



*Purpose: PIs should complete this form prior to using live vertebrate animals in a research laboratory, for renewal (every three years at a minimum), and for modification. The completed form should be submitted to the [Institutional Animal Care and Use Committee \(IACUC\)](#).*

1 Researcher and Laboratory Information			
Researcher First Last Name:	Title:	Department:	Email:
Cell Phone:	Lab phone:	Lab Building:	Lab room no:
Does your lab have a current emergency or disaster plan that includes contact information?		Yes	No
Does your lab keep training records for all personnel as required?		Yes	No

2 Project Information			
Protocol Application Date	Protocol Desired Start Date	Proposal type:	If Renewal or Mod, provide current/prior
Other Information		Initial submission	Protocol no:
		Renewal	Start Date:
		Modification	Expiration Date:

3 Funding: Please list active and pending funding			
Sponsor 1:	Project Start Date:	Project End Date:	Project Title 1:
Current Pending	Acct no., if available:		
Sponsor 2:	Project Start Date:	Project End Date:	Project Title 2:
Current Pending	Acct no., if available:		
Sponsor 3:	Project Start Date:	Project End Date:	Project Title 3:
Current Pending	Acct no., if available:		

4 Senior and Key Personnel: List all individuals authorized to conduct procedures involving animals under this proposal (attach additional pages as necessary).					
First Last Name:	Email:	Role (edit if other):	Level of Contact*	May euthanize?	Responsible for pain/distress assessment & documentation?

\*Level of Contact dictates training requirements. Tier 1: PI, Technician, lab members (conduct procedures); Tier 2: Feeders and others designated by PI (minimal handling); Tier 3: Students in courses involving animals (minimal handling); Tier 4: Temporary visitors to animal facilities (observation only).

5 Collaborative Research		YES	NO
1. Is any part of this research being conducted with live animals at another institution? If yes, please provide a description of collaboration, Institution name, Institution's PHS Assurance number:			
2. Has collaborating institution's IACUC reviewed this project? If yes, please provide outcome and/or attach IACUC approval notification:			
3. Will an intra-institutional agreement or MOU be required for this work? If yes, please explain:			

**6****Study Objectives**

Briefly explain the goals of the research; and the project's relevance to human or animal health, the advancement of knowledge, and/or the good of society. Use non-technical language that IACUC members with varied backgrounds will understand.

**7****Animal Requirements**

Include the total number of animals used for this project, including breeders, experimental animals, and animals not used experimentally.

Genus		Species		Strain/Breed	Common Name	Total Number
Year	Number	Age/Weight	Sex	Bacteriological status	Viral status	Source(s)
Year	Number	Age/Weight	Sex	Bacteriological status	Viral status	Source(s)
Year	Number	Age/Weight	Sex	Bacteriological status	Viral status	Source(s)
Year	Number	Age/Weight	Sex	Bacteriological status	Viral status	Source(s)
Year	Number	Age/Weight	Sex	Bacteriological status	Viral status	Source(s)
Year	Number	Age/Weight	Sex	Bacteriological status	Viral status	Source(s)
Year	Number	Age/Weight	Sex	Bacteriological status	Viral status	Source(s)

**8****Justification for the Use of Animals**

Explain your rationale for animal use, including the reasons it is necessary to use animals. Justify the appropriateness of the species selected. Justify the number of animals to be used, including the methods and sources used to determine that alternatives (e.g. replacement, reduction, refinement) to the use of animals and to the procedures have been considered. Number must be minimum required to obtain scientifically valid results.

**9****Attach Description of Experimental Design and Animal Procedures**

Please attach a document clearly explaining the experimental design and specify all animal procedures. All procedures to be employed in the study must be described; the description should include all procedures performed on live animals, the number of procedures, the number of animals involved in each procedure, the number of procedures an individual animal will experience. This description should allow the IACUC to understand the experimental course of an animal from its entry into the experiment to the endpoint of the study. A flowchart may be an effective presentation of the planned procedure. Consider including relevant animal identification methods, methods of restraint, experimental injections or inoculations, blood withdrawals, radiation, food or fluid restriction, pharmaceutical-grade and non-pharmaceutical grade compounds, other procedures, resultant effects expected, other potential stressors, procedures to monitor and minimize distress, experimental endpoint criteria, veterinary care, and surgical procedures.

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**Housing, Environment, Transportation** (if question is not applicable, please indicate N/A in appropriate space below)

1. How and where will the animals be housed?

2. Where will the manipulations be conducted?

3. Will the animals be exposed to non-standard housing? If yes, please explain.

4. Will any of the animals be singly housed? If yes, please provide scientific justification.

5. Will the animals be exposed to any non-standard environmental conditions? If yes, please explain.

6. Will the animals be exposed to any non-standard food or water, including withholding food? If yes, please explain.

7. Please describe any enrichment that will be provided to the animals.

8. Please describe how the health of the animals will be monitored.

9. Will animals be transported? If yes, please describe.

10. Will animals be physically restrained? If yes, please describe and provide scientific justification.

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**Method of Euthanasia or Disposition of Animals**

Please describe the proposed method of euthanasia and/or disposition. If a chemical agent is used, specify the dosage range and route of administration. If the method of euthanasia is not consistent with the current (2020) [AVMA Guidelines for the Euthanasia of Animals](#), provide scientific justification as to why such method must be used. Describe how you will determine that the euthanized animals are actually dead and what will happen to any animals not euthanized. Indicate who will euthanize animals and indicate their training and experience with the method of euthanasia and the species involved.

