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| **This section to be completed by IRB Committee**Protocol #:Received Date:Approval Date:Expiration Date: |

**Southwest Minnesota State University**

 **Institutional Review Board**

 **Animal Use Subcommittee**

 **Application to Conduct Research**

 **Using Animal Subjects**

Complete the form **(please type)** and send via mail to the chair of the IRB committee.

Note: We thank the University of Alaska Fairbanks and Wartburg College for permission to modify their animal care forms.

**Administrative Data**

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| --- |
|  Department:       Principal Investigator(s):       (Faculty member in charge of research) Mailing Address:       |
|  Phone:       |  Email:       |
|  Project Title:       |

|  |  |
| --- | --- |
| Students Working on this Project | SMSU Email Address |
|       |       |
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|       |       |
|       |       |
| *Type of Submission: (Check all that apply)* |
| Initial Submission | [ ]   | Revision | [ ]  | Renewal | [ ]  | Change of PI |[ ]   |  |  |  |  |  |
| Previous Protocol #: (if not Initial Submission)        |
| If the originally approved protocol was Student Special Project, documentation of permission from original to new PI is attached. [ ]  |

*Academic Project Type*

|  |  |  |  |
| --- | --- | --- | --- |
| Research Project [ ]  | Student Special Project [ ]  | Teaching [ ]  | Other (explain below) [ ]  |

*Duration of Project:*

|  |  |
| --- | --- |
| Starting Date:       | Ending Date:       |

*Funding Source:*

**I. Animal Requirements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Animal Species and Strain (Provide scientific & common name) | Number to be used | Age | Sex |  Source of Animals (You may list multiple sources. Ex: wild-caught or purchased from Carolina Biological Supply) |
|       |       |       |       |       |
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2. *Animal Housing*

 a. Where is the primary housing location?

 b. Where will the manipulation involving live vertebrates be conducted?

 c. List any special housing, equipment, animal care (e.g., special caging, water, feed, or waste disposal,

 environmental enhancement, etc.).

**II. Study Objectives**

1. Briefly explain in language understandable to a layperson the aim of the study and why the study is important to human or animal health, the advancement of knowledge, or the good of society.

**III. Rationale for Animal Use**

1. Explain your rationale for animal use. *[The rationale should include reasons why non-animal models cannot be used]*

1. Justify the appropriateness of the species selected. *[The species selected should be the lowest possible on the phylogenetic scale].*

1. Justify the number of animals to be used. *[The number of animals should be the minimum number required to obtain statistically valid results].*

**IV. Description of Experimental Design and Animal Procedures**

|  |  |  |
| --- | --- | --- |
| **Planned** (check if yes) | **Proposed Animal Use** | **Details** |
|[ ]  1. Behavioral observation without significant restraint or noxious stimuli
 |       |
|[ ]  1. Behavioral observation with significant restraint or noxious stimuli
 |       |
|[ ]  1. Wildlife Capture
 |       |
|[ ]  1. Tagging & Marking
 |       |
|[ ]  1. Animal Transportation
 |       |
|[ ]  1. Lab animal handling or restraint procedures
 |       |
|[ ]  1. Non-surgical placement of external or indwelling devices or equipment
 |       |
|[ ]  1. Body fluid, waste or tissue sampling from live animals (volume, frequency, withdrawal sites, and methods)
 |       |
|[ ]  1. Necropsy or tissue collection (euthanized or kill-trapped animals ONLY)
 |       |
|[ ]  1. Special diets including food and/or water deprivation
 |       |
|[ ]  1. Application of unusual environmental conditions
 |       |
|[ ]  1. Administration of drugs or other treatments (dose, sites, volume, route, schedules)
 |       |
|[ ]  1. Surgery (discuss pre-operative care, surgical procedure, use of paralyzing drugs, post-operative care, and training of personnel)
 |       |

**V. Type responses to the following questions**

1. *Pain Level*

|  |
| --- |
|[ ]  1. Minimal/Transient/No pain
 |
|[ ]  1. Analgesics given to avoid pain
 |
|[ ]  1. Because of scientific validity, no analgesic will be used even though pain is likely.
 |

1. Describe procedures ensuring that discomfort, distress, pain and injury will be limited to that which is unavoidable in the conduct of scientifically sound research. If #1b. or #1c. is checked, please explain the necessity for the proposed procedure and why a less painful procedure is not appropriate.

1. *Veterinary Care*

Indicate desired plan of action in case of animal illness (e.g., initiate treatment, call veterinarian, euthanize) and describe how spread of diseases will be prevented.

1. *Experimental Endpoint Criteria*

Endpoint criteria (e.g., tumor size, percentage body weight gain or loss, inability to eat or drink, behavioral abnormalities, clinical symptomatology, or signs of toxicity) must be specified when the administration of tumor cells, biologics, infectious agents, radiation or toxic chemicals are expected to cause significant symptomatology or are potentially lethal. List the criteria to be used to determine when euthanasia is to be performed. Death as an endpoint must always be scientifically justified.

1. *Euthanasia and Disposal*

Any time you are handling animals, there is a possibility for injuries or complications. At a minimum, you must provide a method for emergency euthanasia. If animals will be euthanized at the end of the project, provide the method to be used (this may or may not be the same method used for emergency euthanasia. If a chemical agent is used specify the dosage and route of administration. If the method(s) of euthanasia include those not recommended by the AVMA Panel Report on Euthanasia (e.g., decapitation or cervical dislocation without anesthesia), provide scientific justification why such methods must be used. Indicate the method of carcass disposal. The AVMA report is available online at (<http://www.avma.org/resources/euthanasia.pdf>).

1. *Field Studies*

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. If animals are to be held for brief periods (less than 24 hours), specify the duration and describe the temporary holding facilities.

1. *Permits*

Indicate if federal, state, site-based, or chemical permits are required and whether they have been obtained.

1. *Human Safety and Training*

Briefly explain how investigators will be trained in order to minimize injury or disease transmission to the investigators. Describe what first aid will be available.

1. *Additional Information*

Briefly explain any other procedures not mentioned above necessary for the complete evaluation of your proposed research.

**Signature Page**

**Principal Investigator(s) Certifications**

1. I certify that I have determined that the research proposed herein is not unnecessarily duplicative of previously reported research.
2. I certify that I will obtain approval from the IRB before initiating any significant changes in this study.
3. I certify that I will notify the IRB regarding any unexpected study results that impact the animals. Any unanticipated pain or distress, morbidity or mortality will be reported to the attending veterinarian and the IRB.

**Principal Investigator(s):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name:  |       | Signature:  |  | Date:  |       |
| Name: |       | Signature: |  | Date: |       |
| Name: |       | Signature: |  | Date: |       |
| Name: |       | Signature: |  | Date: |       |

**Students(s):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name:  |       | Signature:  |  | Date:  |       |
| Name: |       | Signature: |  | Date: |       |
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| Name: |       | Signature: |  | Date: |       |

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**For IRB use:**

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| --- | --- |
| [ ]  Approved  | [ ]  Review by IRB Animal Care Subcommittee Only |
| [ ]  Approved With Conditions | [ ]  Review by IRB Animal Care Subcommittee & Veterinarian   |
| [ ]  Denied  | [ ]  Exempt |

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| --- | --- |
| **Comments:** |       |

**Approval Signatures:**

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| Name:­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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