

APPLICATION TO USE LIVE VERTEBRATE ANIMALS IN ON-SITE RESEARCH OR TEACHING

Questions and completed forms should be submitted to the Institutional
Animal Care and Use Committee (IACUC) at iacuc@atu.edu

FOR OFFICE USE ONLY

IACUC PROTOCOL NUMBER: _____

IACUC Approval has been granted for the project described in this document

Original Approval Date: _____

Approval Period: _____

From

To

TO BE COMPLETED BY THE APPLICANT

New Application for Research

New Application for Teaching

Name and/or number of course(s)

3 Year Renewal for Research or Teaching - Highlight any modifications to procedures when
completing the application. Please provide the previously assigned IACUC protocol number here

Significant change to approved protocol.

Please provide assigned IACUC protocol number here:

Significant changes described below, must be approved by IACUC, including changes:

from nonsurvival to survival surgery

resulting in greater pain, distress, or degree of invasiveness

in housing and/or use of animals in a location that is not part of the animal program overseen by the IACUC

in species

in study objectives

in Principal Investigator (PI)

that impact personnel safety

1. TITLE OF PROJECT:

2. PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR INFORMATION: *(If not an ATU faculty, include an ATU faculty sponsor, see question # 5)*

Name: _____ Department: _____

Work Address: _____

Work Phone: _____ Email: _____

Cell Phone: _____ Fax Number: _____

Emergency Phone (after Hours): _____

3. CO- INVESTIGATOR INFORMATION: *(List ATU Graduate Student if any. If not an ATU faculty, include an ATU faculty sponsor in section #5)*

N/A ____

Name: _____ Department: _____

Work Address: _____

Work Phone: _____ Email: _____

Cell Phone: _____ Fax Number: _____

Emergency Phone (after Hours): _____

4. CONTACT PERSON FOR PAPERWORK ISSUES: *(If other than PI/PD)*

N/A ____

Name: _____ Department: _____

Work Address: _____

Work Phone: _____ Email: _____

Cell Phone: _____ Fax Number: _____

Emergency Phone (after Hours): _____

5. ATU FACULTY SPONSOR: *(required if PI/PD is not an ATU faculty)*

N/A ____

Name: _____ Department: _____

Work Address: _____

Work Phone: _____ Email: _____

Cell Phone: _____ Fax Number: _____

Emergency Phone (after Hours): _____

6. QUALIFICATION AND TRAINING OF PERSONNEL:

- Qualification of the PI(s): PhD
 MS
 BS
 Other (explain)

The PI/PD must approve or oversee the qualifications, training, and safety of all personnel who will be handling animals associated with this project.

Training

Mandatory: All personnel on this protocol are required to complete training through the CITI program (www.citiprogram.org) in two courses: 1) "Working with the IACUC", and 2) the appropriate species-specific elective course(s) depending on the teaching/research area.

Additional training required for this project is listed here:

7. FUNDING (Describe all funds you plan to apply for, have pending, or have received)

Intramural Funding: (e.g. Departmental funds, Undergraduate Research Funds, personal funds, donors/gifts, etc.) *Please list all ATU identification numbers of funding if applicable.*

Extramural Funding: (if applicable, include ATU budget titles and codes)

8. PROJECT PERIOD

9. LOCATION OF ANIMAL HOUSING AND SITE OF PROCEDURE

10. ANIMALS TO BE SAMPLED, HANDLED, AND/OR REMOVED FROM NATURE

Please estimate the number of animals of each species in each Humane Use Category

A. Species to be used (common name)	B. Animals bred, conditioned, or held for project	C. Procedures involve no pain, distress, or use of pain-relieving drugs	D. Procedures involve pain or distress but anesthetics or tranquilizing drugs are used	E. Procedures involve pain or distress and no anesthetic, analgesic, or tranquilizing drugs can be used*

Define the animals (stock/strain, sex, weight/age, etc) and explain how the relative numbers were determined, justifying the number of animals to be used.

