Northern Kentucky University
Institutional Animal Care and Use Committee (IACUC)
Office of Research, Grants & Contracts Attn: IACUC Administrator, UC 405,

For IACUC Use Only

IACUC # \_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_\_ Date Posted \_\_\_\_\_\_\_
[ ] Original Submitted [ ] RTC

Nunn Drive, Highland Heights, KY 41099

859-572-5768 (Email: iacuc@nku.edu)

APPLICATION FOR IACUC CLASSROOM/TEACHING PROTOCOL REVIEW

Please enter information directly into this form. Applications must be returned via email (iacuc@nku.edu). Scanned signatures are acceptable.
Please remember to use the appropriate application. This application is for IACUC classroom/teaching protocol, not research projects. Please remember to sign and date the Investigator Certification on the last page of this application prior to submittal to the IACUC, attach the Addition of Personnel form, and complete the Animal Contact Assessment form.

# Section I: Administrative Items

|  |  |  |
| --- | --- | --- |
| **Application Type** | ***Choose One***  | [ ]  New classroom/teaching protocol (non-wildlife)[ ]  New classroom/teaching protocol (wildlife)[ ]  Minor revision of current classroom/teaching protocol IACUC #­­[ ]  Major revision of current classroom/teaching protocol IACUC # [ ]  Three year renewal of current classroom/teaching protocol IACUC # [ ]  Annual review of classroom/teaching protocol – minor revisions IACUC # [ ]  Annual review of classroom/teaching protocol – major revisions IACUC #  |
| ***Funding*** | This protocol is: [ ]  Unfunded [ ]  Funded by: |
| **Project Start & End Dates**(Project may not begin prior to IACUC approval) | Start Date:  | End Date:  |
| ***PROJECT TITLE*:** |  |
| Principal Investigator (last name, first name) | Department |
|  |  |
| Campus Address (“none” if applicable) | NKU Email | Campus Phone |
|  |  |  |
| This protocol involves: | Appendix Required |
| [ ]  Laboratory animals that will not be housed according to the Guide and/or NKU policies and procedures | Appendix A – IACUC Special Housing and Husbandry  |
| [ ]  The use of anesthetics/analgesics | Appendix B – Anesthetic and/or Analgesic Use |
| [ ]  Invasive and/or surgical procedures | Appendix C – Invasive and/or Surgical Procedures |
| [ ]  Hazardous agents or chemical-use | Appendix D – Hazardous Agents or Chemical Use |

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| --- |
| [ ]  Standard Operating Procedures for care of these species as outlined in the NKU IACUC Policies and Procedures will be followed by personnel trained and experienced in nonmedical care, handling, and use of these animals.  |

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| --- | --- |
| [ ]  The PI has completed all required training. | [ ]  The PI has completed and submitted the Animal Contact Assessment Form. |

# Section II: Animal Information

Please provide the following information:

|  |
| --- |
| 1. Animal use information (fill in the appropriate space in this table).
 |
| Procedure Category | Species | Strain | Age | Number Male | Number Female | Total Number | Indicate the source of the animals |
|  |  |  |  |  |  |  | [ ]  IACUC approved vendor – please specify:[ ]  In-house breeding[ ]  Other NKU researchers – please specify:[ ]  Wildlife[ ]  Other (please specify):  |
|  |  |  |  |  |  |  |
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Procedure Category Examples:

|  |  |  |
| --- | --- | --- |
| Class | Description | Examples |
| C | Teaching, research, experiments, or tests that do not involve pain, distress, or use of pain relieving drugs in animals. | Euthanasia for tissue collection |
| Blood/body fluid collection |
| Adjuvant administration |
| Antibody production |
| Sight restriction |
| Behavioral training |
| Hypothermia (conscious) |
| Hyperthermia (conscious) |
| Food/water deprivation <18 hours |
| Physical restraint <12 consecutive hours |
| Escapable pain induction |
| D | Experiments, teaching, research, surgery, or tests are conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic or tranquilizing drugs will be used. | Surgery (survival and/or non-survival)  |
| death as endpoint, with pain or distress relief |
| Full thickness burn studies |
| Moribund state as endpoint |
| Food/water deprivation 18-48 hours |
| E | Teaching, experiments, research, surgery, or tests are conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic or tranquilizing drugs will adversely affect the procedures, results, or interpretation of the teaching, research, experiments, surgery or tests. | Death as an endpoint |
| Inescapable or chronic pain induction |
| Food/water deprivation >48 hours |
| Physical restraint >12 consecutive hours |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Indicate locations for the following:
 | SC 132 | SC 162 | SC 129 A | FH Facilities (specify) | Field Site (specify) | Other (specify) | N/A |
| Housing |[ ] [ ] [ ] [ ]  [ ]  | [ ]  | [ ]  |
| Procedures |[ ] [ ] [ ] [ ]  [ ]  | [ ]  | [ ]  |
| Will animals be brought back to NKU? | [ ] Yes [ ] No |  | Will animals be housed at NKU for over 12 hours? | [ ] Yes [ ] No |

|  |
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| All locations are subject to IACUC compliance inspections, including those external to NKU. |

# Section III: Scientific Justification

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| --- |
| 1. Summarize the objectives of this animal classroom work. (Use non-technical language that a layperson can understand.)
 |
|  |
| 1. Explain why computer simulation, in vitro biological systems or audiovisual demonstration are not acceptable alternatives to the use of animals in this project.
 |
|  |
| 1. Justify use of the animal species listed in item #1. Describe the biological characteristics of the animal that are essential to the proposed study. Include evidence of experience with the proposed animal model and manipulation.
 |
|  |
| 1. Specifically address why fewer animals cannot be used.
 |
|  |

# Section IV: Pain/Distress

|  |
| --- |
| 1. Describe any form of:
 |
| 1. Prolonged animal [restraint](#Restraint" \o "Physical Restraint Physical restraint is the use of manual or mechanical means to limit some or all of an animal's normal movement for the purpose of examination, collection of samples, drug administration, therapy, or experimental manipulation. ). Include time, frequency, and method.
 | [ ] N/A |
|  |
| 1. Painful or aversive procedures (examples include blood draw, stressful stimuli, etc.).
 | [ ] N/A |
|  |
| 1. Where applicable to minimize pain, discomfort, or distress, give name of drugs, approximate dosage and route of administration. (Procedures such as injection, tattooing and blood sampling normally do not require pain relieving drugs.)
 | [ ] N/A |
|  |
| 1. If pain is likely to occur and pain relieving drugs will not be used, give specific details as to why and cite reference sources.
 | [ ] N/A |
|  |

# Section V: Procedures

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| 1. Please complete the following table for each non-invasive/non-surgical procedure relevant to the protocol.
 |
| [x]  | Procedure | Details/Explanations |
| [ ]  | Blood or DNA collection [ ] Included in attached permit (do not answer) | Site  |  |
|  |  | Method |  |
|  |  | Volume Collected |  |
|  |  | Interval/Frequency |  |
|  |  | Method of Restraint |  |
| [ ]  | Animal Identification[ ] Included in attached permit (do not answer below) |  Select: | Please explain: |
|  |  |[ ]  Banding |  |
|  |  |[ ]  Micro-tattooing |  |
|  |  |[ ]  Microchip |  |
|  |  |[ ]  Ear-tagging |  |
|  |  |[ ]  Ear-punching |  |
|  |  |[ ]  Toe-clipping (altricial neonates only) |  |
|  |  |[ ]  Other |  |
| [ ]  | Food or water restriction[ ] Included in attached permit (do not answer below) |[ ]  Scheduled Access |  |
|  |  |[ ]  Restricted Schedule |  |
|  |  | Weigh in schedule per week |  |
|  | Provide reference sources regarding the use of these schedules by others or by the PI.  |  |
| [ ]  | Special diets[ ] Included in attached permit (do not answer below) | Special diet detail |  |
|  |  | Feeding schedule |  |
|  |  | If you plan on documenting intake and weight, please describe. |  [ ] N/A |
|  |  | What are the possible consequences of the diet change? | [ ] N/A |
| [ ]  | Other | Describe |  |
| 1. If the protocol involves the use or production of rederivation of transgenic animals, please describe below. Be sure to address the following in your answer: a general description of the genetic modification, how the animals are derived, are any behavioral or physical changes expected, and the method of genotyping.

