

# Protocol for Animal Care and Use

This Form Must Be Typed. Refer to application instructions when completing this form.

Date Submitted \_\_\_\_\_ Status:  New  Renewal of # \_\_\_\_\_  Modification of # \_\_\_\_\_

## Section 1: Project Information

A. *Title of Study:* \_\_\_\_\_

B. *Principal Investigator:* \_\_\_\_\_ *Department:* \_\_\_\_\_

*Mailing Address/ Phone Number:* \_\_\_\_\_

*Fax Number:* \_\_\_\_\_ *Email:* \_\_\_\_\_

C. *Co-Investigator:* \_\_\_\_\_ *Affiliation:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_ *Fax Number:* \_\_\_\_\_ *Email:* \_\_\_\_\_

D. *Project Start Date:* \_\_\_\_\_ *Project End Date:* \_\_\_\_\_

E. *Type of Study (Check all that apply):*

Classroom or Instructional; include course numbers \_\_\_\_\_

Research project  Field Study (Instruction or Research related)  Grant proposal

Privately funded  Publicly funded *Funding source* \_\_\_\_\_

## Section 2: Animal Specifications

| F. <i>Common Name</i> | <i>Genus/Species</i> | <i>Gender</i> | <i>Age/Weight</i> | <i>Number/Year</i> | <i>Number/Project</i> |
|-----------------------|----------------------|---------------|-------------------|--------------------|-----------------------|
|-----------------------|----------------------|---------------|-------------------|--------------------|-----------------------|

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Attached is requested information on additional animal species that were not included on this page.

G. *Are permits required to access, acquire and/or handle the animals used for this project?*  Yes  No  
(If yes, attach copies of all applicable Federal, State, Regional or International permits associated with this project)

H. *Are any of the above-mentioned animals a species of concern, threatened, or endangered?*  Yes  No  
(If yes, provide details in Section 8 addendum)

## Section 3: Ethical Information

I. *Project Categorization of Pain and Distress in Laboratory Animals:* (check the highest applicable category)

Category One:  Do Not Use This Form  Category Two:  Category Three:  Category Four:  Category Five:

J. *Is the quantity listed in Section 2-F the minimum number of animals necessary for this study?*  Yes  No  
(If no, provide rationale in Section 8 addendum)

K. *Can preserved specimens or the use of non-animal alternatives be incorporated into this study?*  Yes  No  
(If no, provide rationale in Section 8 addendum as to why alternatives to the use of live animals are not utilized)

**Section 4: Personnel Working with Animals**

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| L. Name | Affiliation | Animal Experience and Necessary Training in Animal Care and Use |
|---------|-------------|---|
| _____   | _____       | _____   |
| _____   | _____       | _____   |
| _____   | _____       | _____   |
| _____   | _____       | _____   |
| _____   | _____       | _____   |
| _____   | _____       | _____   |
| _____   | _____       | _____   |

Attached is requested information on additional personnel that could not be included on this page.

M. Do you require guidance or assistance from the University Animal Care staff for this project?  Yes  No  
 (If yes, provide details in Section 8 addendum where UAC services are requested)

**Section 5: Procedures and Manipulations Involving Animals**

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N. Non-Surgical Procedural Outline:  Not Applicable

1. Identification Methods: \_\_\_\_\_
2. Withdrawal of:  Blood  Other \_\_\_\_\_ Route:  IV  IP  Other \_\_\_\_\_  
 Volume to be taken \_\_\_\_\_ Frequency \_\_\_\_\_  
 Method of Restraint \_\_\_\_\_
3. Administration of \_\_\_\_\_ Route:  IV  IP  SQ  IM  Other \_\_\_\_\_  
 Dose Administered \_\_\_\_\_ Drug Concentration \_\_\_\_\_  
 Frequency \_\_\_\_\_ Method of Restraint \_\_\_\_\_
4. Administration of \_\_\_\_\_ Route:  IV  IP  SQ  IM  Other \_\_\_\_\_  
 Dose Administered \_\_\_\_\_ Drug Concentration \_\_\_\_\_  
 Frequency \_\_\_\_\_ Method of Restraint \_\_\_\_\_

Attached is requested information on additional procedures that could not be included on this page.