<b>12</b>	<b>Will you use Anesthesia, Analgesia, Tranquilization, or Other Agents?</b>	<b>Yes</b>	<b>No or N/A</b>
<p>If Yes, specify the anesthetics, analgesics, sedatives or tranquilizers that will be used. Include the name of the agent(s), the dosage range, route(s), possible side effects, and schedule of administration.</p>			

<b>13</b>	<b>Does the Project Involve Surgery or Other Procedures?</b>	<b>Yes</b>	<b>No or N/A</b>
<p>If yes, please respond to the questions below.</p>			
<ol style="list-style-type: none"> <li>1. Identify and describe the surgical procedure(s) to be performed. Include preoperative procedures [e.g., <i>fasting, analgesic loading</i>], and monitoring and supportive care during surgery. Include the aseptic methods to be used.</li>   <li>2. Identify the individual(s) that will perform surgery and their qualifications, training, and/or experience.</li>   <li>3. Identify the location where surgery will be performed. [<i>building(s) and room(s)</i>]</li>   <li>4. If survival surgery, describe postoperative care that will be provided and frequency of observation. Identify the responsible individual(s) and location(s) where care will be provided. [<i>building(s) and room(s)</i>] Include detection and management of postoperative complications during work hours, after hours, weekends and holidays.</li>   <li>5. If non-survival surgery, describe how euthanasia will be provided and how death will be determined.</li>   <li>6. Are paralytic agents used during surgery? If yes, please describe how ventilation will be maintained and how pain will be assessed.</li>   <li>7. Has major or minor survival surgery been performed on any animal prior to being placed on this study? [Major survival surgery penetrates and exposes a body cavity or produces substantial impairment of physical or physiologic functions or involves extensive tissue dissection or transection (such as laparotomy, thoracotomy, craniotomy, joint replacement, or limb amputation)]. If yes, please explain.</li>   <li>8. Will more than one survival surgery be performed on an animal while on this study? If yes, please justify.</li> </ol>			

**14 Does the Project Involve Potential Biological or Hazardous Materials? Yes No or N/A** If yes, please respond to the questions below.

1. What is the status of Institutional Biosafety Committee (IBC) review of this project?
2. If the IBC has approved this project, provide approval number \_\_\_\_\_ and approval expiration date \_\_\_\_\_
3. What is the Biosafety Level (BSL)?
4. Describe the practices and procedures required for the safe handling and disposal of contaminated animals and material associated with this study (e.g. PPE, protective equipment such as fume hoods).
5. Describe methods for removal of radioactive waste and/or the monitoring of radioactivity, or indicate N/A.
6. Discuss any additional biosafety concerns:

**15 Does the Project Involve Animal Breeding Colonies? Yes No or N/A** If yes, please respond to the questions below.

The purpose of a breeding colony protocol is to generate animals for use in approved experimental protocols. All animals must be counted; PHS Policy requires that all animals generated or obtained for research, testing, or teaching must be counted against an approved protocol.

1. Number of breeders and number of young per enclosure
2. Estimated number of breeders; number of young that cannot be used in experiments; and number of animals that will be subject to experimental manipulations
3. Describe breeding methods, including number of females per male or other
4. Indicate weaning age and describe how animals will be separated at weaning
5. Describe methods of identification of individual animals
6. Describe how you will dispose of founders, breeding pairs, or any non-transgenic animals

**16 Does the Project Involve Field Studies? Yes No or N/A** If yes, please respond to the question below.

If animals in the wild will be used, describe how they will be observed, any interactions with the animals, whether the animals will be disturbed or affected, and any special procedures anticipated. Indicate if federal, state, and/or local permits are required and whether they have been obtained.

**17 Is this Application a Renewal or Modification of a Protocol Previously Approved by the IACUC? Yes No or N/A**

If yes, provide a brief progress report, including the actual number of animals used. Explain if there was any unanticipated pain or distress associated with the protocol.

**18 Special Concerns or Requirements of the Study?**

List any special housing, equipment, animal care, or any departures from the [Guide](#).

**19 Principal Investigator Certifications**

By signing below, I confirm that I will comply with all applicable regulations and guidelines for animal care and use, including but not limited to the U.S. Government Principles and relevant portions of the PHS Guide, PHS Policy, the Animal Welfare Act, and Lewis & Clark College's [Animal Care and Use in Research and Teaching Policy](#). I will follow the guidelines and instructions of the Institutional Animal Care and Use Committee (IACUC), and notify the IACUC of any proposed changes prior to implementation. I am aware that deviations from an approved protocol, or violations of pertinent policies, guidelines, or laws could result in immediate suspension of the project. I certify that the number of animals proposed for use is the minimum number required to obtain scientifically valid results. I assume responsibility for the ethical conduct of this project and for protecting the welfare of the animal subjects and human participants. The research proposed herein is not unnecessarily duplicative of previously reported research. I will notify the IACUC regarding any unexpected study results that affect the animals. Any unanticipated pain or distress, morbidity or mortality will be reported to the attending veterinarian and the IACUC. I will take full responsibility for this protocol, make sure that all individuals involved have read and understand the procedures in the protocol, and confirm that all participants will be qualified and appropriately trained for the species used. A list of participants will be provided prior to their involvement.

PI Signature: _____	Date: _____	Co-PI Signature: _____	Date: _____
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**20 IACUC Review (this section to be completed by IACUC)**

Type of Review. If other explain below	Date Received by IACUC	Date Reviewed by IACUC	IACUC Decision	New Protocol Number (if applicable)
				New Protocol Start Date:
				New Protocol Expiration Date:

Notes for IACUC use only:

Chair First Last Name: _____	Chair Signature: _____	Date: _____
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