

founded 1782

300 Washington Avenue, Chestertown, maryland 21620-1197

ANIMAL SUBJECTS REVIEW CERTIFICATION

FOR TEACHING AND RESEARCH

Revised: 1/2019

### Certification Data

**A. Check one:**

**New Protocol**  **Renewal of Protocol #**

**B. Title of Research/Course Proposal**

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**C. Principal Investigator (Course Coordinator)**

|  |  |
| --- | --- |
| **Name** | **E-mail address** |
| **Work Phone** | **Home or cell phone (in case of emergency)** |

**D. Co-Investigators (Instructors, TAs, students, etc…)**

|  |  |  |
| --- | --- | --- |
| **1)** |  | **E-mail address** |
| **2)** |  | **E-mail address** |
| **3)** |  | **E-mail address** |
| **4)** |  | **E-mail address** |

**E. Washington College Telephone Numbers:**

|  |  |  |
| --- | --- | --- |
| College Switchboard 410-778-2800 | Campus Security Ext. 7810 | Dunning Secretary Ext. 7729 |
| IACUC Chair Ext. 7829 | Vivarium Manager Ext. 5704 | Chemical Hygiene Officer Ext. 7297 |

#### For Washington College IACUC use only

Date received:  Protocol Number assigned:

Approved:  Yes  No Date:  Initials:

**F. Funding source:**

**G. Proposed Duration of Study (maximum of 3 years):**

|  |  |
| --- | --- |
| **Start Date (mm/dd/yyyy)** | **Ending Date (mm/dd/yyyy)** |
|  |  |

**H. Protocol Type (Check only one):**

**Research**  **Pilot study or demonstration**

**Teaching or demonstration (Course name:**      **)**

1. **Category of Proposed Research/Course Experience (Check only one)**

*USDA Policy #11 defines painful procedures “as any procedure that would reasonably be expected to cause more than slight or momentary pain and/or distress in a human being to which that procedure is applied.”*

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| **Research/Educational Category (USDA classification of pain or distress)** |
| **A** - **Experiment is completely non-invasive and non-traumatic.** Animals will be observed without manipulation of their environment (i.e., field studies).  *Protocol may be eligible for designated review by the IACUC chair.* |
| **B** - **Management procedures -** Animals being held, bred, or conditioned for use in Teaching, Testing, Experiments, Research, or Surgery but not yet used for such purposes. Examples: Animal breeding, pregnancy, parturition, and lactation. Physical restraint and preventative medical procedures such as vaccination. Husbandry procedures such as non-stressful transporting animal from one housing location to another**.**  *Protocol may be eligible for designated review by the IACUC chair and one other member.* |
| **C** - **No or minimal painful procedures -** Animals used where no or minimal pain/distress is produced and no pain relieving drugs are used. Examples: Physical or chemical restraint and husbandry procedures, such as applying identification tags, ear notching, tattoos, etc. Transporting of animals from one housing location to another over several hours. Insertion of per-cutaneous catheters. Positive reinforcement behavioral modification. Venous Blood Sampling. Euthanasia alone using AVMA approved methods**.** |
| **D** - **Painful procedures with pain relieving drugs -** Animals used where pain and distress to the animal is present and in which appropriate local or general anesthesia, analgesic, or tranquilizer drugs are used. Examples: Approved Euthanasia methods following terminal procedures with anesthesia. Surgeries with local and or general anesthesia. Painful or stressful post-operative circumstances with analgesics. Stressful transport of animals with tranquilizers. Ocular and skin irritancy testing with local anesthesia. |
| |  |  | | --- | --- | | |  | | --- | | **E - Painful procedures without pain relieving drugs -** Animals used where pain and distress to the animal is present and for which the use of appropriate anesthetic, analgesic, or tranquilizer drugs would adversely affect the procedure results, or interpretation of the results. ***(A justification of the procedures producing pain or distress and the reasons pain-relieving drugs were not used must be attached.)*** Examples: Negative reinforcement behavioral experiments. Use of adjuvants which cause death of tissue resulting in tissue sloughing. Induction of radiation sickness. Restraint for long periods (days to weeks). Death as endpoint study. Induction of self-mutilation**.** | | |

##### description of animal use

The following information is required for compliance with the Animal Welfare Act (PL. 89-544, PL 91-579 and PL 94-279), PHS Guidelines on the Humane Care and Use of Laboratory Animals, and the ILAR Guide for the Care and Use of Laboratory Animals (2012). This information must be provided ***prior*** to submission of grants or ordering animals. Please forward or take to the Chair of the IACUC for review. One copy goes with the proposal to Sponsored Programs Administration.