5. Will animals be maintained in the research or teaching lab for more than 12 hours?  Yes  No  
 If yes, what location? SJSU: \_\_\_\_\_ Other: \_\_\_\_\_

O. Surgical Procedure Outline:  Not Applicable

1. Surgical Procedure \_\_\_\_\_
2. Survival Surgery?  Yes  No Multiple Surgeries?  Yes  No
3. Surgery to be performed at  SJSU: \_\_\_\_\_  Other: \_\_\_\_\_
4. Anesthetic Used \_\_\_\_\_ Route:  IV  IP  IM  Other \_\_\_\_\_  
 Dose Administered \_\_\_\_\_ Anesthetic Concentration \_\_\_\_\_  
 Method of Restraint \_\_\_\_\_ Administered by \_\_\_\_\_
5. Anesthetic Used \_\_\_\_\_ Route:  IV  IM  Inhalation  Other \_\_\_\_\_  
 Dose Administered \_\_\_\_\_ Anesthetic Concentration \_\_\_\_\_  
 Method of Restraint \_\_\_\_\_ Administered by \_\_\_\_\_

6. Will the animals be endotracheally intubated?  Yes, tube size: \_\_\_\_\_  No
7. Name and affiliation of individuals performing surgery Experience and any necessary training for performing surgery
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Attached is requested information on additional personnel that could not be included on this page.

- P. **Post-Operative Care for Anesthetic Procedures:**  *Not Applicable*
1. Post-operative observations and care to be provided by:  UAC  Other \_\_\_\_\_
2. Observation frequency \_\_\_\_\_ Location: \_\_\_\_\_
3. Will observation records be maintained and made available to UAC personnel?  Yes  No
4. Analgesic Used \_\_\_\_\_ Route:  IV  IM  SQ  Other \_\_\_\_\_
- Dose Administered \_\_\_\_\_ Drug Concentration \_\_\_\_\_
- Frequency \_\_\_\_\_ Administered by:  UAC  Other \_\_\_\_\_
5. Treatment \_\_\_\_\_ Route:  PO  IM  SQ  Other \_\_\_\_\_
- Dose Administered \_\_\_\_\_ Drug concentration \_\_\_\_\_
- Frequency \_\_\_\_\_ Administered by:  UAC  Other \_\_\_\_\_

## Section 6: Use of Hazardous Materials or Infectious Agents

- Q. **Will Chemically Hazardous Substances be used in this study?**  Yes  No If yes, complete Section 6-Q.
1. Compound/Agent \_\_\_\_\_ (Attach copy of MSDS)
2. Classification:  Carcinogen  Toxic  Radioisotope  Other \_\_\_\_\_
3. Physiological effects include: \_\_\_\_\_
4. Personnel to have contact with this agent: \_\_\_\_\_
- \_\_\_\_\_
5. Personal protective equipment used: \_\_\_\_\_
- \_\_\_\_\_

*(Provide details on precautions to be taken with handling, decontamination & disposal in Section 8 Procedural addendum)*

Attached is requested information on additional agents that could not be included on this page.

- R. **Will Biologically Infectious Agents be used in this study?**  Yes  No If yes, complete Section 6-R.
1. Organism/Agent \_\_\_\_\_
2. Classification:  Viral  Bacterial  Fungal  Other \_\_\_\_\_
3. What Bio-Safety Level is this work considered?  BSL-1  BSL-2  BSL-3  BSL-4
4. Personnel to have contact with this agent: \_\_\_\_\_
- \_\_\_\_\_
5. Personal protective equipment to be used: \_\_\_\_\_
- \_\_\_\_\_

*(Provide details on precautions to be taken with handling, decontamination & disposal in Section 8 Procedural addendum)*

Attached is requested information on additional agents that could not be included on this page.

## Section 7: Euthanasia of Animals

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S. Will animals be subject to "death as an endpoint?"  Yes  No If yes, justify in Section 8 addendum.

