

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.

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?

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

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9. Disposition of animals upon completion of project:

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10. State/Federal approval (if appropriate): \_\_\_\_\_

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11. As required by 9 CFR § 2.31(d)(1)(i-xi) and 9 CFR § 2.31(e)(1-5), please attach

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** (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 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 animal used as research subjects. I further agree and acknowledge that I shall not circumvent the IACUC process when conducting research using animal subjects 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

## Section B(If Applicable)

### 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.

Species

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:

Species	Agent	Route	Site	Volume	# of Doses	Interval

C) Hazardous Agents:

Agent(s): \_\_\_\_\_

It is recommended to get approval for use of Hazardous Agents prior to submitting for IACUC approval.

Institutional Biosafety Committee Approval:

(Elizabeth Sandquist MC2505; x6139)

Yes  No  N/A

Radiation Safety Committee Approval:

(Michelle Arnold MC2508; x7982)

Yes  No  N/A

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

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