**A. Type(s) of Animal(s) Used**

|  |  |
| --- | --- |
| A1. Species |  |
| A2. Common name(s) |  |
| A3. Strain(s) |  |
| A4. Vendor/Source |  |
| A5. SexMaleFemale     **Mixed Gender** |  |
| Number Age:  Adult days       weeks       months Housing:  Vivarium  Other (Describe     ) Individually  Paired  Grouped       per cage/tankNumberAge:  Adult days       weeks       months Housing: VivariumOther (Describe)  Individually  Paired  Grouped       per cage/tank  Number Age:  Adult days       weeks       monthsHousing:  Vivarium  Other (Describe     ) Individually  Paired  Grouped       per cage/tank |
| **A6. Justification if housing outside of Vivarium/Aquaculture:** | |
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| --- | --- | --- | --- | --- | --- |
| **A7. Proposed annual use (approximate)** | | | | | |
| < 10 | 10-25 | 25 - 50 | 50- 75 | 75 - 100 | > 100 |

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| --- | --- | --- | --- | --- | --- |
| **A8. Proposed daily inventory (approximate)** | | | | | |
| < 10 | 10 - 25 | 25 - 50 | 50 - 75 | 75 - 100 | > 100 |

**B. Special Care and/or Technical Services**

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| **B1. List any special requirements for maintenance (e.g. special diets, technical services).** |
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**C. Education & Training**

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| --- | --- |
| C1. Will students or technicians be involved in this research? | |
| Yes | No |

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| **C2. Describe the course work or training all personnel have or will receive in the care, use, and treatment of animals in research.** |
| Laboratory Animal Allergens (Powerpoint and quiz available on Canvas)  Training in Basic Biomethodology for Laboratory Mice (NIH CD available in Vivarium office)  Training in Basic Biomethodology for Laboratory Rats (NIH CD available in Vivarium office)  Training in Survival Rodent Surgery (NIH CD available in Vivarium office)  CITI training (Basic course “Working with the IACUC” and species specific modules)  Training in Biomethodology of Zebrafish (available on <https://www.washcoll.edu/academics/research-policy/iacuc-documents.php>)  Other (Please describe:       )  All personnel have completed a Laboratory Animal Allergy Questionnaire and forwarded it to the Health Services Department. |

**D. Surgical Procedures, Anesthetics/Analgesic Medications & Other Drugs**

|  |  |
| --- | --- |
| D1. Will the procedure involve surgical manipulation? | |
| Yes | No |

|  |  |
| --- | --- |
| D2. Will the procedure involve multiple surgeries on the same animal? | |
| Yes | No |

|  |  |
| --- | --- |
| D3. Will the procedure involve survival surgery?  \**\* Note: Aseptic procedures MUST be used for all survival surgeries.* | |
| Yes | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D4. List all anesthetic, analgesic, other drugs or chemical compounds to be used.**  **Drug name DEA schedule Dosage (mg/kg) Max. Volume (ml) Route of administration** | | | | |
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DEA license #       Expiration date      **\***

**\**Note: DEA license must be renewed annually and you must provide proof of renewal.***

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| **D5. List any hazardous agents (i.e., carcinogens, toxic chemicals, infectious agents) being used. *The Chemical Hygiene Officer must be consulted before submission of protocol.*** |
| **I have consulted with the Chemical Hygiene officer regarding proper use and disposal of hazardous agents.** |

E. Euthanasia method as recommended by the AVMA Guidelines for the Euthanasia of Animals (2013 Edition):

|  |  |
| --- | --- |
| E1. Method to be used | |
|  | None *Please describe disposition in section F2.* |
|  | CO2 chamber |
|  | Cervical Dislocation *(applicable only to mice and rats < 200 g)* |
|  | Anesthetic Overdose *(including the use of MS-222 for fish)* |
|  | Decapitation |
|  | Trans-cardial Perfusion under heavy anesthetization |
|  | Rapid chilling/hypothermic shock *(applicable to fish only)* |
|  | Other (please describe:      ) |

