

O105-345

This form has been developed by the Committee, this institution's animal care and use committee,

Experimental Design

E. Persons using animals:

F. What is the purpose of using these animals?

G. 1. How did you determine that alternate non-animals cannot be used?

2. How did you decide that the study is not an unnecessary duplicate of any other study?

H. How did you decide on the number of animals needed?

I. Application is:

New - research

Teaching/Training

Non-competing renewal without significant changes

Non-competing renewal with changes previous

Competing Renewal - previous # _____

Program Project/Center

Revision - previous # _____

Resubmission - previous # _____

Different granting agency with identical animal use

previous # _____

Salary award

Fellowship

I. Granting Agency:

J.

II. Animal Use (Live Research only)

A. Check animal

rabbit antibody production (**see subform A**)
mouse monoclonal antibody production (**see subform B**)
transgenic or knockout mouse production
other potentially uncomfortable or painful procedures: induced polyarthritis

B. Is special housing or caging required?

(Special Housing such as metabolic caging, solitary caging reversed light cycle
Yes No

C. Will animals be held outside the animal facility for more than 12 hours?

(If animals are to be housed outside the central facilities for more than 12 hours, justification must be included in your Summary of Animal Use.)

Yes No Location_Room

D. Animal Feed

(Other, i.e., specially prepared diets, powdered diet, liquid diet.)

Standard Other(specify):

E. Will food or water be limited ?

(If food or water is to be restricted as a component of the study, a justification and the procedure and your method for monitoring the animals must be included in the Summary of Animal Use.)

Food restriction
Yes No Duration

Water restriction
Yes No Duration

F. Will drugs or other materials be added to drinking water?

(Note any expected side effects.)

Yes
(list name(s), dose, duration)
No

G. Check if any of the following agents will be used in or on animals:

(Use of Hazardous Agents requires approval by the Safety Department.)

radioisotope Type:

AE

infectious agent

human material Type:

H. Will drugs, reagents, or other materials including cells be administered to animals?

Type: Please see above. Proteins and Peptides (see below)

Description of entire procedure must be included in the Summary of Animal Use, including substance, dose, route and frequency.)

K. Will you be extracting any fluids (i.e., blood, urine, ascites fluid) from animals

None

Pre-anesthetic:

None

7. Post-Operative Care

(Describe how animals are monitored and cared for post-operatively. Identify all drugs used.)

8.. Person responsible for post-op care:

Phone No.:

9. Duration of survival after surgery:

III. Personal Qualifications

A. Person supervising animal use:

(The person supervising animal use is responsible for all persons involved in the use of animals in this protocol.)

B. List all personnel handling animals, their position and qualifications/experience.

(If additional training is necessary, please indicate who will be responsible for training.)

<u>Name</u>	<u>Position</u>	<u>Qualification/Experience</u>
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Summary of Animal Care

Description of Proposed Animal Use

A) Animal Numbers, Species and Characterization, and Experimental Methods

B) Animal Experimental Methods and Euthanasia Justification:

C) Justification of Animal Use and Teaching Rationale:

D) Veterinary Care:

E) Description of Procedures for Minimizing Discomfort, Distress, Pain and Injury

F) Euthanasia Method; Considering Experimental Alternatives:

References: