IACUC Office Use Only:

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| IACUC Log # |  |
| Date Received: |  | Review Method: |  |
| Date Approved: |  | Approval Expiration: |  |

The Institutional Animal Care and Use Committee (IACUC) oversees animal use at John Carroll University to ensure compliance with federal regulations protecting the welfare of animals. A major function of the IACUC is to review teaching or experimental protocols and, where appropriate, recommend protocol modifications to improve the welfare of the animals. IACUC review is required for all laboratory and fieldwork administered by the University in which live vertebrates are captured or held in captivity. The IACUC approval is required before any such project may begin.

The IACUC consists of scientists from several disciplines, non-scientists, members of the University community, and persons who have no other affiliation with the University than as members of the Committee. The protocol should therefore be described in terms understandable by an audience of educated non-specialists.

Please attach the completed protocol to an email to the IACUC Administrator, Carole Krus, ckrus@jcu.edu. Projects will be reviewed and the appropriate faculty member notified of the committee's initial decision within three weeks of submitting the Protocol Review Form. Please contact the IACUC Administrator at (216) 397-1527 or ckrus@jcu.edu if you have questions.

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| Project title: |  |

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| --- | --- | --- | --- | --- | --- |
| Date submitted: |  | Project start date: |  | to |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Project type: | Teaching |  | Student research |  | Faculty research |  |

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| --- | --- | --- | --- | --- |
| Is this project a field study? | Yes |  | No |  |

|  |  |
| --- | --- |
| Faculty Instructor(s)/Advisor(s) |  |

|  |  |
| --- | --- |
| Student Investigator(s), if applicable: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Department: |  | Is this a grant proposal? |  | Funding agency: |  |

**CONFIRMATION STATEMENT:** To be completed by the Faculty Investigator(s) or Advisor(s)

I/We, the responsible faculty member(s), assure that this project will be conducted in accordance with this protocol and that proposed changes to the procedure will be submitted to the IACUC for review before implementation. To the best of my knowledge, this project does not unnecessarily duplicate previous work.

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| --- | --- | --- | --- |
| Faculty Name (type): |  | Date: |  |
| Faculty Name (type): |  | Date: |  |
| Faculty Name (type): |  | Date: |  |

Submitting this completed form as an email attachment from a recognized JCU email address will serve as a “signature.”

1. **Project Description**
2. Describe in lay language the purpose of the project and all procedures and techniques to be done with animals that are checked in item number 10. (Attach pages if necessary.)
3. Provide a scientific summary of the project.
4. **Benefits**

How will this use of animals contribute to the advancement of knowledge or eventually benefit humankind and/or animals?

3. **Animal Species**

1. Identify the species, approximate ages, and numbers of animals to be used for the entire project.
2. State rationale for the use of this/these species.
3. Explain why the species selected is the most appropriate for the study intended.
4. Explain why animals must be used in the study andwhy educational or research objectives cannot be met by the use of phylogenetically lower organisms, cell or tissue cultures, or non-animal systems such as computer simulation or audio-visual demonstration.
5. Explain how the number of animals required for this proposal fits your study design. Give the rationale for the number in terms of statistical methods to be used. Address the issue of reduction by explaining why the proposed number is sufficient, but not excessive. State the statistical method used for selecting the sample size. (A simple statement that the number proposed is required for statistical significance is not an adequate response.)
6. **Alternatives to Painful Procedures**

If your project involves using a methodology that causes more than momentary or slight pain or distress to animals, document what information source(s) or literature searchers were used to locate alternative methods. The Animal Welfare Act requires that a minimum of 2 or more searches must be conducted (i.e., Pubmed and Medline.) Please provide the following information regarding your search: 1) list databases used, 2) keywords used in the search, 3) years covered by the search, and 4) date on which current search was conducted. (For more information go to the USDA’s Animal Welfare Information Center at <http://www.nal.usda.gov/awic/alternatives/alternat.htm>. JCU’s IACUC website also provides additional resources and links to alternative method databases at <http://www.jcu.edu/research/iacuc>).

1. **Endpoints**

Indicate what endpoints other than experimental parameters could lead to early termination of the experiment to prevent unnecessary pain or distress to the animal(s) (i.e., pain that cannot be controlled with analgesics, tumor size, stage of disease, 15 to 20% loss of body weight, etc.). Include interventions that will be used such as euthanasia, treatment, or discontinuance of procedure.

1. **Unnecessary Duplication**

Please provide evidence that the proposed activities do not unnecessarily duplicate previous experiments, and outline the basis for your statement(s). If applicable, explain the need to duplicate previous experiments. Please include as evidence 1) a list of databases used, 2) keywords used in the search, 3) years covered by the search, and 4) the date on which the current search was conducted.

1. **Pain Management**

|  |
| --- |
| CATEGORY OF PAINFUL/DISTRESSFUL PROCEDURES |
| A. Animals | B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research or surgery but not yet used for such purposes | C. Number of animals on which teaching, research, experiments or tests are being conducted involving no pain, distress or use of pain-relieving drugs | D. Number of animals on which experiments, teaching, research, surgery or tests are being conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic or tranquilizing drugs are being used | E. Number of animals on which teaching experiments, research, surgery, or tests are being conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic or tranquilizing drugs would adversely affect the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests |
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1. **Euthanasia**

Describe euthanasia methods.

