**IACUC Field Study Exemption Application Form: Observational Study**

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| **IACUC Use Only** | |
| **Protocol ID Number:** |  |
| **Submission Date/Version:** |  |
| **Review Type/Date/Determination:** |  |
| **Expiration Date:** |  |

*This form is designed for the IACUC to determine if an observational field study is exempt from further IACUC review. Please submit* ***(1)*** *copy electronically to* [*IACUC@uwosh.edu*](mailto:IACUC@uwosh.edu)*. All individuals listed on the protocol must complete animal certification and CITI training requirements. Please contact the Laboratory Animal Manager (920) 424-0931 for information on training.*

**Part I. Project Identification, Personnel and Training**

1. **Project Title:**

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1. **Type of Application:**

**New Protocol**

**Revision to Approved Protocol ID #:**

**Indicate Version #:**      

**3-Year Renewal of Protocol #:**

1. **Source of Funding:**

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1. **If federally funded, provide Grant Identification Number and Title:**

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*Note: A Financial Conflict of Interest (FCOI) Disclosure must be current and filed with the Office of Sponsored Programs for all federally-funded projects. Date of Disclosure:*

1. **Principal Investigator (PI):**

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| **Name (Last, First, MI):** | | |  | | | | |
| **Mailing Address:** | |  | | **City:** |  | **ZIP:** |  |
| **Office Phone #:** | |  | | | | | |
| **Home Phone#:** | |  | | | | | |
| **Field Site Contact Name/Phone #:** | |  | | | | | |
| **Email:** |  | | | | | | |

1. **Co-Principal Investigator (if applicable):**

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| **Name (Last, First, MI):** | | | |  | | | | |
| **Mailing Address:** | | |  | | **City:** |  | **ZIP:** |  |
| **Office Phone #:** | |  | | | | | | |
| **Home Phone#:** | |  | | | | | | |
| **Email:** |  | | | | | | | |

1. **Personnel: List all individuals who will be conducting protocol procedures. Provide an appendix if additional space is needed.**

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| **Name** | **Email** | **Phone** |
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1. **Personnel Qualifications: Describe the training of the PI, Co-PI (if applicable) and each individual listed above. Student research personnel should be listed in this section. Please include which protocol procedure(s) each individual has been trained to perform, how training was received (hands-on experience, supervisor training, CITI coursework, etc.). Please include animal certification date. Training information for PIs and students can be accessed by PI, Laboratory Animal Manager, and IACUC via** [**Google Training Spreadsheet**](https://docs.google.com/a/uwosh.edu/spreadsheets/d/1yfEfE4nrNWz22QhhGsqvgExXRbSBY5NAVkumDaxoStE/edit?usp=sharing)**.**

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| **Name** | **Training** | **Name/Title of Trainer** | **Animal Certification Date** |
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**Part II. Research Information:** University of Wisconsin Oshkosh has written the PHS-required Animal Welfare Assurance to include oversight for all research and teaching involving vertebrate animals.

**1. Does your research entail:**

a) study of live vertebrates as defined by PHS Policy?

Yes, PHS Policy Applies  No

*Animal* - Any live, vertebrate animal used or intended for use in research, research training, experimentation, or biological testing or for related purposes.

A study that entails the eggs and embryos of vertebrates are not covered until those eggs hatch. However, the larval forms of fish and amphibians are covered.

**- OR -**

b) study of live animals as defined under the Animal Welfare Act regulations?

Yes, AWA applies  No

AWA: *Animal* means any live or dead dog, cat, nonhuman primate, guinea pig, hamster, rabbit, or any other warmblooded animal, which is being used, or is intended for use for research, teaching, testing, experimentation, or exhibition purposes, or as a pet. This term excludes birds, rats of the genus *Rattus,* and mice of the genus *Mus,* bred for use in research; horses not used for research purposes; and other farm animals, such as, but not limited to, livestock or poultry used or intended for use as food or fiber, or livestock or poultry used or intended for use for improving 4animal nutrition, breeding, management, or production efficiency, or for improving the quality of food or fiber. With respect to a dog, the term means all dogs, including those used for hunting, security, or breeding purposes.

**If no to 1a) and 1b), stop here. IACUC oversight is not required.**

**If yes, to 1a) or 1b) proceed to question 2.**

**2. If your research is to be conducted in the field:**

a) will it alter or influence the activity of the animals (PHS Policy)?  Yes  No

**- OR -**

b) does the research involve invasive procedures, or will it harm or materially alter the behavior of an animal under study (AWA regulations)?  Yes  No

**If yes to 2a) or 2b) above, please stop and complete the** [**IACUC Protocol Application for Field Research**](http://grants.uwosh.edu/sample-page/research-compliance/institutional-animal-care-use-committee-iacuc/iacuc-forms/)**. If no to 2a) and 2b), please continue and complete Part III & IV.**

**Part III. Study Details and Location:**

**a) Briefly describe the nature of the research procedures and what measures you will take to assure that these procedures will not alter or influence the activity of the animals. (For example, if you plan to take photos, will you use a blind or other camouflage? Will you use a long lens to increase your distance from the animal?)**

**b) Describe where the study will be located and the nature of the habitat where you will be working:**

**c) Please describe potential hazards and risks in Appendix A:** [**IACUC Safety Information Sheet for Field Research in Wisconsin**](http://grants.uwosh.edu/sample-page/research-compliance/institutional-animal-care-use-committee-iacuc/iacuc-forms/)**. This form must be provided to all research personnel working on the project. Note: This form may be modified by the PI (who is most familiar with the field site conditions) for field research conducted outside of Wisconsin.**

**Part IV. Permits/ Authorization:** Identify all required permits or other forms of written authorization including protected species permits at the national and state or provincial levels (in the U.S.: Migratory Bird Treaty Act, Endangered Species Act, CITES, Marine Mammal Protection Act, and Wild Bird Conservation Act; Lacey Act; state permits for state-listed species); national and state/provincial protected areas permits (in the U.S., National Wildlife Refuge System, National Parks, National Forest System, Bureau of Land Management; state permits for wildlife management areas, parks, or other protected areas).

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| **Permit type or other form or written authorization** | **Permit number, if applicable** | **Expiration date (or if application or renewal application is pending, indicate date submitted)** |
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***Note:*** *In most cases, receipts of permits from applicable oversight agencies will assure that the impacts on local populations are minimal or are justified. You may not start the work for which permits are required until the permits are issued, even if your protocol has been approved by the IACUC. The IACUC will determine whether or not the project meets the regulatory definition of an exempt field study or if further IACUC review is required.* ***Please note that any study involving capture, handling, and marking is not an Exempt Field Study and will require completion of the full*** [***IACUC Protocol Application for Field Research***](https://uwosh.edu/sponsoredprograms/sample-page/research-compliance/institutional-animal-care-use-committee-iacuc/iacuc-forms/)***.***

**PI Certification:** If the IACUC approves my Field Study Exemption Application, I agree to execute this work as described; request approval from the IACUC for changes; comply with the guidelines set forth by the IACUC and be responsible for the training, supervision and work of my staff. I realize that failure to adhere to policies related to animal care and use may result in suspension or revocation of permission to perform animal research at UWO.

If further review is not required for your field study, you will receive a letter from the IACUC stating that no further IACUC review is needed and you may proceed with your research, subject to these two provisions:

a) You must notify the IACUC if a significant change to the project occurs. With regard to the “field study exemption,” a change will be considered significant if the changes include any of the following 1) invasive procedures, 2) or a change that harms the animal or materially alters the behavior of an animal under study or that alter or influence the behavior of the animal.

b) It is unlawful to begin work until all federal or state permits required for your research have been issued. The researcher is responsible for obtaining all applicable permits. Please provide the IACUC with copies of your permits for the administrative record.

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| **Signature of PI** |  | **Date** |  |
| **Co-PI Signature** |  | **Date** |  |

**Appendix A: IACUC Safety Information Sheet for Field Research**

**IACUC- Safety Information Sheet for Field Research in Wisconsin**

The IACUC commends you for identifying potential risks for you and any students working in the field in Wisconsin on your approved IACUC protocol. Since PIs are the individuals with the most familiarity with the field site conditions, the PIs should relay any potential risks to research personnel.  The IACUC is requesting that you provide all research personnel (and the IACUC) with a completed version of this Safety Information Sheet. Note: Please modify as necessary for field conditions outside of Wisconsin.

**Field Site Location:**

1. **Potential Risks:**
2. **Exposure to infectious disease transmitting vectors (ticks, mosquitoes):**
3. See attached pdf, “[NIOSH Fast Facts: Protecting Yourself from Ticks and Mosquitoes](https://www.cdc.gov/niosh/docs/2010-119/pdfs/2010-119.pdf)”.
4. See attached table, “[Characteristics of Tickborne Diseases in Wisconsin](https://www.dhs.wisconsin.gov/tickborne/tickborne-diseases-chart.pdf)”, provided by WI Division of Public Health.
5. Mosquitoes can transmit several viruses that can cause human disease.  In Wisconsin, these include West Nile virus, La Crosse virus, and Jamestown Canyon virus. Symptoms of illness are usually mild and nonspecific, and can include headache, fever, fatigue, muscle aches, and swollen lymph nodes. Some people may experience severe neuroinvasive illness, including flaccid paralysis, encephalitis (swelling of the brain) and meningitis (WI Division of Public Health: <https://www.dhs.wisconsin.gov/arboviral/index.htm>)
6. **Other potential hazards:**
7. **Likelihood of Encountering the Hazards:**
8. **Protective Measures (may include awareness of potential risks, immunizations, Personal Protective Equipment):**
9. **Personnel should inform health care provider of contact with wild animals and field conditions should they become injured or ill.**