1. If category D or E was chosen in Question 2B, please complete the following. (*See Item 8A of*

 *Additional Information at the end of this form.)*

1. Database(s) searched or other sources consulted to determine the availability of alternatives.

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| --- | --- | --- | --- |
| Database Searched | **X** | Date of Search | Years Covered |
| Medline |  |  |  |
| Agricola |  |  |  |
| CABA |  |  |  |
| Altweb |  |  |  |
| Other (describe) |  |  |  |

1. Scientifically relevant terminology (e.g. keywords) and search strategy used when considering alternatives to the painful or distressful procedure(s):

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1. A succinct written narrative based on results of the database search, that will permit the IACUC to readily assess whether the search topics were appropriate and whether the search was sufficiently thorough. This narrative must address the following:

Reduction:

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 Replacement:

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 Refinement:

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1. If alternatives are available but will not be used, provide a justification.

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1. If pain/distress category E is to be employed, provide a justification for withholding pain and/or distress relieving drugs.

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1. SURGERY:

Will surgery be performed?

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| Yes |  |  | No |  |

If yes, please address the following, as applicable:

1. Non-survival surgery - Describe all surgical procedures, including surgical preparation. Indicate where surgery will be performed (building and rooms). Identify the person(s) and DESCRIBE their qualifications for performing the particular surgical procedure(s).

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1. Survival surgery - Describe all surgical procedures, including surgical preparation. Indicate that aseptic technique will be followed if the procedure is a survival surgical procedure. Indicate where surgery will be performed (building and rooms). Identify the person(s) and describe their qualifications for performing the particular surgical procedure(s).

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1. Post-surgical Care - Describe POST-SURGICAL CARE including, who will be providing it (qualifications), what it will consist of, and where it will be provided (bldg., rooms).

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1. Administration of analgesics, anesthetics, tranquilizing drugs, and/or neuromuscular blocking agents (Indicate generic name, dose, route of administration and frequency; if by inhalation, method of scavenging waste anesthetic gases.)

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1. A. Administration of reagents, cells, drugs (other than anesthetics or analgesics), infectious agents, carcinogens, recombinant DNA, etc. (Indicate generic name, dose, route of administration and frequency, anticipated side effects, monitoring protocol.)

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If using cells, what is the source? Provide proper documentation to show that they are free from any infectious animal or human pathogens?

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1. If a non-pharmaceutical grade compound or chemical is being used, the following criteria must be addressed:
2. Provide a rationale for using less than pharmaceutical grade compounds. Cost savings alone do not adequately justify the use of non-pharmaceutical grade compounds in animals.

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1. Describe any expected side effects:

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1. Discuss the methods to be used to ensure sterility and storage of the drugs (e.g., sterile 0.22 micron filters, sterile diluent, storage in sterile vials, etc.):

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1. ASSURANCES:
2. Provide a brief statement to confirm that proposed activities involving animals do not duplicate previous experiments unnecessarily. If your protocol is a continuation of a previously approved project, include the PRN for the previous protocol and provide a brief statement summarizing previous work to justify study continuation.

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1. My signature on page 1 of this form certifies that exercise of caged dogs will be accomplished according to the Animal Welfare Act (AWA) or cage size provides adequate space for exercise to meet AWA requirements. Alternatively, explain why an exception should be approved by the IACUC.

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1. Will wild caught or endangered animals be utilized?

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| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

If yes, the investigator is responsible for obtaining and maintaining valid permits (if required) for collecting, purchasing, transporting, and holding of these animals. List applicable federal and/or state permit numbers including expiration dates and attach copies of the permits to the protocol. Copies of active collection permits must be provided prior to protocol approval.

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1. HAZARDOUS AGENTS

Use of hazardous agents in animals may require approval of the appropriate institutional committee. Contact the Department of Risk Management and Safety (844-4870) for specific information.

Copies of an approval letter from the IBC along with the approved BUA must be provided prior to protocol approval.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazardous Agent | Yes | No | Agent | Date of Committee Approval & BUA # |
| Radioisotopes |  |  |  |  |
| Biological Agents |  |  |  |  |
| Hazardous Chemicals or Drugs |  |  |  |  |
| Recombinant DNA |  |  |  |  |
| Physical Agent (UV, Laser, Noise, Magnetic fields, etc.) |  |  |  |  |

Describe the practices and procedures required for the safe handling and disposal of contaminated animals and material associated with this study. Also describe methods for removal of hazardous waste and, if applicable, the monitoring of hazardous waste.

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1. What will be the disposition of the animals at the termination of the project? If euthanasia is to be performed, what will be the method of carcass disposal?

