WICHITA STATE UNIVERSITY
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)
ANIMAL PROTOCOL FORM

Date:

Principal Investigator:

Title of Project:

Protocol #: Animal Species:

Funding source: RTT grant/proposal #:

You must submit a copy of the project summary and the animal section submitted with your prop osal.

OVERVIEW

1. Briefly describe the purpose of the study, experimental procedures and manipulations of the animals, and the expected outcome in lay terms. Include a justification of what you want to do and how it contributes to your work. If this is a DeNovo submission, please provide a justification or rationale for continuing this protocol and explain any changes from the previous iteration of the study. (If there were any adverse events or unanticipated problems, please see appendix 5).

2.

6. Describe the characteristics of the animal selected that justify its use in the proposed study. [Consider such characteristics as body size, species, strain, br1.ropohraqBodat previous studies or unique anatomi or physiologic

7. Give the names of all individuals who will work with the animals in this study. All personnel are required to complete CITI training every 3 years. If additional space is needeqB submit a separate word document .

Name and highest degr1.r-6p3 ( )]TJ -0.0113 Tc 12.108 0.006 Td(Department)]TJ -0.039 Tw 8.054 0 Td[(E)-9 (m)-14.4 (a)-12 (i)-3.9 (l)-3.9 (Address)]TJ 7(Has all Wichita State University faculty and classified staff listed as personnel conflict of interest and time commitment for WSU within the last 12 months?

Y

iance@wichita.edu N/A

7c. Do any of the personnel (including students or their immediate family members and those unaffiliated with WSU) on the project have financial arrangements with the sponsoring company or the products or services being evaluated which may include consulting agreements, management responsibilities or equity holdings in the sponsoring company?

☐ Yes - contact Compliance at compliance@wichita.edu ☐ No ☐ N/A

ANIMAL SUBJECT DESCRIPTION

8. Strain/Stock/Mutant/Breed: Sex: Age/Size:

9. Source:

Microbial Status (Check one): ☐ SPF ☐ Conventional ☐ Axenic ☐ Feral

☐ Other:

10. Describe how the number of animals needed for the study was determined. [The specific statistical methods or a clear rationale used to determine the numbers of animals needed MUST be provided.]

ANIMAL HUSBANDRY AND CARE

11. Are animal husbandry and routine handling practices and procedures for this study, including animal health monitoring, diet, cage, environmental control, exercise (where required), environmental enrichment (where required), and means of identification, described in the Wichita State University (WSU) standard operating procedures manual?

☐ YES - PROCEED TO ITEM 12.

☐ NO - ATTACH APPENDIX 1, SPECIAL HUSBANDRY PRACTICES. [All husbandry and care practices must meet standards described in the Animal Welfare Regulations and the Guide for the Care and Use of Laboratory Animals unless they have been specifically excepted in Appendix 1 by the WSU IACUC for scientific reasons.

12. Animal housing location:

Name of institution, if not WSU:

13. The current AAALAC accreditation status of the facility where animals will be housed:

☐ ACCREDITED

☐ NON-ACCREDITED - If Non-Accredited, attach a copy of the OLAW Assurance Statement, and a copy of the latest USDA site visit report for the Non-Accredited facility.

EXPERIMENTAL PROCEDURES

14. Location where experimental procedures will be performed including building name:

15. Will test substances be administered? [Radioisotopes, toxic, antigenic, pharmacologic, infectious, carcinogenic, or other types of substances, biomaterials 8ed

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29. Justify any method of euthanasia that is NOT recommended by the AVMA Guidelines on Euthanasia or state N/A.

30. Give the name(s) of the person(s) who will perform the euthanasia:

31. Are these persons experienced with this method of euthanasia?

☐ NO - Name the experienced person who will train them:

☐ YES - PROCEED TO ITEM 32.

32. Describe the fate of experimental animals, other than euthanasia, after completion of the study:

MANDATORY CONSIDERATIONS

33. Do the procedures to be employed have the potential to cause more than momentary or slight pain or distress (Category D or E)? [The United States Department of Agriculture has determined that surgery conducted under anesthesia is a potentially painful procedure.]

☐ NO - PROCEED DIRECTLY TO ITEM 36.

☐ YES - ANSWER QUESTIONS 34-35.

34. Provide a narrative description of the methods and sources used to determine that suitable alternatives were not available or applicable to this study such as less sentient animal models, computer models, and tissue culture. The following are examples of relevant methods that may be supportive of your effort: AGRICOLA database, MEDLINE database, CAB Abstracts database, AWIC TOXLINE database, BIOSIS database, scientific journals, scientific meetings, and/or scientific discussions.