**Any category E procedures will require further justification in Section 3.*

**APPLICATION TO USE LIVE VERTEBRATE ANIMALS
in *On-Site* Research or Teaching
Arkansas Tech University
Institutional Animal Care and Use Committee (IACUC)**

OFFICE USE ONLY

Protocol Number: _____

Approval period: _____

From _____

To _____

SECTION 1: PROJECT RELEVANCE/JUSTIFICATION (SYNOPSIS)

1.1 Please provide a brief synopsis of the project including the rationale to support its objectives (*e.g. intended benefits to humans, animals and/or the advancement of scientific knowledge*). This section should be understandable to a general reader and focus on the ***big picture***.

1.2 Clearly articulate the specific justification for the use of live vertebrate animals to explain why the project objectives cannot be accomplished using an alternative model (*e.g. in vitro, computational model/simulation, invertebrate animals, or other*).

**APPLICATION TO USE LIVE VERTEBRATE ANIMALS
in *On-Site* Research or Teaching
Arkansas Tech University
Institutional Animal Care and Use Committee (IACUC)**

OFFICE USE ONLY

Protocol Number: _____

Approval period: _____

From

To

SECTION 2: PERMITS

2.1 If a special permit is required for the target taxa, provide a photocopy of the approved permit or permit application. Summarize the agency(ies) involved, status, and associated timeline of the permit (*e.g. when the application was or will be submitted as well as spatial and temporal coverage*).

2.2 Identify the source(s) for acquiring animals.

**APPLICATION TO USE LIVE VERTEBRATE ANIMALS
in *On-Site* Research or Teaching
Arkansas Tech University
Institutional Animal Care and Use Committee (IACUC)**

OFFICE USE ONLY

Protocol Number: _____

Approval period: _____

From

To

SECTION 3: ANIMAL PROCEDURES

3.1 Please provide a concise description of the proposed procedures that involve the use of animals in this project. Where appropriate, this section should clearly identify specific procedures intended to minimize pain such as anesthetic, analgesic or tranquilizing drug application if utilized. *Note: an annual report of the actual number of animals collected by species must be provided to the IACUC.*

3.2 Justification for special circumstances (USDA pain category “E” procedures only).
Projects involving USDA pain category “E” procedures require specific scientific justification of why the procedure is necessary without mitigation.

**APPLICATION TO USE LIVE VERTEBRATE ANIMALS
in *On-Site* Research or Teaching
Arkansas Tech University
Institutional Animal Care and Use Committee (IACUC)**

OFFICE USE ONLY

Protocol Number: _____

Approval period: _____

From

To

3.3 Euthanasia. Describe the **final disposition of the animals used in the project**. If euthanasia is planned, specify the method and the individual(s) responsible for performing euthanasia techniques. State whether the method of euthanasia is consistent with the recommendations of the [American Veterinary Medical Association \(AVMA\) Guidelines for the Euthanasia of Animals](#). If not, describe the method and provide a scientific justification for the deviation.

3.4 If an animal is to become seriously ill or injured, specify the criteria or criterion you will use to determine if, and when euthanasia will be used to relieve suffering.

**APPLICATION TO USE LIVE VERTEBRATE ANIMALS
in *On-Site* Research or Teaching
Arkansas Tech University
Institutional Animal Care and Use Committee (IACUC)**

OFFICE USE ONLY

Protocol Number: _____

Approval period: _____

From _____

To _____

SECTION 4: SAFETY

4.1 What human safety issues are peculiar to the types(s) of animal procedures, collection, handling, and/or holding proposed for this project? Briefly describe your plans to minimize risks.

4.2 Will your work involve hazardous materials, objects, equipment or activities other than above? If so, list associated specific training modules that will be completed by any personnel involved in those procedures (see module list and associated training links available through <https://www.atu.edu/facilities/policy.php>) Alternatively, specify other required safety training.