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| IACUC use only: |  |  | |
| Protocol number: | Click here to enter text. | Approval Date: | Click here to enter text. |
| Date Received: | Click here to enter text. | End Date: | Click here to enter text. |
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|  |  | Training Verified:  Yes  No | |

Instructions:

* This is a MicroSoft Word (MSWord) “form”. Use MSWord to fill in the information asked for in either the blanks or the box provided. You can put as much information as needed. Viewing may be easier in “Web Layout” under the view tab.
* Submit an electronic copy in MSWORD FORMAT of your completed protocol to [iacuc@uark.edu](mailto:iacuc@uark.edu) and be sure to sign the appropriate form(s) by inserting signature into provided boxes. All involved PIs must be on the submission email.
* Please note that submitting an incomplete AUP form may result in a delay in processing. Your submission may be returned to you with a request for additional details.
* **The PI is responsible for ensuring that any additional information/approval from Environmental Health and Safety (EHS), the Institutional Biosafety Committee (IBC), state and federal licenses/permits, etc., if necessary, is included with this submission. Failure to do so may cause a delay in protocol approval**.
* The deadline for submission for full committee review is 12:00 Noon on the FIRST FRIDAY of the month. The protocol will be reviewed by the full committee the second Friday of the month.
* If you would like the protocol to be considered for Designated Member Review (DMR), please state the request in the submission email. The IACUC Program Manager will let you know if the protocol has been accepted for DMR. Please contact [iacuc@uark.edu](mailto:iacuc@uark.edu) if you have questions regarding the DMR process and what qualifies.
* Once the protocol is reviewed by the IACUC, it will either be approved, disapproved, or a list of questions and comments to be addressed will be emailed to the investigator. The investigator will then need to make any necessary edits within the original IACUC protocol document and send the revised document to [iacuc@uark.edu](mailto:iacuc@uark.edu).
* Once all requested changes have been approved, the IACUC program manager will deliver the final approval notice via email.
* This form is to be used for protocols that are Pain or Distress Category Level 1 or 2 (section III). Please use the Biomedical AUP form for Level 3 or 4 studies.

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| **PRINCIPAL INVESTIGATOR** | | | | | |
| **Principal Investigator:** | Click here to enter text. | | **Department:** | Click here to enter text. |  |
| **Phone Number:** | Click here to enter text. | | **Email Address:** | Click here to enter text. |  |
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| **PROJECT INFORMATION** | | | | | | | | **Research  Teaching** Course # | | | | |
| **Title:** | Click here to enter text. | | | | | | | | | | |  |
| **Project Length (3 years maximum):** | | | | Click here to enter text. | | | | | | | |  |
| **Species**: | | Click here to enter text. | | | | | **Common name/strain:** | | | | Click here to enter text. |  |
| **Permit(s) Required?** No Yes: | | | | | Click here to enter text. | | | | | | |  |
| **Total animal number(s) by species:** | | | | Click here to enter text. | | | | | | | |  |
| **Field Location(s):** | | | Click here to enter text. | | | | | | | | |  |
| **Has this project been reviewed by the IBC?** | | | | | | Not applicable No  Yes, IBC#: Click here. | | | | | |  |
| **Has this project been reviewed by EHS?** Note: EHS may need to review projects involving chemical agents or other factors that may not be reviewed by the IBC or Biosafety Officer. | | | | | | | | | Not applicable No  Yes | | |  |
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| **FUNDING** (check all that apply) |
| NIH NSF USDA Private Industry U of A State of Arkansas  Other (identify):Click here to enter text. |

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| **I. Abstract** (approximately 100-300 words) |
| Please provide, in **lay language**,   * a concise but specific statement of the scientific objective for the proposed research, * the rationale behind this objective, * the species of animal to be used, and * a quick overview of the procedures to be followed.   This statement should stand alone and be comprehensible to a **non-scientist.** |
| Click here to enter text. |
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| **II. Experimental Design** |
| Provide an overview of the experimental design, including:   * Number of groups (include some sort of **table, list, chart**, etc., indicating treatment groups, etc.).   -Tables listing groups with respective treatments and numbers of animals/group are extremely useful   * Number and sex of animals in each group (Must agree with number in project information section) * A schedule or timetable of the treatment(s) animals will be exposed to * Duration of treatments * The terminal fate of the animals (subjected to a terminal procedure under anesthesia, euthanized for tissue collection, etc.) |
| Click here to enter text. |
|  |
| Does this study involve the use of controlled substances? (Include copy of license with submission) | |
| No Yes: DEA license # and expiration date: Click here to enter text. | |
| Arkansas Dept. of Health licence # and expiration: Click here to enter text. | |

