**LONGWOOD UNIVERSITY**

**Institutional Animal Care and Use Committee (IACUC)**

**Phone: 434-395-2726 • Fax: 434-395-2652**

**E-mail:** [**IACUC@longwood.edu**](mailto:IACUC@longwood.edu)

#### PROTOCOL REVIEW FORM

Federal animal welfare regulations require that an Institutional Animal Care and Use Committee (IACUC) review and approve all activities involving the use of vertebrate animals prior to their initiation. This includes any animals used for the development of experimental methodologies, instructional purposes, research, etc. Approved protocols for ongoing and recurrent activities must be reviewed by the Longwood University IACUC on an annual basis. However, [extensions and amendments](http://www.humboldt.edu/~iacuc/Amend.rtf) requiring an abbreviated application process may be granted for a total of three consecutive years. Compliance with animal welfare regulations is mandatory and is the responsibility of all individuals (including faculty and students) who choose to work with live vertebrate animals.

To avoid multiple submissions, please provide generic descriptions (including multiple routes of compound administrations, minor procedural variations, similar laboratory exercises from a single course, routine exercises used in several courses, etc). When multiple vertebrate species are to be used, please clearly describe all procedures, and all variations thereof, to be used with each individual species.

The Faculty Investigator must complete the “Animal Care and Use (ACU)” CITI training modules PRIOR to receiving approval of their IACUC protocol. To document completion of the appropriate CITI training modules, the CITI Completion Certificate needs to be submitted with the Protocol Review form. Student researchers listed on a protocol need to submit the CITI Completion Certificate three weeks after approval of the IACUC Protocol. Failure to comply with CITI training regulations may result in rejection of the IACUC Protocol and/or suspension of the research project.

Applications will be processed only if all sections of the application are complete.

Questions regarding this process may be directed to: Dr. Amorette Barber or Dr. Wade Znosko (IACUC Co-Chairs; [IACUC@longwood.edu](mailto:IACUC@longwood.edu)). *When e-mailing please enter "IACUC Submission" in subject box.*

**Overview: Proposals will generally fall into one of the following categories (check appropriate box):**

**For faculty research (if students involved, they are not applicants):** complete sections A, D, E (F-M as appropriate), N, O and P.

**For faculty sponsorship of student project (student is applicant):** complete sections A, B, D, E, (F-M as appropriate), N, O and P (faculty sponsor signs).

**For use of animals in teaching only:** complete sections C, D, E, (F-M as appropriate), N, O and P

**A. Research: Faculty Investigator or Sponsor. All projects must have a faculty member as the principal investigator or sponsor. Include faculty/staff co-investigator if appropriate. If faculty member is sponsor for a student, complete B also. If the project is for teaching only, skip to C.**

**Principal Investigator or Sponsor**:

**Department: Campus Address:**

**Telephone: E-mail:**

**Co-Investigator**:

**Department: Campus Address:**

**Telephone: E-mail:**

***Continue with information for additional co-investigators if appropriate***

**Project Title**:

Anticipated Start Date: End Date:

(\*Not to exceed 3 years-\*\*protocols are approved for a maximum of 3 years after which a renewal must be requested)

**Animal species** *(Please include scientific name, common name, and characteristics of all species to be used. List multiple species separately to explain variation in use. For field studies, please list all target species, species listed as protected, threatened, or endangered by the USFWS or the state in which the work will be conducted, and any non-target species that are likely to be impacted.):*

**Has this project been approved by the IACUC before?**  No  Yes

If yes, give earlier IACUC Approval Number: and date:

If project approved under a different project title, give title for approved project:

**Is this a collaboration with another institution where animals will be used?** No  Yes

If yes, attach IACUC approval sheet from other institution or contact information for IACUC Chair of other institution.

**B. Research: Student Project with Faculty Sponsor**

*(NOTE: If student will be involved in the project but is not to be identified as an applicant, include the name(s) in section O. Personnel Qualifications, not here)*

**Name of Student**:

Department: Campus Address:

Telephone: E-mail:

Graduate  Undergraduate Thesis Other (specify):

***Continue with information for additional student co-applicants if appropriate***

**C. Request for Approval for the Use of Animals in Teaching**

**Course Instructor**:

**Department:** **Campus Address:**

**Telephone:** **E-mail:**

**Course Title:** **Course Number**:

Specify semester(s) and year(s) when course will be taught and for which approval is requested (note: protocols are approved for a maximum of three years):

**Animal species** *(Please include Scientific name, common name, and characteristics of all species to be used. List multiple species separately to explain variation in use. For field studies, please list all target species, species listed as protected, threatened, or endangered by the USFWS or the state in which the work will be conducted, and any non-target species that are likely to be impacted.):*

**D. ANIMAL CARE AND USE.** Adequately summarize the information requested. Additional (more detailed) information may be required in sections E-O below or may be supplied in an attachment. **The information requested is required by federal law.**

**1. Objectives of the proposed research or other animal use (What scientific and educational value may come from this work?):**

**2. Describe in non-technical terminology the procedures to be performed:**

Describe **all** procedures an animal will undergo as part of the protocol.

**3. Rationale for using animals (Why are animals appropriate for this study?):**

**4. The appropriateness of the species used and rationale for using this species:**

**5. Justify the number of animals to be used. Explain why a smaller number would not allow you to meet your objectives (please provide clarification if based on statistical reasoning).** If this is a field project, and you cannot predict the exact number of animals to be sampled, please give your best estimate and an explanation of the variables that will determine your sample size.

**6. Activities involving animals must not unnecessarily duplicate previous experiments (animal use).** Your signature on this form will provide assurance that the activities of this project remain in compliance with the requirement that there must be no unnecessary duplication**.**

**Duplication of previous experiments (animal use)?** No  Yes

**If yes, please justify duplication of previous experiments (animal use):**

**For instructors, explain the value of the lesson that merits using live animals.**

**E. ANIMAL INVENTORY -- Complete for each species used:**

**Species #1:**

Pain/distress category\*: Total # of animals to be used in project:

Source of Animals or the study area(s) for field studies.: Initial date of animal use:

Location of animal housing\*\*: How long will animals be housed:

Location of use: Who will be responsible for their daily care:

***Continue with information for additional species if appropriate.***

**\*Pain/Distress Category: Indicate category that animal use comes under per modified USDA definitions.**

(The Longwood University IACUC Veterinarian must be consulted for any animals in Category 2 through 4)

Category 1 Animal use activities which involve only breeding, conditioning, or holding. Animals currently not subject to review per PHS policy or Animal Welfare Act (e.g. fish)**.**

Category 2 Animal use activities that involve no pain or distress (pain threshold above that for a routine injection). Routine procedures, e.g.: injections, blood sampling, physical examinations (weighing) and observational studies fall into this category. Surgery or other activities involving only euthanized animals.

Category 3 Animal use activities which involve accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs are used. Procedures of a nature that would generally call for the use of anesthetics, analgesics, or tranquilizers in human beings fall into this category. Food and water deprivation beyond what is necessary for normal veterinary surgery falls into this category. If you have animals in this category, you must complete section F and G.

Category 4 Animal use activities which involve accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were not used. If you have animals in this category you must complete. Check ‘no’ in Section F and move on to Section G.

\*\*No animals may be outside approved housing area for more than 12 hours or overnight without prior approval from

the IACUC.

**Complete Sections F- N if applicable. If not applicable check ‘no’ and move to next section.**

**F. Will you use Anesthetics, Analgesics, or Tranquilizers?**

**No** **(go to section G)** **Yes** - complete below: Drugs utilized; dosage; route of administration.

**1. Drug:**

**Dose:**

**Route:**

**Who will administer drug and what are their qualifications?**

**Monitoring procedures:**

***Continue with information for additional drugs if appropriate.***

**G. Potential for Animal Pain and/or Distress**

**Will you perform Painful or Distressful Procedures with or without Anesthesia, Analgesia,**

**or Tranquilizers?**

No (go to section H)  Yes - complete below

**1. Number of Animals Treated (by procedure if more than one):**

**2. Required: I certify that I have reviewed the pertinent sources and have found no valid alternatives to any of the proposed procedures which may cause more than momentary pain or distress. The methods and sources used in my search include the following:**

**Database searches: The following keywords were used to search for alternatives to the proposed potentially painful procedures in this protocol:**

**2a.**

Procedure #1:

Database(s) searched:

Keywords used:

Date of search: Years searched (e.g. 1966 present):

**2b.**

Procedure #2:

Database(s) searched:

Keywords used:

Date of search: Years searched (e.g. 1966 present):

**2c**.

Procedure #3:

Database(s) searched:

Keywords used:

Date of search: Years searched (e.g. 1966 present):

**3. Include additional sources of information (if relevant) that support the claim that no valid alternatives**

**are available to the proposed procedures which may cause more than momentary pain or distress.**

3a. Library Sources (journals, texts, reviews, etc.):

3b. Consultations with appropriate experts (names and qualifications):

3c. Other:

**H. Will you withdraw blood from animals?**

No (go to section I)  Yes - complete below

**No. of Animals:**

**Name of person performing procedure and description of training:**

1. Method(s):

2. Volume(s) collected:

3. Frequency of collection:

**I. Will you restrain animals with mechanical devices?**

No (go to section J)  Yes, complete below

**No. of Animals:**

**Name of person performing procedure and description of training:**

1. Device and method of restraint:

2. How long and how often will the animals be restrained:

3. Justify your reasons for requiring animal restraint:

**J. Will the study include subjecting animals to stress (beyond what the animal might encounter routinely in natural environment)?**

No (go to section K)  Yes, complete below

**No. of Animals:**

1. Method(s) of exposure:

2. Time and frequency of exposure:

**K. Will this study include the administration of radioactive agents****, pathogenic or viable**

**organisms****, toxic chemicals****, carcinogens****, transplantable tumors** **or other**

**biological materials****?**

No (go to section L)  Yes, complete below

**What agent(s) will be administered to animals? E.g. : radioisotopes, pathogenic or viable organisms, toxic**

**chemicals, carcinogens, transplantable tumors, or other biological materials (tissue or sera).**

**1a.**

Agent: Total # of animals used:

