

**UNIVERSITY OF HARTFORD
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)
PROTOCOL PROPOSAL**

Required for any project using live vertebrate animals. Please answer questions clearly and concisely, in a manner that is easily understandable to a general audience. You may modify the form for additional space as needed.

Section 1. Introduction

1.1 Project Title

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| |
|--|

1.2 Principal Investigator

| Name | Department | Phone | Email |
|------|------------|-------|-------|
| | | | |

1.3 Other Personnel

| Name | Department/Institution | Role/duties in project |
|------|------------------------|------------------------|
| | | |
| | | |
| | | |

Appropriate training (lab safety, animal care, research methodology) must be documented for all project personnel.

1.4 Type of submission (check one)

| | | | |
|--|--|--|--|
| <input type="checkbox"/> New Protocol | Associated IACUC Number: <table border="1"><tr><td style="height: 20px;"></td></tr><tr><td style="height: 20px;"></td></tr></table> | | |
| | | | |
| | | | |
| <input type="checkbox"/> Amendment of existing project | | | |
| <input type="checkbox"/> Renewal of existing project | | | |

1.5 Species used

| Species name | Common name/strain | # / year | Project total # |
|--------------|--------------------|----------|-----------------|
| | | | |
| | | | |

1.6 Location

Where will animals be housed?

Section 2. Procedures

2.1 Procedures (check all that apply)

- Observation/captive maintenance only
- Survival surgery
- Multiple survival surgery
- Non-survival surgery
- Prolonged restraint
- Food/water deprivation
- Collection of blood/cells/tissues
- Antibody production
- Injury/Trauma
- Biohazard exposure (toxins, infectious/radioactive agents, carcinogens, etc.)
- Other (specify): _____

2.2 Pain and Distress

Will any animals experience more than minimal or temporary pain as the result of any procedure? If yes, explain and provide the USDA pain level (**1** = negligible, **2** = pain/distress avoided by appropriate drug use, **3** = pain/distress NOT avoided by appropriate drug use.)

List anesthetics/analgesics that will be administered to minimize pain.

Justify (with documentation) any painful category-3 procedures that will not be avoided by drug use.

2.3 Euthanasia

Explain any conditions under which animals will be euthanized (e.g. as a planned end-point for the project, only if necessary due to injury/illness, etc.).

Describe methods that will be used to euthanize animals. Are these standard methods for the species?

2.4 Other Drugs

List and explain any other drugs that will be administered (experimental substances, antibiotics, etc.)

Section 3. Project Description

Describe the work that is to be done:

1. Purpose and Rationale

2. Experimental Methods

3. Significance

Section 4. Justification

4.1 Species choice

Justify the use of this animal species for this research.

4.2 Qualifications

Summarize previous experience and qualifications of the P.I. and/or other personnel in animal research, captive maintenance, educational programs, etc.

4.3 Replication

What steps have been taken to ensure the project does not unnecessarily replicate work that has already been done? Indicate databases searched, keywords used, etc.

I certify that I have sufficient expertise to conduct the proposed animal research project and will supervise such experimentation so as to ensure compliance with the *Guide for the Care and Use of Laboratory Animals*, 8th ed., National Research Council. I will report any significant change in animal usage promptly to the IACUC.

Signature

Date

- IACUC USE ONLY -

| | |
|-----------------|--|
| Proposal #: | |
| Date submitted: | |
| Date reviewed: | |
| Date approved: | |

Committee Member Evaluation

| | Excel -lent | Good | Fair | Poor | Can't Say |
|---|----------------|------|------|------|--------------|
| Quality of research design and procedures | | | | | |
| Clarity/understandability of research proposal | | | | | |
| Justification for type and number of research animals | | | | | |
| Scientific/theoretical value | | | | | |
| Clinical/applied value | | | | | |

Committee Member Recommendation

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|--|--|
| Approve as written | |
| Approve pending minor revision/clarification | |
| Defer decision | |
| Disapprove | |