When a database search is the primary means of meeting this requirement, the narrative must, at a minimum, include:

a. the name of the database(s) searched:

b. the date the search was performed:

c. the period covered by the search:

d. the key word and/or the search strategy used:

MISCELLANEOUS FEDERAL REQUIREMENTS

All drugs classified by the DEA as controlled substances that will be used in this study must be stored in a locked cabinet and accessible only to authorized persons in accordance with DEA regulations.

35. Will a flammable anesthetic agent be used in ANY PORTION OF these animal studies?

☐ NO - PROCEED TO ITEM 36.

☐ YES - A COPY OF AN APPROVED "REQUEST TO USE EXPLOSIVE ANESTHETICS" must be on file with the Environmental Health and Safety Fire Safety Chief.

SIGNATURES

36. Certification by Principal Investigator.

I certify that these studies do not unnecessarily duplicate previous experiments. I further affirm that, to the best of my knowledge, information provided in this Animal Component of Research Protocol is complete and accurate and that no significant changes will be made without advance approval of the IACUC. I agree to provide records of personnel training when requested by USDA inspectors.

Principal Investigator Signature Date

37. Approval Signatures

The undersigned have evaluated the care and use of animals described in this protocol in accordance with provisions of the Animal Welfare Act, the PHS Guide for the Care and Use of Laboratory Animals, and find that the procedures described are appropriate and acceptable.

Attending Veterinarian Signature Date

IACUC Chair Signature Date

38. APPENDICES ATTACHED:

☐ None ☐ Special Husbandry (Appendix 1) ☐ Test Substances (Appendix 2)

☐ Specimen Collection (Appendix 3) ☐ Live Surgery (Appendix 4)

☐ Unanticipated Problems (Appendix 5)

APPENDIX 1

SPECIAL HUSBANDRY PRACTICES
(Complete only if applicable or mark N/A here ☐)

1. Describe non-standard practices or procedures: [Examples include: close confinement, temperature extremes, food or water deprivation, dietary manipulations, special housing, modified light cycle, restricted observation, restricted enrichment, etc.]

2. Justification:

3. Who will perform the procedure?

4. Describe the length of time each procedure will last:

5. Will the procedure cause more than momentary pain or discomfort?

NO - PROCEED TO ITEM 6.

YES - Describe the procedures or methods that will be used to minimize pain and discomfort.

6. Describe the methods for monitoring the condition of the animal during the length of the procedure and during the post-procedure period:

7.

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APPENDIX 3

SPECIMEN COLLECTION PRIOR TO EUTHANASIA
(Complete only if applicable or mark N/A here ☐)

1. Will invasive procedures be employed to collect tissue or body fluids from live animals during this experimentation?

☐ NO - PROCEED TO ITEM 2.

☐ YES - Characterize the procedure in the box below. [Any procedure that penetrates a body orifice, the integument, or a hollow visceral organ is invasive.]

Tissue O r Fluid Collected	Method O f Collection	Amount	Frequency

2. Will the procedure cause more than momentary pain or distress?

☐ NO - PROCEED TO ITEMS 4 & 5.

☐ YES - Give the anesthetic agent, sedative, or tranquilizing agent that will be used. IF NONE IS TO BE USED, PROCEED TO ITEM 3.

Agent	Dose	Frequency	Route

APPENDIX 4

LIVE SURGERY

(Complete only if applicable or mark N/A here ☐)

1. Describe the surgical procedures in enough detail so that reviewers will be able to determine what is actually being done to the animal.

2. Who will do the surgery?

3. Pre-operative procedures:

	Fasting - L ength:	☐	Clip Ha ir	☐ Disinfect Site
	Withhold Water - Length:		Scrub Site	Place Catheter
	Other:			

4. Preoperative medications: Include sedatives/tranquilizers/other pre-anesthetic medications here.

Drug	Dose	Route

APPENDIX 4 (continued)

11. Which of the following aseptic techniques will be used?

Sterile Instruments Gloves Gown Surgeon Scrub Face Mask

None:

Other:

12. Will multiple survival surgical procedures be performed on a single animal?

YES - PROCEED TO 13.

NO - PROCEED TO 14.

13. Will the multiple survival surgeries be MAJOR? (As a general guideline, major survival surgery [e.g., laparotomy, thoracotomy, joint replacement, and limb amputation] penetrates and exposes a body cavity, Non

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APPENDIX 5

Unanticipated Problems or Adverse Events
(Complete only if applicable or mark N/A here [ ])

PROBLEMS/ADVERSE EVENTS
Describe any unanticipated adverse events in the past 3 years and include morbidity or mortality, the cause(s), if known, and how these problems were resolved. If NONE, this should be indicated.