

**O105-345**

This form has been developed by the Committee, this institution's animal care and use committee,

**Experimental Design**

**E. Persons using animals:**

**F. What is the purpose of using these animals?**

**G. 1. How did you determine that alternate non-animals cannot be used?**

**2. How did you decide that the study is not an unnecessary duplicate of any other study?**

**H. How did you decide on the number of animals needed?**

**I. Application is:**

New - research

Teaching/Training

Non-competing renewal without significant changes

# \_\_\_\_\_

Non-competing renewal with changes previous

# \_\_\_\_\_

Competing Renewal - previous # \_\_\_\_\_

Program Project/Center

Revision - previous # \_\_\_\_\_

Resubmission - previous # \_\_\_\_\_

Different granting agency with identical animal use

previous # \_\_\_\_\_

Salary award

Fellowship

**I. Granting Agency:**

J.

**II. Animal Use (Live Research only)**

**A. Check animal**

rabbit antibody production (**see subform A**)  
mouse monoclonal antibody production (**see subform B**)  
transgenic or knockout mouse production  
other potentially uncomfortable or painful procedures: induced polyarthritis

**B. Is special housing or caging required?**

(Special Housing such as metabolic caging, solitary caging reversed light cycle

Yes No

**C. Will animals be held outside the animal facility for more than 12 hours?**

(If animals are to be housed outside the central facilities for more than 12 hours, justification must be included in your Summary of Animal Use.)

Yes No Location\_Room

**D. Animal Feed**

(Other, i.e., specially prepared diets, powdered diet, liquid diet.)

Standard Other(specify):

**E. Will food or water be limited ?**

(If food or water is to be restricted as a component of the study, a justification and the procedure and your method for monitoring the animals must be included in the Summary of Animal Use.)

Food restriction

Yes No Duration

Water restriction

Yes No Duration

**F. Will drugs or other materials be added to drinking water?**

(Note any expected side effects.)

Yes

(list name(s), dose, duration)

No

**G. Check if any of the following agents will be used in or on animals:**

(Use of Hazardous Agents requires approval by the Safety Department.)

radioisotope Type:

AE

infectious agent

human material      Type:

**H. Will drugs, reagents, or other materials including cells be administered to animals?**

**Type: Please see above.** Proteins and Peptides (see below)

Description of entire procedure must be included in the Summary of Animal Use, including substance, dose, route and frequency.)

**K. Will you be extracting any fluids (i.e., blood, urine, ascites fluid) from animals**

None

Pre-anesthetic:

None

7. Post-Operative Care

(Describe how animals are monitored and cared for post-operatively. Identify all drugs used.)

8.. Person responsible for post-op care:

Phone No.:

9. Duration of survival after surgery:

**III. Personal Qualifications**

**A. Person supervising animal use:**

(The person supervising animal use is responsible for all persons involved in the use of animals in this protocol.)

**B. List all personnel handling animals, their position and qualifications/experience.**

(If additional training is necessary, please indicate who will be responsible for training.)

<u>Name</u>	<u>Position</u>	<u>Qualification/Experience</u>
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**Summary of Animal Care**

*Description of Proposed Animal Use*

**A) Animal Numbers, Species and Characterization, and Experimental Methods**

**B) Animal Experimental Methods and Euthanasia Justification:**

**C) Justification of Animal Use and Teaching Rationale:**

**D) Veterinary Care:**

**E) Description of Procedures for Minimizing Discomfort, Distress, Pain and Injury**

**F) Euthanasia Method; Considering Experimental Alternatives:**

**References:**