 [ ] Included in attached permit (do not answer below) | [ ] N/A |
|  |
| 1. If non-standard methods of transportation will be utilized, please describe them below. How will the animals be transported outside of their designated facility? Describe measures that will be taken to avoid potential disease transmission to researchers and other animals.

[ ] Included in attached permit (do not answer below) | [ ] N/A |
|  |
| 1. (For wildlife/field work protocols) describe the study procedures for trapping/handling animals.

[ ] Included in attached permit (do not answer below) | [ ] N/A |
| 1. Describe the type of trapping/handling.
 |
|  |
| 1. What is the duration of trapping/restraint?
 |
|  |
| 1. What is the monitoring protocol and schedule for traps?
 |
|  |
| 1. If injuries or conditions result from pursuit, capture or manipulation, how will this be addressed?
 |
|  |
| 1. Describe the use or production of monoclonal or polyclonal antibodies.

[ ] Included in attached permit (do not answer below) | [ ] N/A |
|  |
| 1. Pharmaceutical, Therapeutic or Chemical Drug Treatments

 [ ] Included in attached permit (do not answer below) | [ ] N/A |
| 1. List the pharmaceutical, therapeutic or chemical drugs treatment being utilized. Do not include anesthetics or analgesics.
 |
|  |
| 1. Describe and share references for the dosing plan.
 |
|  |
| 1. Describe possible adverse reactions
 |
|  |
| 1. Non-pharmaceutical grade agents. [ ] Included in attached permit (do not answer below)
 | [ ] N/A |
| 1. List and justify the use of non-pharmaceutical grade agents.
 |
|   |
| 1. Describe the measures taken to ensure solution sterility.
 |
|  |
| 1. Use of neuromuscular blocking agents. [ ] Included in attached permit (do not answer below)
 | [ ] N/A |
| 1. Describe the paralytic agent, dosage, route and frequency.
 |
|  |
| 1. Provide a justification for the use of this paralytic agent.
 |
|  |
| 1. Please provide reference sources regarding the use of the drug for the intended purpose.
 |
|  |
| 1. Tumor production procedures. [ ] Included in attached permit (do not answer below)
 | [ ] N/A |
| 1. Describe any tumor production procedures being utilized.
 |
|  |
| 1. Describe the monitoring schedule per week.
 |
|  |
| 1. Describe the treatment of pain/distress
 |
|  |
| 1. Footpad injection. [ ] Included in attached permit (do not answer below)
 | [ ] N/A |
| 1. Justify the use of footpad injections.
 |
|  |
| 1. Describe the method of monitoring pain/distress.
 |
|  |
| 1. Describe the treatment of the pain/distress.
 |
|  |
| 1. Please describe any non-invasive procedures (e.g. behavioral assays) not covered in Section V.
 | [ ] N/A |
|  |

