

Revision June10 – Main Protocol Form
Protocol Code: C - 06 – 1600/____ / ____ - ____ - ____
mm-dd-yy

Approval Date_____ IACUC Chair Signature_____

UNIVERSITY OF WISCONSIN – EAU CLAIRE 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 Biomedical Research Behavioral Research
Field Research Observational Research Other (specify):

5. Title of this Project:

6. Classification of animal use (see attached schedule; choose highest category applicable):

1 2 3 4 5

7. Check the appropriate response to each question below

Yes No Will any surgery be performed on any of the animals?
(If yes, you must fill out Surgery Addendum.)
Yes No Will you be working with wild-caught 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):

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.)