T. Will animals be euthanized as part of this study?  Yes  No If yes, complete Section 7-U.

If not, will moribund or injured animals be euthanized by the methods described in the facility's Program of Veterinary Care as directed by the attending veterinarian?  Yes  No, *description provided in addendum*

Can the animals be transferred to another SJSU approved protocol at the end of the study?  Yes  No

### U. Method of Euthanasia:

1. Physical Means:  Not applicable

a. Method used \_\_\_\_\_

b. Will pre-sedation be used prior to physical means?  Yes  No If not, justify in Section 8 addendum.

c. Will students be expected or allowed to perform this procedure?  Yes  No

2. Chemical Injection:  Not applicable

a. Administration of \_\_\_\_\_ Route:  IV  IP  Other \_\_\_\_\_

b. Dose Administered \_\_\_\_\_ Drug Concentration \_\_\_\_\_

c. Method of Restraint \_\_\_\_\_ Performed by \_\_\_\_\_

3. Inhalational Method:  Not applicable

a. Substance used \_\_\_\_\_

b. Means of Administration \_\_\_\_\_

### V. Disposition of Live Animals, Carcasses or Tissue:

1. How will carcasses or tissues be disposed of?  In biohazard bags and placed in cooler located in DH-437

Other: \_\_\_\_\_

2. Describe procedures for releasing or handling live animals upon completion of the study:  Not applicable

\_\_\_\_\_

## Section 8: Project Description and Justification

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### W. Non-technical Description and Justification of Project. (To be typewritten and attached to the completed application)

1. Name of Primary Investigator(s) and Title of Study;

2. Project Purpose and Research Objective;

3. Hypothesis being tested and Anticipated results of the study;

4. Methods and Procedures\* (detailed lay description of all aspects of animal care and use from acquisition to completion of the study)

5. Rationale for using live animals and procedural justification, including literature search for sections b, c & d\*\*

a. provide written justification/calculations as to the number of animals required for the study;

b. examine alternative use species of a lower phylogenetic order, inanimate models or non-living tissues;

c. investigators must explore alternatives to all procedures that cause more than momentary or slight pain, discomfort or distress in live animals and support that all proposed methods and procedures are current practice;

d. explore and conclude with a statement of assurance that there exists no unnecessary duplication of experiments.

\*The information requested in this section should amount to a concise and non-scientific lay depiction of all aspects in animal care and use for this project from animal acquisition to their disposition upon completion of the experiment.

\*\*The literature search should be presented in narrative format to include: 1) date the search was conducted, 2) search engines used or sources referenced, 3) key words used in the search, 4) date range of citations found (e.g., 1985 to present), 5) citing any articles in support of the search objective, 6) concluded in summary as to the results of the literature search and includes required justification as requested in Section W- 5 and elsewhere on this form.

## Section 9: Investigator Signature and University Endorsement

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### X. Investigator/Instructor Statement and Signature:

The care and use of the animals for this study will comply with all IACUC policies, including the SJSU Academic Senate Policy on the Humane Care and Use of Animals (F97-6 and any subsequent revisions thereof), which I have read and understand. By signing and submitting this proposal, I hereby assure the SJSU IACUC that all animal work described herein is complete, accurate and will not be unnecessarily performed or duplicated in research or curriculum. Furthermore, I understand that all animal manipulations (or modifications thereof) must be granted written IACUC approval before the work commences.

\_\_\_\_\_  
Faculty Sponsor/Advisor Name

\_\_\_\_\_  
Faculty Sponsor/Advisor Signature

\_\_\_\_\_  
Date

### Y. Department Chair or College Dean Signature:

Having read the above-described proposal, I hereby endorse the project on behalf of the department/college, including the necessity to use live animals in this way as part of the academic experience or to achieve the scientific objective.

\_\_\_\_\_  
Department Chair or College Dean Name

\_\_\_\_\_  
Department Chair or College Dean Signature

\_\_\_\_\_  
Date

## Section 10: Institutional Animal Care and Use Committee Approval

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Z. IACUC Approval of Protocol # \_\_\_\_\_ Health Category: RC-1\_\_\_ RC-2\_\_\_ RC-3\_\_\_

\_\_\_\_\_  
SJSU IACUC Chairperson Name

\_\_\_\_\_  
SJSU IACUC Chairperson Signature

\_\_\_\_\_  
Date

### Reviewers Additions, Comments or Modifications

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