# Section VI. Euthanasia [ ] Section not applicable

|  |  |
| --- | --- |
| 1. How will animals be disposed of?
 | [ ] Released into the wild (skip to section VII)[ ] Euthanized (fill out the remaining questions in section VI).  |
| 1. Where will animals be euthanized?
 |
|  |
| 1. At what stage in the experiment will animals be euthanized?
 |
|  |
| 1. How will animals be euthanized?
 |
| [ ]  Carbon dioxide (compressed gas only) | [ ]  Perfusion with fixative under anesthesia |
| [ ]  Decapitation | [ ]  Cervical dislocation |
| [ ]  Exsanguination | [ ]  Anesthetic overdose (list drug, route and dose below) |
| Specification of Anesthetic Overdose:  |  |
| [ ] I certify that the selected methods are consistent with current AVMA or related standards for the species to be used. |
| 1. Check any symptom that could be anticipated as an outcome of the proposed work and would be allowed to persist for purposes of the protocol including at what point the animal will be euthanized.
 | [ ] N/A |
| 1. Select
 | Symptom | Adverse Event | Endpoint Description |
|[ ]  Weight Loss |  |  |
|[ ]  Tumor |  |  |
|[ ]  Dehydration |  |  |
|[ ]  Neurological Abnormalities |  |  |
|[ ]  Inability to Defecate or Urinate |  |  |
|[ ]  Respiratory Distress |  |  |
|[ ]  Ocular Abnormalities |  |  |
|[ ]  Impaired Motor Movements |  |  |
|[ ]  Other |  |  |
|[ ]  None, Animals will be euthanized if adverse events noted |
| 1. Justify why animals will be allowed to persist in an adverse state until the end point is met.
 |
|  |

# Section VII: Housing, Locations, Handling

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| --- |
| 1. Select one:

[ ]  This project **will** not involve housing and husbandry of animals.[ ] Animals **will not** follow standards for housing and husbandry set forth by the NKU IACUC and the Guide. Appendix A is attached to this application. [ ]  This study will follow standards for housing and husbandry set forth by the NKU IACUC and the *Guide*. Describe how animals will be housed below. |
|  |

# Section VIII. Biohazards

|  |  |
| --- | --- |
| 1. Does this protocol include any biohazardous materials such as, radioisotopes, pathogens, toxins, and carcinogens?
 | [ ]  Yes[ ] No, Skip to [Section](#_Section_VIII:_Miscellaneous) IX.  |
| 1. If yes, does the protocol require IBC review and approval?
 | [ ]  Yes [ ]  No |
| [ ] If yes to question 27, I have completed the Hazardous Agents or Chemical Use Appendix |

# Section IX: Veterinary Care

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| --- |
| 1. [ ]  Medical care for animals will be available and provided by the NKU Veterinary staff. [ ]  This protocol **will** **not** use the NKU IACUC approved Veterinarian. The NKU IACUC Veterinarian Exception Form is attached to this application.

[ ] Wildlife **will** remain in the wild and therefore do not require veterinary care. Wildlife that remain at field sites are not required to have medical care provided by veterinary staff. |

# Section X: Classroom - Wildlife/Field Work Section (only complete if this is a classroom/teaching protocol involving wildlife or fieldwork).

|  |
| --- |
| 1. Describe the fieldwork site (attach a map if needed).
 |
|  |
| 1. Select the required permits for the use of the requested species and/or for access to the study area.
 | [ ] Federal | [ ] State | [ ] Local |
| [ ] Other | [ ] Not Applicable |  |
| 1. I have attached the required permits to this application.
 | [ ]  Yes |
| [ ]  No, permit application in progress. Work cannot begin until permit is submitted the IACUC |
| [ ]  N/A |
| 1. Will animals be brought back to NKU?
 | [ ] Yes [ ] No | Will animals be housed at NKU over 12 hours? | [ ] Yes [ ] No |

# Section X: Investigator Certification

[ ] I understand that I am required to submit a revised protocol if any of the above procedures are changed.

I understand that any failure to comply with the provisions of the Animal Welfare Act and the requirements of the PHS Guide for the Care and Use of Laboratory Animals as implemented by the NKU IACUC may result in the suspension of my animal studies. I hereby provide assurance that the people doing the research are properly trained and qualified and that this work is not unnecessarily duplicative. If toxic materials are to be used in this project, I have notified the NKU Department of Safety and Emergency Management.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature: Principal Investigator Date

REVIEW BY THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

Approval status – This classroom/teaching protocol has been reviewed by the Northern Kentucky University IACUC.

[ ] Approved by Full Board [ ] Approved by Reviewer [ ] Approved with the provisions listed below [ ] Disapproved

PROVISIONS

Provisions/Explanations: Click here to enter text.

Researcher’s Acceptance of Provisions, Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_