



**FLORIDA STATE UNIVERSITY
ANIMAL CARE AND USE COMMITTEE
PROTOCOL REVIEW FORM**

Principal Investigator: _____ Date: _____

E-Mail Address: _____ Telephone: _____

Campus Address: _____ Mail Code: _____

Department: _____ ACUC Protocol #: _____

Proposal Title: _____

___ THIS IS A NEW PROTOCOL. I request review by the ACUC.

___ I WISH TO CONTINUE THIS PROTOCOL. I request review by the ACUC.

___ This protocol is submitted for its first annual review. (*USDA Covered Species*)

___ This protocol is submitted for its second annual review. (*USDA Covered Species*)

___ This protocol is submitted as a rewrite. (*A Rewrite is required every three years*)

___ There are **NO** personnel changes since the project was last approved.

___ There **ARE** current personnel changes. Please list all personnel that work with animals who have been added to, or deleted from this project.

ADD:

DELETE:

___ I DO NOT WISH TO CONTINUE THIS PROTOCOL.

___ This work will be/was terminated (*date*):

P.I. Signature: _____ **Date:** _____

Your signature here acknowledges your responsibility for the contents of this questionnaire and the conduct of any animal use that may be approved by the Committee. All animal procedures proposed in grant submissions must be included in an ACUC Animal Care and Use Protocol and be reviewed and approved by the ACUC. If a letter to a funding agency is needed please submit an LAR Form 1 (<http://www.research.fsu.edu/contractsgrants/forms.html>) to LAR along with a copy of the animal use section of the grant.

ACUC Approved: _____ **Next Review Date:** _____

This Questionnaire should contain all animal use information necessary for ACUC approval. Please exclude any confidential information from this questionnaire (e.g. proprietary information, potential trade secrets, patentable material) as the document is considered a public record and is available to outside parties by request under the Freedom of Information Act. If confidential material must be included, please mark it "Confidential" and contact the secretary, ACUC, for further instructions.

1. List the names of all individuals that will contact animals under this animal use description (include DIS and Honors Students):

NOTE 1: It is the responsibility of the Principal Investigator to ensure that all personnel who have animal contact be enrolled in the FSU Medical Monitoring Program before they begin working with the animals. **This requirement must be addressed or the ACUC will not approve the protocol.** Enrolling in the program can be accomplished by filling out the **Medical Monitoring for Vertebrate Animal Users Form (EHS 7-2)** (<http://www.safety.fsu.edu/forms.html>) or contact your Departmental Representative for the forms and assistance or contact Environmental Health and Safety at 644-9117.

NOTE 2: All Personnel must have completed the ACUC required training prior to or within 14-days from beginning work with animals. **This requirement must be addressed or the ACUC may either not approve the protocol or may suspend approval of the protocol.** Please contact Laboratory Animal Resources, 101 BRF, or phone at 644-4262 for assistance in scheduling training.

2. USE OF HAZARDOUS AGENTS IN ANIMALS: (place an 'X' in appropriate areas)

YES	NO	REQUIREMENTS
		<p>If use of a hazardous agent (radioactive isotopes, hazardous chemicals, biologic agents or recombinant DNA) in animals is planned for this project, an Environmental Health & Safety Animal Research Proposal Registration Form (EHS 6-3) <u>must be filled out</u> and submitted to EH&S for approval. A copy of the approved form <u>must</u> be submitted with the animal use protocol. The ACUC will not grant approval of the animal use protocol until this approved form has been received.</p> <p>The form can be found at: http://www.safety.fsu.edu/forms.html</p> <p>If you have questions call Environmental Health and Safety, 644-5374 or 644-9117</p>

(For ACUC use only.) Form Attached: _____ Yes _____ No

3. ANIMAL USAGE:

The ACUC can approve protocols for 3 years. The number of animals asked for should be for that 3-year period. List the total number of animals of each species to be used for the proposed project. Of the total number of animals to be used, **estimate** the number expected to fall in the USDA pain categories B through E (categories explained below).

SPECIES (Common and Scientific Name)	TOTAL # OF ANIMALS TO BE USED	B	C	D	E

Category B: # of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. For most protocols this total will be 0 for the entire project period.

Category C: # of animals upon which teaching, research, experiments, or tests will be conducted involving no pain, distress, or use of pain-relieving drugs.

Category D: # of animals upon which experiments, teaching, research, surgery, or tests will be conducted involving accompanying pain or distress to the animals for which appropriate anesthetic, analgesic, or tranquilizing drugs will be used.

