

APPLICATION TO USE LIVING VERTEBRATE ANIMALS IN RESEARCH OR CLASSROOM SITUATIONS

The use of any animal in research and/or teaching without prior approval of the institutional animal care and use committee (IACUC) is a violation of Michigan Technological University policies and procedures. If returning a completed hard copy, please send to the Research Integrity and Compliance Office. If sending an electronic copy, send to IACUC@mtu.edu followed by a hard copy of the signature page(s) only to the Research Integrity and Compliance Office.

HANDWRITTEN APPLICATIONS WILL BE RETURNED

LEAVE BLANK -
FOR OFFICE USE

Approved	Date Received	IACUC #
		L

GENERAL INFORMATION

Principal Investigator: _____ Department: _____ E-mail: _____

Co-Investigator ¹: _____ Department: _____ E-mail: _____

Title of Project: _____

Type of Application: New Teaching Only Revision (within approval period) Three-year Renewal
 Information Only (non regulated) Previous Protocol # L _____ Previous Protocol # L _____

Project Duration: Start Date _____ End Date _____

Anticipated Funding Agency: _____

PROPOSED ANIMAL ACTIVITY

Animal Housing Location: _____

Record Keeping: _____ (State where the records involving the animals in the protocol will be kept and they can be made available for inspection by IACUC, USDA, or PHS staff members (if necessary)).

Animal Subjects - indicate species, code, and number of animals

Species	Reporting Code*				Maximum Daily	Total Number
	A	X	Y	Z	Population	Per Year

- A* Animals which are not covered under the animal welfare act (these include laboratory mice/rats, birds, animals in agriculture research and cold blooded vertebrates)
- X* Animals covered under the animal welfare act upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain relieving drug.
- Y* Animals covered under the animal welfare act upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used
- Z* Animals covered under the animal welfare act upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests.

¹ Insert additional Co-Investigator names/signatures on page 5.

5. **Search for Alternatives to Painful Procedures** - As per Animal Welfare Act regulations for procedures that **MAY** cause more than momentary or slight pain or distress to the animals, the Principal Investigator must provide a written narrative description of the methods used to determine that less painful/distressful alternatives are not available. A search for alternatives must be provided for **EACH** potentially painful/distressful procedure. *Procedures that have pain eliminated by the use of anesthetics and/or analgesics are still considered painful even though the animal is not expected to experience any pain or distress.* **If alternative procedures are discovered the Principal Investigator must identify them and justify why those procedures are not being considered.** Where specific testing procedures are required by Federal Law, the CFR references or other legal guidelines requiring them should also be noted.

N/A (Skip to 6)

What strategy was used to determine that alternatives were not available (check all that apply and provide the additional information:

Computer database search (eg Medline, Agricola, Biosis, etc):

Database Name _____ Years Covered _____ Date search performed _____

Database Name _____ Years Covered _____ Date search performed _____

Keywords/Search Strategy _____

Library Sources (journals, texts, reviews, etc)

Consultations (who? when?)

Other (please explain)

What were your findings with respect to alternatives to potentially painful procedures?

6. **Special Questions:**

a) Are any animal restraint devices to be used in this project? Yes No
if so, please describe:

b) Do activities require the use of any paralytic drugs? Yes No
if so, please describe:

c) Do activities require any food or water deprivation? Yes No
if so, please describe:

d) Do activities require any use of electrical shock? Yes No
if so, please describe:

e) Do activities result in any permanent physical impairment of the animals? Yes No
please describe:

f) Do activities unnecessarily duplicate previous experiments/activities? Yes No
describe and justify need for duplication:

g) Have animals identified for this project previously been involved in any other activities/experiments? if so, explain: Yes No

h) Will animals involved in this project require any special care beyond the normal husbandry practices dictated by the activity? (biohazard concerns, isolation, etc.) Yes No

i) Will activities result in (check all that apply)
 Survival during procedure; Terminal during procedure; Terminal at end of project

7. **Researcher Qualification - state the name(s) and describe qualifications of individual(s) conducting this study**

RESEARCHER'S ASSURANCE

In signing this form, I certify that:

- I acknowledge responsibility for this project.
- I will obtain IACUC approval prior to implementing any changes in the protocol.
- All faculty, staff, and students involved in the project are presently qualified or will be trained to conduct the project in a humane and scientific manner, in accord with NIH policy and animal welfare act regulations and will complete the required CITI training.
- The activities do not unnecessarily duplicate previous experiments/teaching demonstrations.
- Alternatives to these procedures have been thoroughly reviewed, and I have found no valid alternative to any procedures that may cause more than momentary slight pain, discomfort, or distress, whether it is relieved or not.

Principal Investigator's Signature*

Date

Co-Investigator Signature

Date

* The principal investigator of a project must be a faculty or staff member. If students are involved in a project, he or she should be listed as a co-investigator

Additional Co-Investigator Information (if needed)

Co-Investigator: _____ Department: _____ E-mail: _____

Signature: _____ Date: _____

Co-Investigator: _____ Department: _____ E-mail: _____

Signature: _____ Date: _____

Co-Investigator: _____ Department: _____ E-mail: _____

Signature: _____ Date: _____

Co-Investigator: _____ Department: _____ E-mail: _____

Signature: _____ Date: _____

Co-Investigator: _____ Department: _____ E-mail: _____

Signature: _____ Date: _____

Co-Investigator: _____ Department: _____ E-mail: _____

Signature: _____ Date: _____

REQUIRED INFORMATION (continued)