Method of Administration:

**1b.** State the precautions to be taken to protect people and animals in the environment:

**1c.** State the effects of this agent on the experimental animal, and list steps that will be taken to alleviate pain or distress that would be produced**:**

**Continue with 2, 3 etc as above for additional agents if appropriate**

# L. Will this study employ surgical procedures or other activities on euthanized animals?

No **(go to section M)**  Yes, complete below

1. Briefly describe procedure(s):

# M. Will this study employ surgical procedures on live animals?

No **(go to section N)**  Yes, complete below

1. Will surgery be survival or non-survival (animal does not recover from anesthesia prior to euthanasia)?

No. of Animals:

2. If the animal will recover from anesthesia, how long will it be kept afterward:

3. Where will surgery be performed?

University building /room number:

4. Name and qualifications of person performing surgery:

5. Briefly describe surgical procedure(s):

6. Briefly describe post-surgery care:

**Multiple Surgical Procedures:**

1. Will individual animals be subjected to more than one surgical procedure? Yes  No

2. If yes, describe procedure and state justification.

**N. What is the final disposition of animals in this study? (Please check one)**

**1.** Animals will be returned to the colony, herd, flock or appropriate cohort group. **(Go on to section O)**

This is an observational study, animals will remain in a natural setting. **(Go on to section O)**

Animals will be euthanized.  **Answer 2-5 below**

**2. Will you use a chemical or gas agent to euthanize? Yes**  **No**

**If yes, what agent:**

**3. Will you use a physical method to euthanize? Yes**  **No**

**If yes, what method:**

1. **Is euthanasia method recommended by the AVMA Panel on Euthanasia?**

**Yes**  **No**

**If No, provide a justification for the method described:**

1. **Name and qualifications of person(s) performing euthanasia:**

**6. How will you dispose of the euthanized animals?**

**O. Personnel Qualifications:**

**List all personnel actively involved with animal components of the project and qualifications (as a minimum, should include principal investigator, co-investigator, students, etc.) Describe an individual’s experience/training in all relevant animal related procedures. Indicate most recent date these individuals have attended an animal use seminar or training session.**

**Individual:**

**Role(s) on project:**

**Degree(s): Date attended a training session:**

**Brief outline of experience:**

***Continue with information for additional personnel if appropriate***

**P. CERTIFICATION(S):**

**I certify that to the best of my knowledge the information provided above is complete and accurate. I agree to obtain approval from IACUC for any significant modifications of the above protocol as described. I accept responsibility for assuring that the care and use of animals in this study will be in accordance with applicable federal/state laws and university regulations.**

**Signature Date**

To be signed by Principal Investigator, Course Instructor, or,

for a student project, by faculty sponsor.

**FOR STUDENT(s) ONLY IF IDENTIFIED IN SECTION B.**

**I certify that to the best of my knowledge the information provided above is complete and accurate. I agree to obtain approval from IACUC for any significant modifications of the above protocol as described. I accept responsibility for assuring that the care and use of animals in this study will be in accordance with applicable federal/state laws and university regulations.**

**Signature Date**

**Signature Date**

**LONGWOOD UNIVERSITY**

**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

**Principal Investigator Assurance Form**

As the Principal Investigator on this protocol, I assure that…

1) I have provided an accurate description of the animal care and use protocol to be followed in the proposed project/course.

2) The activities proposed do not unnecessarily duplicate previous experiments.

3) All individuals performing animal procedures described in this application are technically competent and have been (or will be) properly trained in the procedures to ensure that no unnecessary pain or distress will be caused as a result of the procedures.

4) I will obtain approval from the IACUC before initiating any changes to this protocol (however minor they may be), by submitting an Animal Protocol Amendment Form to Longwood University’s IACUC.

5) I am familiar with and will comply with *Longwood University’s Policies and Procedures for the Humane Care and Use of Vertebrate Laboratory Animals*, and I assume responsibility for compliance by all personnel involved with this protocol.

6) I will submit an Annual Protocol Review Form one year from approval date-annually to the IACUC, for a period of three (3) years from date of approval, and if I intend to continue the study longer than the approved three years, I will submit a Continuing Review Form to the IACUC.

7) I will maintain appropriate animal records (e.g., census, health, veterinary care, euthanasia, surgery, diagnostic, anesthesia, etc.)

8) I will immediately report any adverse effects and/or any unanticipated harm to animals that may occur during the study to the IACUC.

9) I have completed the necessary “Animal Care and Use (ACU)” CITI training modules and will submit my completion certificate with my Protocol form. In addition, I ensure that any students listed on my IACUC protocol will complete the CITI training modules within three weeks of protocol approval.

**Signing this document certifies that I understand the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations, and Longwood University’s Policies and Procedures governing the use of vertebrate animals for research, testing, teaching, or demonstration purposes.**

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**Signature of Principal Investigator Date**