Category E: # of animals upon which teaching, experiments, research, surgery or tests will be conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs will adversely affect the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. The form **Explanation for Category E (double-click on the embedded icon in the left margin to open form)** must be submitted with the AUD Protocol. (An explanation of the procedures producing pain or distress in these animals and the justification for not using appropriate analgesic, anesthetic or tranquilizing drugs must also be addressed in question 11.)



"ACUC FORM - Category E Listing.d

4. Justify the number of animals to be used. Briefly describe how the estimated number of animals needed for the experiments was determined.

5. HOUSING REQUIREMENTS:

YES	NO	CAGING	DESCRIPTION
		Standard	
		Modified Standard	
		Test Chambers	
		Non LAR Personnel will provide care for the Animals	<u>THESE FORMS MUST BE FILLED OUT AND ATTACHED</u> Form - "Guidelines for developing an Animal Care Standard Operating Procedure"
		Animals will be Housed Outside the LAR Facilities	<u>THESE FORMS MUST BE FILLED OUT AND ATTACHED</u> Form - "Request to House Outside LAR Facilities" Form - "Guidelines for developing an Animal Care Standard Operating Procedure"

6. **METHOD OF EUTHANASIA:** Methods not consistent with 2000 Report of the AVMA Panel on Euthanasia (<http://www.avma.org/resources/euthanasia.pdf>) should be described in Section 9 and justified in Section 10.

SPECIES

_____ Overdose of barbiturate or other injectable agent (list other agents)

_____ Decapitation (anesthetized)

_____ Decapitation (unanesthetized-*justification for use must be provided*)

_____ Cervical dislocation (anesthetized)

_____ Cervical dislocation (unanesthetized-*justification for use must be provided*)

_____ Overdose of MS-222

_____ Overdose of inhalant agent (***name agent***):

_____ Cardiac perfusion or exsanguinations under anesthesia
(***list anesthetic agent***):

_____ Other method of euthanasia
(***please describe***):

_____ Animal will not be euthanized
(***describe any plans for later use or disposal***):

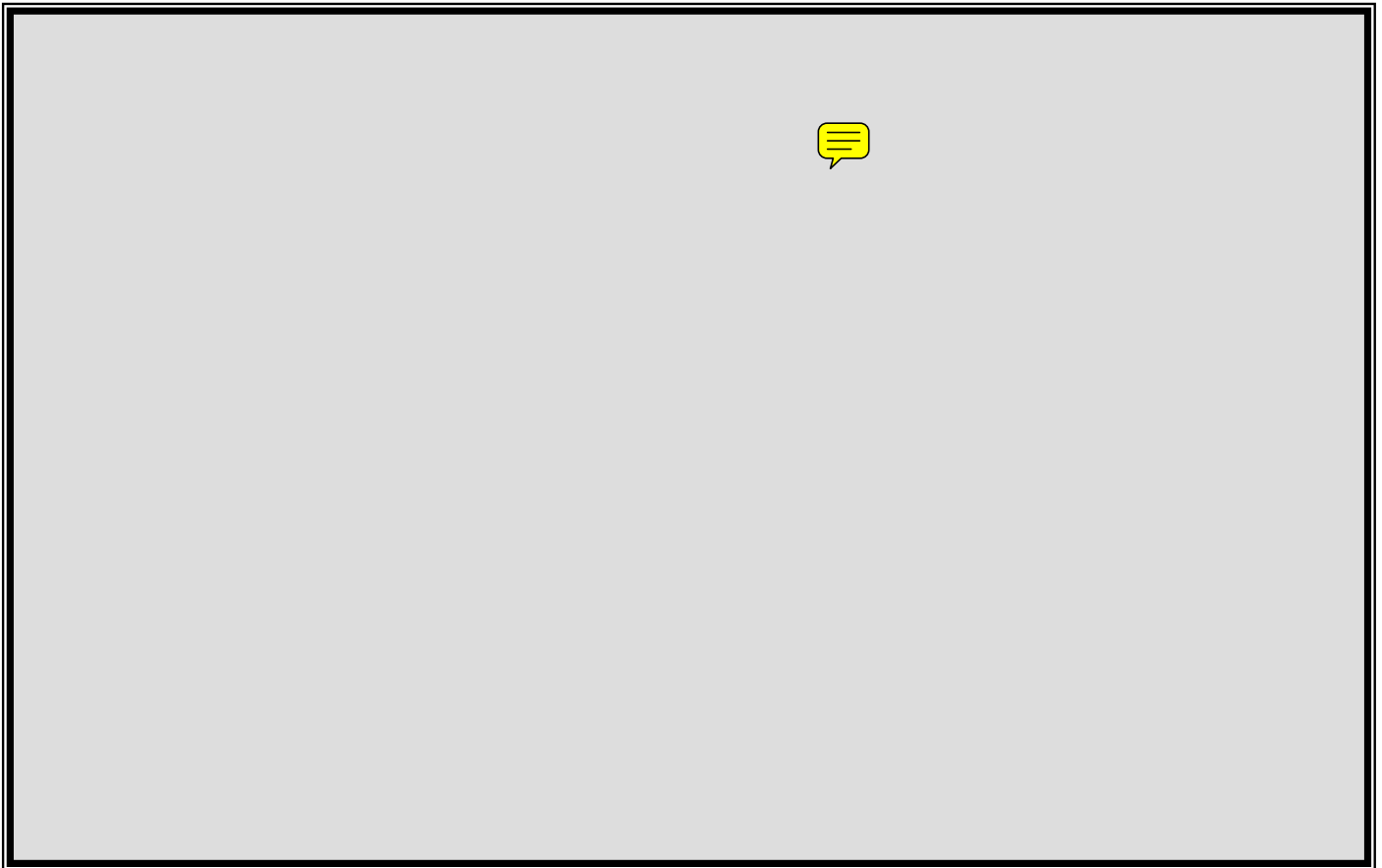
7. POTENTIAL PAIN OR DISTRESS TO ANIMALS:

YES	NO	PROCEDURE/SUBSTANCE	REQUIREMENTS
		Food restriction	Describe, including monitoring method in Question 9, and justify in Question 10.
		Water restriction	" " "
		Use of long-term restraint	Describe in Question 9; include time frame for restraint
		Survival surgery	Describe in Question 9.
		Non-survival surgery	Describe in Question 9.
		Survival surgery not incorporating aseptic procedures	Describe in Question 9 and justify in Question 10.
		Multiple survival surgeries on same animal	" " "; include time frame between surgeries
		Pain or distress to the animal without anesthetic or analgesic	" " "
		Electric Shock	" " "
		Pain Threshold Tests	" " "
		Tail or Toe Biopsy	Describe in Question 9
		Monoclonal Antibody Production	Describe in Question 9 and justify in Question 10. **
		Polyclonal Antibody Production	Describe in Question 9 and justify in Question 10. **
		Freund's Adjuvant	Describe in Question 9 and justify in Question 10.
		Paralyzing agents	Describe in Question 9 and justify in Question 10.
		Tumor Inoculations / Implantations	Describe in Question 9.
		Other	Describe in Question 9 and, if necessary, justify in Question 10.

** Refer to the FSU ACUC Immunization Guidelines For Research Animals that can be found at <http://www.fsu.edu/~FSULAR/immguide.html>.

8. **PURPOSE OF RESEARCH** (This statement is used for public inquiries. Describe all points in language that can be understood by members of the general public.):

- **Objective** State the primary objective(s) of the research and/or teaching project.
- **Background** Provide a brief background to the proposal (existing knowledge) and identify advances in knowledge that the project is intended to provide.
- **Relevance** State the relevance or general importance of the project.
- **Species** Explain why it is necessary to use animals and the particular species proposed.



9. DESCRIPTION OF ANIMAL USE:

(Briefly explain the experimental design and provide details of all procedures done with animals. The description should permit the ACUC to understand the experimental course of an animal from its entry into the experiment to the endpoint of the study. Address all of the following bullets pertinent to the work covered by this protocol.)

- **Experimental injections or inoculations:** Dose, volume, route, site and schedule should be provided for all medications or test compounds.
- **Monitoring:** Describe monitoring methods for food or water restriction, long-term restraint, ascites production, post-operatively, etc.
- **Blood Collection:** Volume, frequency, withdrawal site and method.
- **Radiation:** Dosage and schedule.
- **Painful Procedures:** If procedure(s) causes pain or distress, describe here and justify in Question 10. Also describe end points, which will be used to define when animals will be euthanized or procedures terminated.
- **Surgery:** Describe all surgical procedures. Include preoperative procedures (e.g. fasting) if pertinent and describe measures for intraoperative monitoring and patient support. For non-survival surgery indicate how and at what point euthanasia will be enacted. If survival surgery is performed, describe postoperative care, provision of analgesia following the procedure, assurance that sutures or wound clips will be removed 7 – 10 days following surgery and assurance that aseptic techniques will be used. List the location(s) where all surgery will be performed.