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| **III. Level of Pain or Distress (**Check only one level) | |
| This should be the most severe level to which the animals will be subjected during the study. **Please read these carefully.**  (Level 1 corresponds to Category B in the USDA Pain and Distress Categories; Level 2 corresponds to Category C; Level 3 corresponds to Category D, Level 4 corresponds to Category E)  This form is to be used for protocols that are Pain or Distress Category Level 1 or 2. Please use the Biomedical AUP form for Level 3 or 4 studies. | |
|  | **Level 1** – Observational field behavior. |
|  | **Level 2** - Pain or distress will not be induced; or animals will only be used for injections, blood collections, or procedures causing nothing more than minor discomfort; or will be humanely euthanized prior to the procedures that induce pain or distress. If analgesics are used, the project is at least Level 3. |
| NA | **Level 3** - Pain or distress will be relieved by appropriate therapy, e.g. sedatives, analgesics, anesthetics, or euthanasia. |
| NA | **Level 4** - Drug intervention for pain or distress would interfere with the protocol. |

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| **IV. Procedures** | | **Location:** Click here to enter text. |
| If any of the methods/techniques listed will be used, check the appropriate box and provide the requested details below. Note: Written records of procedures and anesthesia must be kept for each animal. These records must be made available for semi-annual inspection by the IACUC. | | |
|  | **None** | |
|  | **Non-surgical invasive procedures** (blood or tissue collection, tagging, etc.).   * Provide appropriate details (volume, site, frequency, needle gauge, etc.) | |
|  | **Immunization**   * Provide name of adjuvant(s) used; injection site; volume per site; frequency of injection; method, frequency, and volume of blood withdrawn (including anesthetic, if used). | |
|  | **Restraint**   * Provide method, duration, frequency, procedure by which animal is adapted to restraint device. | |
|  | **Food/water deprivation**   * Provide duration, frequency, extent (total/partial), methods used to assess and monitor distress. Note: removal of food and/or water for 24 hours in preparation for surgery or some other procedure is NOT considered to be food/water deprivation. | |
|  | **Abnormal environment**   * Provide information on departure from normal conditions (temperature, humidity, light, duration, etc.). | |
|  | **Aversive stimuli**   * Provide type and intensity of stimulus, duration, justification for use. | |
|  | **Other** (describe below) | |
| **Procedure**  Blood draws/tumor injections/etc. should indicate method, volume and frequency: Be particularly detailed regarding any procedures that are.   * invasive, * involve stress, or * cause tissue damage.   *Be sure this section explains (and agrees with) what is indicated on the Checklist*. | | |
| Click here to enter text. | | |
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| **V. Euthanasia and Final Fate of Animal** | |
| Identify the method(s) of euthanasia to be used as part of this specific research project; it (they) must comply with the most recent [AVMA (2020) Guidelines on Euthanasia](https://www.avma.org/sites/default/files/2020-01/2020-Euthanasia-Final-1-17-20.pdf) | |
|  | **Euthanasia not used as part of this project, see mandatory section below** |
|  | **Overdose of anesthetic**  Agent: Click here to enter text. Dose: Click here to enter text. Route: Click here to enter text. |
|  | **Inhalation of carbon dioxide**  Secondary physical means (required): Click here to enter text. |
|  | **Physical means under general anesthesia** (identify the specific means that will be used; cervical dislocation, etc.): Click here to enter text. |
|  | **Physical means without anesthesia**   * If done properly by trained personnel; the use of captive bolt pistol on large farm animals, cervical dislocation on chickens, and some other physical methods [such as gunshot] are permitted without justification (see AVMA 2020 guide)   State Method to be used here: Click here to enter text.   * OTHERWISE, physical means without anesthesia *(such as cervical dislocation)* can be used only when scientifically justified and requires specific written justification).   State and Justify these methods here: Click here to enter text. |
|  | **Other (identify here and describe):** Click here to enter text. |
| **MANDATORY FOR ALL PROTOCOLS**   * If an animal is to become seriously ill or injured, specify the criteria or criterion you will use to determine if, and when euthanasia will be used to relieve suffering:   Click here to enter text.   * Method of euthanasia:   Click here to enter text.   * If all animals will not be euthanized by the end of the project, indicate what will happen to these animals when the study has finished (e.g. returned to colony, released, etc.): | |
| Click here to enter text. | |
| **Disposal of remains:** | |
|  | **Incineration at University Farm** (disposal site for non-contaminated carcasses placed in the freezer at CLAF or ENRC) |
|  | **Other:** Click here to enter text. |
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| **VI. Housing** | | | **Housing Location:** Click here to enter text. |
