

# HOOD COLLEGE ANIMAL STUDY PROPOSAL

**IACUC Use Only**

Proposal #: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**INSTRUCTIONS:** Please fill in all fields and e-mail completed form or questions to [IACUC@hood.edu](mailto:IACUC@hood.edu) or [kundey@hood.edu](mailto:kundey@hood.edu). Please allot at least three (3) weeks for each IACUC review.

## A. ADMINISTRATIVE DATA

### 1. Primary Investigator Information

- Name:
- Title:
- Department:
- Email:
- Phone:

### 2. Hood Faculty Sponsor (Student Primary Investigators Only): Note that student proposals without a Faculty Sponsor will not be approved.

- Name:
- Title:
- Department:
- Email:
- Phone:

### 3. Project Title:

### 4. Proposal Type:

Click to choose.      **If modification, list original proposal number:**

### 5. List the names of all individuals authorized to conduct procedures involving animals under this proposal and identify key personnel (i.e., co-investigator(s)). Briefly summarize the training and/or experience for procedures each individual will be expected to perform as part of this proposal. The name(s) of the supervisor, mentor, or trainer who will provide assurances each individual is/has achieved proficiency in such procedures should be kept on file by the Primary Investigator (if Hood Faculty) or Faculty Sponsor (if Primary Investigator is a student) submitting this proposal and available to the IACUC.

## B. ANIMAL REQUIREMENTS

1. Species:
2. Age/Weight/Size:
3. Sex:
4. Stock/Strain:
5. Source(s):
6. Animal Procedure Location(s):
7. Estimated number of animals:

Year 1	Year 2	Year 3	Total

**C. STUDY OBJECTIVES:** Provide no more than a 300-word summary of the objectives of this work. Why is this work important/interesting? How might this work benefit humans and/or animals? This should be written such that a nonscientist can easily understand it. Please eliminate or minimize abbreviations, technical terms, and jargon. Where necessary, they should be defined.

**D. RATIONALE FOR ANIMAL USE**

1. Explain your rationale for animal use.
2. Justify the appropriateness of the species selected.
3. Justify the number of animals to be used.

**E. DESCRIPTION OF EXPERIMENTAL DESIGN AND ANIMAL PROCEDURES:**

1. Briefly explain the experimental design and specify all animal procedures. 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. Refrain from using jargon or technical terms. If jargon or technical terms must be used, define them clearly.
2. Does your experiment include injections or inoculations, blood withdrawals, minor surgical procedures that do not invade a body cavity or nonsurvival surgical procedures (other surgical procedures should be noted in Section F), restraint, or animal identification methods (i.e., cage tags, ear marking, etc.)? If so, please describe and justify.
3. Will the animal(s) in the study be exposed to any specific hazard(s)? Please consider pathogens such as viruses, bacteria, or malignant cells, as well as chemicals, carcinogens, recombinant DNA, and radioactive materials. Specify the hazard(s) and describe the precautions that will be taken to safeguard the welfare of the animal(s) and minimize their distress. Describe the precautions that will be taken to minimize risk to researchers, areas where animals are housed, and laboratories. How will biohazardous materials (including animal wastes and carcasses) generated by this study be decontaminated and/or disposed of? If applicable, please include documentation indicating that biological materials are not contaminated and that a Safety Officer or specialist with knowledge of the hazardous agent has reviewed the study.
4. Does your experiment include any potentially painful or distressful effects? If so, please specify.
5. If procedures are expected to cause significant symptomatology or are potentially lethal, specify experimental endpoint criteria (i.e., tumor size, percentage body weight gain/loss, inability to eat/drink, behavioral abnormalities, etc.) Death as an endpoint must always be scientifically justified.

**F. MAJOR SURVIVAL SURGERY:** Does your experiment include major survival surgery? If yes, address the following:

- Identify and describe the surgical procedure(s) to be performed. Include the aseptic methods to be utilized.
- Who will perform surgery and what are their qualifications and/or experience?
- Where will surgery be performed?
- Describe post-operative care required, including consideration of the use of post-operative analgesics. Indicate the responsible individual(s).
- Will major survival surgery have been performed on any animal prior to being placed in this study?
- Will more than one major survival surgery be performed on an animal while on this study? If yes, justify.

**NOTE:** You will need to keep a surgical log of these activities. This log must be provided to the IACUC upon request. The log must be kept up to date at all times and should contain for each animal a record of the kinds and amounts of drugs administered, surgical procedures performed, complications encountered, and eventual cause of death. Dates and names of researchers should accompany each entry.

**G. RECORDING PAIN OR DISTRESS CATEGORY**

1. The IACUC is responsible for applying [U.S. Government Principle IV for the “Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training”](#) : “Proper use of animals, including the avoidance or minimization of discomfort, distress, and pain when consistent with sound scientific practices, is imperative.” Unless the contrary is established, investigators should consider that procedures that cause pain or distress in humans may cause pain or distress in other animals. Mark the appropriate category(ies) and indicate the approximate number of animals in each. Proposals involving unrelieved Pain or Distress (USDA Column E) generally are considered inappropriate for research of any kind at Hood College.

Mark One	Number of Animals Used Each Year	Year 1	Year 2	Year 3
	USDA Column C: Minimal, Transient, or No Pain or Distress			
	USDA Column D: Pain or Distress Relieved by Appropriate Measures			

2. **USDA Column D Proposals Only:** Describe your consideration of alternatives to procedures causing more than momentary or slight pain or distress to the animals and your determination that alternatives were not available. Please note that Primary Investigators must certify that no valid alternative was identified to any described procedures that may cause more than momentary pain or distress, whether it is relieved or not. Delineate the methods and sources used in the search below. Database references must include databases (2 or more) searched, the date of the search, period covered, and keywords used.

**H. ANESTHESIA, ANALGESIA, TRANQUILIZATION:** For animals indicated in Section G: Column D (Pain or distress relieved by appropriate measures), specify the anesthetics, analgesics, sedatives, or tranquilizers to be used. Include the name of the agent(s), the dosage, route and schedule of administration.

**I. METHOD OF EUTHANASIA OR DISPOSITION OF ANIMALS AT STUDY’S END:** Indicate the proposed method of euthanasia or disposition of animals at the conclusion of the study. 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 Guidelines on Euthanasia](#), provide justification why such methods must be used. Indicate the method of carcass disposal.

**J. SPECIAL CONCERNS OR REQUIREMENTS OF THE STUDY:** List any special housing, equipment, animal care (i.e., special caging, water, feed, or waste disposal) and justify.

**K. PRIMARY INVESTIGATOR CERTIFICATIONS:**

By submitting this proposal to the IACUC, the Primary Investigator signifies:

- I certify that I have completed all required IACUC training.
- I certify that I have determined that this research proposal is not unnecessarily duplicative of previously reported research.
- I certify that all individuals working on this proposal having contact with animals have completed all required IACUC training and will receive refresher training as necessary. I further specify that I am responsible for the professional conduct of all personnel listed in Section A.
- For USDA Column D proposals: I certify that I have reviewed the pertinent scientific literature and the sources and/or databases as noted in Section G and have found no valid alternative to any procedures described in this proposal which may cause more than momentary pain or distress, whether it is relieved or not.
- I will obtain approval from the IACUC before initiating any significant changes in this study.

**L. SIGNATURES:**

***CERTIFICATION OF REVIEW:***

PRINCIPAL INVESTIGATOR \_\_\_\_\_ Date: \_\_\_\_\_

ATTENDING VETERINARIAN \_\_\_\_\_ Date: \_\_\_\_\_

SAFETY OFFICER/SPECIALIST\* \_\_\_\_\_ Date: \_\_\_\_\_

\*Only required if hazardous agents are utilized in the study.

***FINAL APPROVAL (and Certification of Review):***

IACUC CHAIRPERSON \_\_\_\_\_ Date: \_\_\_\_\_