1. **Personnel**
	1. List all individuals other than the principal investigator expected to be involved with the animals in this project.
	2. Provide a statement about the qualifications of project personnel including technicians and students. If personnel are not adequately trained, explain your plan for training them.
	3. Personnel Health Program: All project personnel (e.g., student researchers, student research assistants) should have a current tetanus vaccination. Additionally, any personnel with asthma or allergies should take appropriate precautions while working in the animal research facilities. *It is the responsibility of the principal investigator/faculty advisor to make these recommendations to all project personnel.*

 I agree to recommend to all project personnel that they have a current tetanus vaccination and, when applicable, that they take appropriate precautions for allergies/asthma.

1. **Procedures To Be Used**

Respond to all items; for items marked “yes,” provide requested details in the project description under IACUC Protocol item 1.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YES |  | **NO** |  |  |
|  |  |  |  | Special diets (*describe diet and any anticipated nutritional deficit*) |
|  |  |  |  | Restraint (*describe method, duration*) |
|  |  |  |  | Blood sampling (*describe techniques, volumes, frequency, anesthesia*) |
|  |  |  |  | Invasive sampling of urine/feces (*describe techniques, frequency, anesthesia*) |
|  |  |  |  | Collection of tissues (*describe method, anesthesia*) |
|  |  |  |  | Nonsurvival surgery (*describe procedure, duration, anesthesia*) |
|  |  |  |  | Single survival surgery (*describe procedure, duration, anesthesia,*  |
|  |  |  |  | *postoperative care provisions*) |
|  |  |  |  | Multiple survival surgeries involving an individual animal (*justify the need*  |
|  |  |  |  | *for multiple surgeries and describe procedures, duration, anesthesia, post-operative care provisions for each procedure; explain how surgeries are related*) |
|  |  |  |  | Indwelling catheters or implants (*describe site, type, maintenance/* |
|  |  |  |  | *monitoring protocol*) |
|  |  |  |  | Administration of drugs/reagents/cells/etc. (*describe agent, route of* |
|  |  |  |  | *administration and frequency, anesthesia, anticipated side effects, monitoring protocol*) |
|  |  |  |  | Antibody production (*indicate route of administration, adjuvant use and* |
|  |  |  |  | *frequency, collection protocol*) |
|  |  |  |  | Tumor transplantation (*describe any anticipated functional deficit to the* |
|  |  |  |  | *animal, monitoring protocol, endpoint*) |
|  |  |  |  | Behavioral testing without significant restraint or noxious stimuli (*describe*) |
|  |  |  |  | Behavioral testing with significant restraint or noxious stimuli *(describe;* |
|  |  |  |  | *provide rationale for degree of restraint or stimulus*) |
|  |  |  |  | Human safety concerns or hazards, such as ether (*describe intended use,* |
|  |  |  |  | *means available to ensure safety*) |

1. **Biohazardous Agents**

Please check if any biohazardous agents will be used. If the answer is yes to any of the questions, name the biohazardous agent.

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| --- | --- | --- |
|  | a. Chemical Carcinogens |  |
|  | b. Highly Toxic Compounds |  |
|  | c. *In Vivo* Infectious Organism |  |
|  | d. Radiation, Radioisotopes |  |
|  | e. Other |  |

1. **Controlled Substances**

A controlled substance is a drug or chemical whose manufacture, possession, and use are regulated by the Federal and State government. Will controlled substances be used for this research?

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

If yes, please complete the information below (the current official list of DEA-controlled substances can be found in 21CFR §1308 [HERE](https://www.ecfr.gov/current/title-21/chapter-II/part-1308).

|  |  |
| --- | --- |
| Name of Controlled Substance | Class |
|  |  |
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|  |  |

Note: Every activity with controlled substances must be recorded on the IACUC Controlled Substance Use form and made available for inspection by the IACUC or other authorized individuals for the duration of the research. The form is available on the IACUC Forms webpage at <https://www.jcu.edu/research/research-compliance-home/iacuc>.

1. **Animal Sources**
2. Please indicate the source of animals:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Collected in Field |  | Purchased (name vendor): |  |

|  |  |  |
| --- | --- | --- |
|  | Other (Explain): |  |

1. **Animal Handling** (For animals collected in the field by researchers).

1. If animals are caught in the wild, where and how will the animals be captured?
2. If animals are trapped in the wild, where and how will the animals be trapped? How often will the traps be checked?
3. Will the animals be marked or tagged and if so how will this be done?
4. What other steps will be taken to protect the animals from exposure or other danger?
5. Will animals be released or brought back to campus?
6. If the animals will be brought to the campus, what precautions will be taken to prevent zoonotic diseases?
7. If animals are released shortly after capture, state the release method and location.
8. Does the research require federal or state permits? If so, please attach a copy of the permit application and issued permit.
9. **Animal Location**
10. Where will the animals be housed?
11. Where will the procedures be conducted?

**When completed:**

The Faculty PI or Faculty advisor must email this completed form (plus any pertinent materials including permits) to: ckrus@jcu.edu. Please use your JCU address to send the email.

Forms and policy guidelines are available at: <https://www.jcu.edu/research/research-compliance-home/iacuc>. For questions, comments, or assistance in completing the form, contact the IACUC Administrator at 216-397-1527.

**REV 6, Fall 2023**