WINSTON-SALEM STATE UNIVERSITY
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)
PROTOCOL REVIEW FORM

New ☐ PROTOCOL NUMBER: _____

Renewal ☐ (Assigned by OSPR)

Revised ☐

Project Title:			
Principal Investigator:		Department:	Project Start Date: End Date:
Principal Investigator's Contact Number:			
Funding Agency:			
Laboratory Location:		Budget Period:	
Location of Survival surgical/recovery Suite: (if applicable)			
Common Name of Research Animals to be Used:			
Name of Vendor: If in-house skip section below			

Animal Purchase and Care

Species: Strain and/or unusual Requirement	Res. Procedure			***Animal Procurement***					**Animal Care**	
	* Type A	** Type B	*** Type C	No. of Animals Per Year	Purchase Cost Per Animal	Shipping Cost Per Year	Total Cost Per Year	Per Diem Rate	Total Days of Care Per	Total Cost of Care Per
1.										
2.										
3.										
4.										
5.										
*Type A:	No Pain									
**Type B:	Pain with Relief									
***Type C:	Pain with No Relief									

I.	**HAZARDOUS AGENTS:**
Are known hazardous agents involved in this project?	
☐ Radioactive Materials ☐ Infectious Agents ☐ Toxic Chemicals	
☐ Carcinogens ☐ Recombinant DNA Process ☐ Other ☐ None	
A.	Identify Agent(s):
B.	Identify risk to: ☐ Other Animals ☐ Humans
C.	What are the potential health risks to humans or animals?
D.	Describe special animal care requirement relating to the use of hazardous materials:
E.	Describe special containment facility requirements:

F.	Describe special precautions for animal handlers:
G.	Describe waste and animal disposal requirements:
H.	If <u>in vivo</u> use of radioactive compounds is involved, indicate the radiation safety office license number, under which this work will be performed:

II.	**<u>SPECIAL HUSBANDRY REQUIREMENTS</u>** (diet, caging, etc.):

III.	**LAY SUMMARY:** In lay terms, briefly describe the purpose of the study:
IV.	**RATIONALE FOR USING ANIMALS:**
A.	Are non-animal alternatives available?
B.	What factors were used to determine species?

C.	If appropriate, describe the statistical procedures by which you will evaluate the data and from which you have estimated the number of animals required. Include calculations for the minimum number of animals that would reflect statistical differences:
D.	Alternatives to procedures that may cause more than momentary or slight pain or distress to the animals must have been considered. Provide below a written narrative description of the methods and sources (e.g., biological abstracts, Index Medicos, Animal Welfare Information Center, the Current Research Information Service, etc.) that were used to determine that alternatives were not available.

E.	Provide below a written narrative description of the methods and sources that were used to determine that the proposed activities do not unnecessarily duplicate previous experiments.

V.	**EXPERIMENTAL DESIGN:**

A. Describe the general procedure to be performed:

B.		Specific Procedures: Specify:
	1.	Immunization:
		Adjuvant:
		Vol. of Injection/Site:
		Route of Administration:
	2.	Withdrawal of Blood:
		Specify Site:
		Volume/Bleed:
		Frequency of Bleeds:
	3.	Surgery:

	i. □ Survival □ Non-Survival □ Multiple □ Other (explain):

ii.	If multiple surgeries are performed, justify:
iii.	Post-operative care for survival studies (animals MUST be held in post-operative area until they recover).
a.	Post-anesthesia recovery – describe observations that will assure that the animals are stable and returning to a safe level of a recovery from anesthesia:

b.	Post-procedural recovery – describe frequency of examination, observations to be made, and management of potential experimentally related disease, or other post-operative complications:
c.	What criteria will be used to evaluate post-operative pain/discomfort?

4. Anesthesia, Analgesia, Euthanasia

i. Specific Procedures

	Species	Drug	Dose mg/kg BW	Route	Frequency
Pre-Operative:					
Intra-Operative:					
Post-Operative:					
Euthanasia:					

Veterinary Consultation:

ii Have you consulted the University's Attending Veterinarian on this protocol? ☐ Yes

☐ No

iii. Describe in detail any procedures to be performed that require necessary pain, prolonged physical restraint, or distress on the animals and give reasons for same. If nothing more than routine procedures of a transitory nature such as injections and intravenous blood samples are to be performed, no further description is required and the following should be checked and initialed: ☐ _____

VI. **TISSUE HARVEST**

Are sacrificed animals in this protocol suitable and available to other investigators for tissue harvest?

☐Yes ☐ No ☐Not Applicable