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1. All protocols must include the method of euthanasia that will be used during the normal course of the protocol or in the event of unforeseen circumstances resulting from illness or injury. Please specify the method, agent, dose, and route of administration. The euthanasia method must be consistent with the *AVMA Guidelines for the Euthanasia of Animals: 2013 Edition* or justification for deviation should be indicated.

This document is available here: <https://www.avma.org/KB/Policies/Documents/euthanasia.pdf>

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**REQUIRED CHECKLIST: *MUST be completed by the PI and attached to the original protocol submission.***

**Documentation of all items identified in Items III – VI is required prior to protocol approval.**

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| --- | --- | --- | --- |
| **PI:** |  | **Department:**  |  |

**Project Title:**

|  |
| --- |
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| --- | --- | --- | --- | --- |
| I. Is this protocol a continuation of or similar to a project/ SOP / activity previously approved by the IACUC?  |  | Yes |  | No |
|  |  |
|  |  |
|  If yes, include PRN of previous protocol. | PRNs: |  |

II. List all individuals (PI, co-PI, Lead Graduate Student, and Other Individuals listed in Question #4B) who

 will conduct procedures involving animals on this protocol.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Personnel | CITI | OHS | Project Personnel | CITI | OHS |
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|  | Additional Individuals are Listed on the Next Page. |

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| --- | --- | --- | --- | --- |
| III. Will wild caught or endangered animals be utilized for this project? |  | Yes |  | No |
|  If yes, are copies of active federal and/or state permits attached? |  | Yes |  | No |
| IV. Does the protocol involve Hazardous Agents or activities for which IBC or other approvals are required?  |  |  |  |  |
|  | Yes |  | No |
|  If yes, are approval letters and BUA’s attached? |  | Yes |  | No |
| V. Does the protocol involve the use of privately owned animals?  |  | Yes |  | No |
|  If yes, is an owner consent form attached?  |  | Yes |  | No |
|  For CVM PIs, is the CRRC approval letter attached? |  | Yes |  | No |
| VI.Will animals used for this protocol be transferred to or from another institution? |  | Yes |  | No |
|  If yes, is a copy of the institution’s IACUC attached? |  | Yes |  | No |
| VII.Does this protocol involve the use of Investigational New Animal Drugs (INAD)? |  | Yes |  | No |
|  If yes, is the approved INAD attached? |  | Yes |  | No |

VIII. Please check all of the following that apply to this project:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Food and/or Fluid Restriction |  | Multiple Survival Surgeries |
|  | Survival Surgery |  | Variation from Exercise/Enrichment  |
|  | Prolonged Physical Restraint |  | Variation from Euthanasia Guidelines |
|  | Variation in Blood Volume Limits |  | ”E” Pain Category |
|  | Unexpected Outcomes |  | Use of Freund’s Complete Adjuvant |
|  | Genetically Modified Animals Used |  | Variation From Housing Guidelines |

Additional space for listing individuals who will conduct procedures involving animals on this protocol:

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| Project Personnel | CITI | OHS | Project Personnel | CITI | OHS |
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**ADDITIONAL INFORMATION**

***THIS PAGE NEED NOT BE INCLUDED WHEN SUBMITTING FORM FOR REVIEW***

**Question 2B** USDA promulgated PAIN/DISTRESS CATEGORIES - Please use the following categories when categorizing the pain/distress level.

 B Pain or Distress – None

Animals being bred, acclimatized, or held for use in teaching, testing, experiments, research or surgery BUT NOT YET USED for such purposes. Some examples would include:

* + - 1. Animals used in the Animal Production/Maintenance such as routine farm animal production operations and transgenic animal core facility breedinga.
			2. Animals being bred or housed without any research manipulation, prior to euthanasia or transfer to another protocol
			3. Animals used for demonstration purposes in teaching and outreach.
			4. Animals being held under an “administrative protocol” for reasons determined by the unit, project, or program veterinarian.
			5. Observation of animal behavior in the wild without manipulating the animal or its environment.

aThis does not include tail snips in mice used in genotyping. This is then a research use and puts it in higher pain/distress category.

C Pain or Distress - None or Minor

These include studies that DO NOT involve surgery; induction of painful or stressful disease conditions, or pain or distress in excess of that associated with routine injections or blood collection. Included are induction or transplantation of tumors in animals (as long as the tumors do not cause pain and the animals are terminated prior to becoming ill), administration of mildly toxic substances or pathogenic agents that cause no significant disease or distress, polyclonal antibody production (antigen inoculations and blood collection) as long as significant disease does not result, mild food restriction, and, typically, the collection of animals from the wild or from experimental units (i.e. fish in earthen ponds) for minor procedures. NOTE: If blood is to be collected via the retro-orbital or intracardiac methods, then anesthesia is required and Pain/Distress D must be selected. Also, if *in vivo* monoclonal antibody production is to be performed, the pain category D must be selected.

D Pain or Distress Relieved by Appropriate Measures

A major concern of the reviewers of these protocols is the degree of pain and/or distress imposed on the animals in the studies, and the methods the investigators will use to prevent, relieve, or minimize such pain or distress.

Following is a partial list of procedures known to involve significant pain and/or distress:

* + - 1. Surgical procedures such as biopsies, gonadectomy, exposure of blood vessels, chronic catheter implementation, laparotomy, or laparoscopy

2. Administration of any chemical or organism that would be expected to produce pains or distress but which will be alleviated by analgesics

3. Intracardiac or retro-orbital blood collections

4. Monoclonal antibody production (ascites method)

5. Other procedures which would be painful or distressful to the animal if performed without the benefit of anesthesia, analgesic, and/or tranquilization (e.g., exsanguination).

E Pain or Distress without Anestheia, Analgesia or Tranquilizers

If the nature of the study prohibits the use of pain and/or distress relieving drugs, or if unavoidable and unalleviated pain or distress will be produced, you must provide a written justification. (Include this in your response to Item 8, B, 5.) Such procedures include: direct stimulation of central nervous system pain tracts, nociceptor stimulation by physical or chemical means that cause severe pain (e.g., corneal abrasions), or any potentially painful procedure if performed without chemical relief of pain.

**Question 3** The IACUC is required to inspect animal housing areas and laboratories (at least twice per year) where animals are housed for 12 or more hours.

**Question 4** PERSONNEL QUALIFICATIONS:

Federal regulations require institutions to ensure that people caring for or using animals are qualified to do so through documented training or experience. This training is to include investigators, technical personnel, trainees, visiting investigators, and any other individuals who may perform animal husbandry, anesthesia, surgery, or other experimental manipulations involving animals.

**Question 7** Please use this procedure list for guidance in providing the necessary information. Please note that this is not meant to be an exhaustive list, but only a guide.

* **Body fluid sampling** (e.g. blood, cerebrospinal fluid, ascites, urine —describe method of collection, amount, frequency).
* **Antibody production** (indicate route of administration, volume administered per site, number of sites, adjuvant use and frequency, consideration of alternatives to Freund’s adjuvant, anticipated side effects, monitoring protocol).
* **Ascites method for monoclonal antibody production**. Auburn University requires adherence to the Office for Laboratory Animal Welfare (OLAW) policies concerning the production of monoclonal antibodies using the mouse ascites method. Please refer to the OLAW document <http://grants.nih.gov/grants/olaw/references/dc98-01.htm> Use of the ascites method requires justification as to why in vitro systems cannot be used.
* **Special diets** (describe any anticipated nutritional deficit or other health concerns).
* **Indwelling catheters or implants** (describe type, maintenance/monitoring protocol).
* **Restraint of an unanesthetized animal** other than that associated with brief routine procedures such as for the collection of blood (describe method, duration, frequency).
* **Tumor transplantation** (describe any anticipated functional deficit to the animal, monitoring protocol, endpoint).
* **Food or fluid restriction** (e.g. greater than that associated with pre-anesthetic procedures — describe, include justification and monitoring protocol.)
* **Special housing, equipment, animal care** (e.g. describe special caging, water, feed, waste disposal, etc.)
* **Experimental endpoint criteria** (list the criteria to be used to determine when euthanasia is to be performed. Death as an endpoint must always be scientifically justified.)
* **For experiments regarding new genotypes** that may result in unanticipated phenotypes, or other research involving unanticipated results, these results must be identified, interpreted, and reported to IACUC.

**Question 8A** The Animal Welfare Act (AWA) requires that the Principal Investigator (PI) consider alternatives and provide a written narrative of the sources consulted to determine whether or not alternatives exist to procedures which may cause pain or distress.

According to the Animal Welfare Information Center (AWIC) of the U.S. Department of Agriculture (USDA), an alternative to procedures that may cause more than momentary pain or distress to animals is any procedure which results in REDUCTION in number of animals used, REFINEMENT of techniques to alleviate such pain or distress, or REPLACEMENT of animals (e.g. with an insentient model such as might be accomplished through use of cell culture or computer simulation).

To explore a variety of resources for evaluating alternatives investigators may consult the following website: [http://www.aaalac.org/resources/links.cfm#alternatives](http://www.aaalac.org/resources/links.cfm%23alternatives)