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| E2. Describe and justify the method of euthanasia if *not* recommended by the AVMA Guidelines for the Euthanasia of Animals (2013 Edition): |
|  |

**F. Animal Disposition (Check all that apply)**

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| --- | --- | --- |
| F1. Animal Disposition | If found sick | **If found dead** |
| Call Investigator/Instructor |  |  |
| **Euthanize** |  | **N/A** |
| **Consult Veterinarian** |  |  |
| **Place in freezer (< 0˚C) for incineration** | **N/A** |  |
| **Place in freezer (< 0˚C) for donation to raptor rescue organization (cannot be euthanized with barbiturates)** | **N/A** |  |
| **Necropsy** | **N/A** |  |
| **Other (specify below)** |  |  |

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| **F2. Describe other means of animal disposition if not euthanized at the end of the study.** |
| Transfer to other approved protocol (Protocol #      )  Return to Vivarium/Aquaculture stock  Other (please describe): |

**III. Project**

**A. Brief project description**

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| **A1. Submit an abstract of the research/teaching plan. Describe in LAY TERMINOLOGY the overall purpose of this project and its rationale. [1000 character limit]** |
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| **A2. List the species and number of animals proposed keeping in mind the use of the three R’s of Russell and Burch (Replacement, Reduction, and Refinement) and the number needed for statistical significance.**  **Free statistical calculators are available at** [**http://statpages.org/**](http://statpages.org/). |
| Species:  Total number:  No. of experimental groups:  No. per group: |
| **Provide a detailed description of the rationale for the species and justification of the numbers of animals:** |
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| **A3. Check all Standard Operating Procedures (SOPs) that will be used in this protocol.** |
| 1. Anesthesia of Rodents  6. Preparation of Sterile Compounds  2. Blood Collection/ Injection Sites/Volumes in Rodents  7. Rodent Housing and Husbandry  3. Survival Surgery of Rodents  8. Housing Outside Vivarium  4. Food/water restriction of Rodents  9. Aquatic Housing and Husbandry  5. Euthanasia of Rodents  10. Snake Housing and Husbandry  Behavioral Assessments:  11 Acoustic Startle and Pre-pulse Inhibition  12. Morris Water Maze and Radial Arm Maze  13. Zebrafish Behavioral Assays  I have received training in the SOPs checked (except those listed below).  I wish to receive training in the following SOPs: |

**B. Detailed Project Description**

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| **B1. Describe your protocol involving the use of animals in LAY TERMINOLOGY. Include detailed descriptions of the procedures involving animals including any surgical procedures (including pre-operative preparations, intra-op and post-op monitoring), sample collection, behavioral testing, etc.**  *You may submit separate sheets, lab handouts or a copy of the detailed materials and methods section pertaining to the proposed project’s use of animals****.*** |
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**IV. Assurances**

**A. Animal Alternatives**

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| **A1. Alternatives to the use of animals must be considered for all protocols except category A. Please describe the sources consulted, i.e.:** [**http://altweb.jhsph.edu/**](http://altweb.jhsph.edu/)**, Biological Abstracts, Index Medicus, MEDLINE, AGRICOLA etc. Append summaries of database searches including the search terms and results. At least two databases must be consulted.** |
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**B. Justification for Replication/Duplication**

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| B1. Does this Protocol duplicate previous experiments? | |
| Yes | No |

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| **B2. If yes, please explain necessity of duplication.** |
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**C. P.I. SIGNATURE**

**By Signing below, I certify that:**

* **I have provided an accurate description of the animal use and care protocol to be followed in the proposed research activity.**
* **This proposed protocol does not unnecessarily duplicate previous experiments.**
* **I understand that federal and institutional regulations require that significant changes must be approved prior to implementation.**
* **I assume responsibility for compliance with such regulations by all personnel involved with this protocol.**
* **I will personally conduct or supervise the described protocol activites.**
* **I understand that i am completely responsible for any and all activity conducted by me or my staff or students under this protocol.**
* **I acknowledge that any failure to comply with federal, state or college requirements related to the use of animals may result in corrective action including, but not limited to, suspension of this protocol and/or the termination of future rights to use animals at Washington College.**

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Principal Investigator (print)

      Date:

Signature of Principal Investigator