

Approval Date _____ IACUC Chair Signature _____

UNIVERSITY OF WISCONSIN – SUPERIOR ANIMAL CARE AND USE PROTOCOL REVIEW FORM

NOTE: ALL PROTOCOLS ARE VALID FOR THREE (3) YEARS FROM DATE OF APPROVAL.

1. Principal Investigator or Instructor:

Department:

Telephone Numbers

Office:

Home:

Fax:

Email:

2. Alternate for animal emergency or study-related action/communication with Authority to act in the Investigator's absence:

Name:

Telephone Numbers

Office:

Home:

Fax:

Email:

3. Type of submission: New Renewal Amendment

4. This protocol is for (check all that apply):

Teaching
Field Research

Biomedical Research
Observational Research

Behavioral Research
Other (specify):

5. Title of this Project:

6. Classification of animal use by USDA Pain and Distress categories (choose highest category applicable):

B C D E n/a

7. Check the appropriate response to each question below

Yes	No	Will any <u>surgery</u> be performed on any of the animals? (If yes, you must fill out Surgery Addendum.)
Yes	No	Will you be working with <u>wild-caught</u> animals? (If yes, you must fill out Wild-Caught Animal Addendum.)

8. Building and room for normal housing:

9. Are there any special occupational health and safety issues associated with this protocol beyond those related to normal animal care?

No Yes (Fill out and attach OHS Addendum)

10. Except for surgery, will any procedures (e.g. blood collection, injections, euthanasia, etc.) be conducted in labs or will animals be housed outside of their normal animal housing areas?

Yes No

If YES, indicate building and room numbers and anticipated length of time away from normal housing area(s):

11. State the total number of animals to be used during the entire three year life of the protocol.

Species # used in 3 yr Source of Animals

More than 3 species will be used. Please see species addendum.

12. Have any of the animals from above been part of any other protocols? Yes No
If yes, state why previous use will not compromise the animals' health and proposed research:

13. Specific scientific or educational goals and significance of this project (See attached **Protocol Addendum**)

14. Document the absence of alternatives to the use of animals, that this project is not duplicating existing knowledge. State electronic databases searched, date of search, years covered by search, and search terms used.

Electronic databases searched	Years covered by search	Date (MM/DD/YY) search performed	Keywords used for this search

15. Is there current or pending funding for this project?

Funding Source:

Grant Title and Number:

16. Personnel responsible for daily animal care:

<u>Name</u>	<u>Animal Use Certification?</u>			<u>OHS Certification</u>	
	Y	N	Date:	Y	N
	Y	N	Date:	Y	N
	Y	N	Date:	Y	N
	Y	N	Date:	Y	

17. Personnel working with animals

<u>Name</u>	<u>Animal Use Certification?</u>			<u>OHS Certification</u>	
	Y	N	Date:	Y	N
Experience Working With Animals:					
	Y	N	Date:	Y	N
Experience Working With Animals:					
	Y	N	Date:	Y	N
Experience Working With Animals:					
	Y	N	Date:	Y	N
Experience Working With Animals:					

18. Experimental Protocol (See attached Protocol Addendum)
19. For animals experiencing more than momentary or slight pain or discomfort as a result of your procedure(s), describe what you will do to relieve this discomfort and assure that no animal experiences undue pain or distress during the course of your research. Include drugs, dosages, nursing care, mechanical devices, humane euthanasia, etc. If you do not believe animals will experience any more than momentary or slight pain, provide explanation for that belief.
20. Describe how frequently and how you will monitor your animals to insure they are not experiencing pain or discomfort from your procedures or from unanticipated illness or injury. Include criteria when euthanasia would be used.
21. If experiments could induce chronic disease, tumors or radiation sickness, describe the specific criteria for termination of the affected animals. This description should be detailed enough so as to indicate such things as tumor size, specific animal characteristics or behaviors, weight loss criteria, clinical signs, etc.
22. Describe the methods of euthanasia used, including drugs, dosage, and any sedation and provide justification as necessary. Euthanasia methods must follow the AVMA Guidelines on Euthanasia (2007). In general, physical methods (cervical dislocation, decapitation) are recommended for use only after other acceptable means have been excluded; in sedated or unconscious animals when practical; when scientifically or clinically justified, and with Animal Care Committee approval. Physical methods without pre-anesthesia require scientific justification.
23. If the animals are not euthanized at the end of the study, what will happen to them?

I plan to follow the provisions for the care, use and treatment of animals found in the NIH "Guide for the Care and Use of Laboratory Animals," or the "Guide for the Care and Use of Agricultural Animals in Agricultural Research and Teaching". I assure that these procedures do not unnecessarily duplicate previous experiments. I take full responsibility to provide the appropriate training for all students working with animals covered by this protocol, including the Responsible Care and Use of Animals Certification.

Signature of PRINCIPAL INVESTIGATOR or INSTRUCTOR:

(It is the responsibility of the principal investigator to provide the IACUC secretary with a signed copy of the approved protocol. Protocols are not active until the IACUC secretary has a signed copy in hand.)