Weber State University
IACUC Laboratory Animal Protocol

1. Name of Principal Investigator: ________________________________
   Title: ______________________________________________________
   Dept./Phone: ________________________________________________

1a. Name of Co-Investigator(s): _________________________________
   Title: ______________________________________________________
   Dept./Phone: ________________________________________________

2. Type of Project:
   [ ] Research
   [ ] Class (name/number): ________________
   [ ] Other ________________

3. Project Title: ______________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. Period Covered by this Proposal:
   Starting Date: _______________________
   Completion Date: _____________________

5. Funding Source: ____________________________________________
   ____________________________________________________________
   ____________________________________________________________

6. Species and the Approximate Total Number of animals for project:
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<th>Species</th>
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7. Check the appropriate items. Please include explanation for all checked items in narrative under Section II.

- [ ] Field Study
- [ ] Captive observations
- [ ] Behavioral conditioning is required
- [ ] Animals collected from wild
- [ ] Tissue biopsy (including blood)
- [ ] Drug administration
- [ ] Antibody production (or other immunological technique) is required
- [ ] Biological or radiological hazardous agents are required
- [ ] Tumor production required
- [ ] Long-term restraint is required
- [ ] Survival surgery is required
- [ ] Non-survival surgery is required
- [ ] Other (please explain):

8a. Where will the animals be obtained?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8b. Will the animals be housed?  [ ] No.  [ ] Yes.  Where? ________________
Please explain the husbandry protocol below or attach:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. Disposition of animals upon completion of project:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. State/Federal approval (if appropriate):______________________________
11. As required by 9 CFR § 2.31(d)(1)(i-xi) and 9 CFR § 2.31(e)(1-5), please attach a narrative description of the proposed study in response to the prompts listed below. Write the narrative in sufficient detail and responsiveness to the prompts so that it can be appreciated by a well-informed lay-person such that said lay-person can determine whether adequate measures are in place to ensure the humane treatment of animals and the compliance with federal law.

   a. Discuss the scientific merit of the proposal by referring to relevant research to justify the use of animals, and/or discuss the lack of research conducted on the research question and how a study on said research question would provide significant results sufficient to justify the use of animals. More specifically include the rationale for the selection of the species, gender (if appropriate) and number of animals, and justify said rationale with references to relevant literature and statistical modeling. In this write up, investigators must provide assurances that the minimal number of animals required will be used.

   b. Provide a complete description of all procedures and manipulations to be used in your project that involve animals. All items checked in section 7 of the protocol must be sufficiently described so that a lay person can reasonably appreciate the procedures and manipulations.

   c. Discuss how the procedures will minimize the discomfort, distress and pain to animals

   d. (Where applicable) Discuss how you have considered alternatives to procedures that may cause more than momentary or slight pain or distress to the animals with a written narrative of the methods and sources.

   e. Discuss and provide assurances about how this procedure does not unnecessarily duplicate previous experiments.

   f. (Where applicable) Discuss the following when procedures cause more than momentary or slight pain or distress to the animals:

      i. How the procedure will be performed with appropriate sedatives, analgesics or anesthetics or the scientific reasons for withholding said pain relievers;

      ii. How the procedures will not extend beyond the time necessary for the study;

      iii. How you plan on consulting with the attending veterinarian or his/her designee;

      iv. If paralytics are used, how anesthesia will be implemented.

   g. (Where applicable) If the animals will experience severe or chronic pain or distress which cannot be relieved, first justify why euthanasia is appropriate. Second discuss how euthanasia will be performed including the agent, methods and timing. Third discuss how the euthanasia qualifies as either a method that produces rapid unconsciousness and subsequent death without evidence of pain or distress, or alternatively a method that utilizes anesthesia produced by an agent that causes painless loss of consciousness and subsequent death. If the euthanasia techniques deviate from the two described methods above, explicitly state the difference in the
techniques and provide scientific justifications for the deviations citing relevant sources.

h. Discuss how the animals’ living conditions will be appropriate for their species and specifically refer to relevant passages of code in 9 CFR § 3 (see http://www.law.cornell.edu/cfr/text/9/part-3) to justify how the animals’ living conditions are at least compliant with federal regulations and where provided compliant with the guidance of the attending veterinarian and the policies and procedures of Weber State.

i. Discuss how the animals will receive medical care when necessary from a qualified veterinarian.

j. Discuss how the personnel conducting the animal manipulations/procedures are and/or will be appropriately qualified and trained to perform those procedures. Include any animal care and training program that the personnel have completed or document the amount of experience that personnel have had conducting the procedures.

12. Principal Investigators Warranties and Representations:

a) I agree and acknowledge that IACUC is authorized by federal law to approve or withhold approval of protocols and require revisions of said protocols, and as such, I shall be compliant and work with IACUC to ensure the humane treatment of animals used as research subjects. I further agree and acknowledge that I shall not circumvent the IACUC process when conducting research using animal subjects in this protocol or future protocols.

b) If the procedures, etc., herein require revision (change in procedure, species, numbers, etc.), I will make two written requests for authorization to the chair of IACUC. It is the responsibility of the investigator to submit a memo each year to indicate if the project will be done that year and to indicate any changes.

c) I hereby warrant and represent that I shall conform to all information contained in this protocol and follow the regulations set forth by the USDA under the provisions of the Animal Welfare Act and the Policy on Humane Care and Use of Laboratory Animals as established by the Public Health Service and that the information provided above is accurate to the best of my knowledge.

Principal Investigator          Date          Co-Investigator          Date

IACUC Chair                   Date          Veterinarian              Date
A) Surgical Procedures:

1. Indicate the following 1) where the surgery will be performed and whether the facility is intended for that purpose, 2) the person(s) performing the surgery, and 3) the qualifications and experience of the person(s) to perform the techniques involved (aseptic techniques must be used during surgery including surgical gloves, masks, and sterile instruments).

2. Describe the surgery procedure including all support care and monitoring during the procedure.

3. Anesthesia.

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<th>Species</th>
<th>Anesthetic</th>
<th>Dose</th>
<th>Route</th>
<th>Duration</th>
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4. Please describe method of measuring/monitoring depth of anesthesia.

5. Describe any pre-operative procedures, including fasting (food, water) and pre-anesthetics.
6. If survival surgery, describe postoperative survival time, care (and who will give it), including:

Recovery: ______________________________

Supportive care: __________________________

Postoperative monitoring: _________________________

Analgesia: ______________________________

Antibiotics: ______________________________

After hour care, etc.: ___________________________

B) Immunization/Antibody Production:

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<tr>
<th>Species</th>
<th>Agent</th>
<th>Route</th>
<th>Site</th>
<th>Volume</th>
<th># of Doses</th>
<th>Interval</th>
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C) Hazardous Agents:

Agent(s): ______________________________

Biosafety & Controlled Substance Approval:
(Richard Sandau-MC 3002; x8004) [ ] Yes [ ] No [ ] Pending [ ] N/A

Radiation Safety Committee Approval:
(MC2508; x7982) [ ] Yes [ ] No [ ] Pending [ ] N/A

Describe the method, route, place of administration, personnel involved, precautions to protect people and animals, and carcass disposal.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________