|  | **Animals will not be captive for more than 12 hours** | | |
| **Animal Source** | | | |
|  | | **Supplier** (all purchases must be from a licensed supplier)  Name: Click here to enter text.  Address: Click here to enter text. | |
|  | | **Transfer of animals from AUP#** Click here to enter text. | |
|  | | **Wild Caught** (permits must be provided to IACUC) | |
| **Sexes used in this study:**  Male  Female  Both  Justification for sex exclusion, if applicable: Click here to enter text. | | | |
| **Anticipated start date:** Click here to enter text. | | | |
| **Describe any room parameters (temperature, humidity, etc.) outside of normal ranges for the animal model as specified by the** [Guide for the Care and Use of Laboratory Animals (8th edition)](https://grants.nih.gov/grants/olaw/Guide-for-the-Care-and-use-of-laboratory-animals.pdf).  Click here to enter text. | | | |
| **Describe animal housing including cage or pen dimensions, number per cage (indicating area of floor space allotted to each animal), and a concise description of routine husbandry practices**: Click here to enter text. | | | |
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| **VII. Personnel** |
| **TRAINING/ QUALIFICATIONS OF INDIVIDUALS PERFORMING WORK WITH ANIMALS**  **Any questions regarding this training should be directed to** ([claf@uark.edu](mailto:claf@uark.edu) or [iacuc@uark.edu](mailto:iacuc@uark.edu)).    A. MANDATORY ONLINE TRAINING  1. All individuals working with animals should take the following modules  from the CITI website ([www.citiprogram.org](http://www.citiprogram.org)) – login under “my institution”:  a. *Working with the IACUC*  B. OPTIONAL TRAINING  1. Additional CITI Training modules:  a. *Wildlife Research*  b. *Working with Amphibians in Research Settings*  c. *Working with Fish in Research Settings*  2. Individuals working with animals may complete a [health survey form](https://vpred.uark.edu/documents/rscp/claf-health-screening-form.pdf) and submit it to the Pat Walker Health Center.  **NOTE: All study personnel must complete the CITI module prior to performing procedures on animals.** |
| Please complete the following for all individuals involved in the study. Copy and paste as many times as needed or submit as an appendix. All members designated as “PI” or “Co-I” must be included on the submission email and will be notified of all changes regarding the protocol.  Name: Click here to enter text.  Phone number: Click here to enter text.  Email address: Click here to enter text.  PI  Co-I  Technician  Student  Other:Click here to enter text.  Role(s):  Animal care  Surgeon  Euthanasia  Other: Click here to enter text.  Qualifications to perform above activities/planned training: Click here to enter text.  Training completed:  Working with the IACUC  Name: Click here to enter text.  Phone number: Click here to enter text.  Email address: Click here to enter text.  PI  Co-I  Technician  Student  Other:Click here to enter text.  Role(s):  Animal care  Surgeon  Euthanasia  Other: Click here to enter text.  Qualifications to perform above activities/planned training: Click here to enter text.  Training completed:  Working with the IACUC  Name: Click here to enter text.  Phone number: Click here to enter text.  Email address: Click here to enter text.  PI  Co-I  Technician  Student  Other:Click here to enter text.  Role(s):  Animal care  Surgeon  Euthanasia  Other: Click here to enter text.  Qualifications to perform above activities/planned training: Click here to enter text.  Training completed:  Working with the IACUC | |

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| **VIII. Statement of Compliance** |
| As the individual responsible for this research or teaching project,  I confirm that the information contained herein is accurate and, to the best of my knowledge, conforms to all applicable University, PHS, and USDA policies on the use of animals in research and teaching.  I confirm that all individuals involved with the animals used in this project will complete the required training and will be instructed in the humane care, handling, and use of animals, prior to participation in the project, and I will have reviewed their qualifications.  I agree not to proceed with any portion of this project or purchase animals until I receive written approval from the University of Arkansas Institutional Animal Care and Use Committee (IACUC).  I agree that no substantive change will be made in the procedures contained in this proposal without prior written notification to and approval by the IACUC.  I agree to allow inspection of my research facilities by members of the IACUC and the Animal Welfare Veterinarian and to comply promptly if informed of any violations of the University of Arkansas, Fayetteville's Policy on Animal Care and Use.  I understand that failure to comply with the University of Arkansas, Fayetteville's Policy on Animal Care and Use will jeopardize the University's Animal Welfare Assurance on file with the PHS (and with it all federal funding for the University), and may ultimately lead to revocation of my privileges to conduct animal research at the University of Arkansas. |
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| Insert Principal Investigator signature above. Date:Click here to enter text. |