



ANIMAL CARE AND USE STATEMENT
(Protocol Review Form)

I. PROCEDURE(S) OR TITLE OF RESEARCH/STUDY:

II. PURPOSE/OBJECTIVES:

III. DURATION OR TIME FRAME:

IV. RESPONSIBLE PERSON OR PRINCIPAL INVESTIGATOR:

A. NAME :

B. QUALIFICATION (degree(s) or training experience)

V. BACKGROUND AND SIGNIFICANCE OF THE PROCEDURE OR RESEARCH:

(include a description of the biomedical characteristics of the animals which are essential to the proposed procedure/research and indicate evidence of experiences with the proposed animal model)

VI. DESCRIPTION OF METHODOLOGIES/EXPERIMENTAL DESIGN:

This section should establish that the proposed procedures/research are well designed scientifically and ethically. The following should be indicated or described:

A. Type of animal to be used (species)

B. Source of the animals

C. Reason/basis for selecting the animal species

D. Sex and number of animals (justify the number of animals)

E. Quarantine and/or acclimation or conditioning process

F. Animal care procedures

1. Cage type

2. Number of animals per cage

3. Cage cleaning method

4. Room temperature, humidity, ventilation and lighting

5. Animal diet and feeding and watering method

G. Experimental or animal manipulation methods

1. General description of animal manipulation methods (including method of conditioning)

2. Dosing method (including frequency, volume, route, method of restraint and expected outcome or effects)

3. Specimen or biological agent (blood, urine, etc.) collection method (including frequency, volume, route and method of restraint)



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4. Animal examination procedures and frequency of examinations (including restraining method)
 5. Use of anesthetics (including drug, dosage, frequency)
 - . Surgical procedures (type and purpose)
 - a. Where will surgery be performed
 - b. Description of supportive care and monitoring procedures during and after surgery
 - c. Description of measures for possible post-surgical complications
 - d. Name(s) of surgeons and their qualifications and relevant experiences
 6. If euthanasia of animals will be done, indicate/describe the method selected
- H. Is there a non-animal model applicable for the procedure/study? If so, please provide the reasons for not using it.
- I. Indicate the names and qualification of all personnel who will be responsible for conducting the procedures.

VII. DECLARATION BY THE RESPONSIBLE PERSON:

I ACCEPT RESPONSIBILITY FOR ASSURING THAT THE PROCEDURES/ STUDY WILL BE CONDUCTED IN ACCORDANCE WITH THE APPROVED PROTOCOL.

I ASSURE THAT ALL PERSONNEL WHO USE THIS PROTOCOL AND WORK WITH ANIMALS HAVE RECEIVED APPROPRIATE TRAINING/ INSTRUCTIONS IN PROCEDURAL AND HANDLING TECHNIQUES, AND ON ANIMAL WELFARE CONSIDERATIONS.

I AGREE TO OBTAIN WRITTEN APPROVAL FROM THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE PRIOR TO MAKING ANY CHANGES AFFECTING MY PROTOCOL. I ALSO AGREE TO PROMPTLY NOTIFY THE IACUC IN WRITING OF ANY EMERGENCY PROBLEMS THAT MAY ARISE IN THE COURSE OF THIS STUDY, INCLUDING THE OCCURRENCE OF ADVERSE SIDE EFFECTS.

Signature of the Responsible Person:

Date _____

Noted by the IACUC Chairman

Date _____