**IACUC Protocol Application for Laboratory Research**

**IACUC Use Only**

**Protocol ID Number:**

**Submission Date/Version:**

**Review Type/Date/Determination:**

**Expiration Date:**

***New Project:*** *Please complete this form if your study involves use of animals in a laboratory setting. All individuals listed on the protocol must complete animal care certification requirements. Training requirements and instructions for animal care and use can be found on the* [*IACUC Training Page*](https://uwosh.edu/sponsoredprograms/iacuc/training/)*, or you may contact the Laboratory Animal Manager. Please submit to* *IACUC@uwosh.edu**.*

***For Revisions to an Existing Protocol:*** *1) Please complete and submit the appropriate modification request form located on the* [*IACUC Forms Page*](https://uwosh.edu/sponsoredprograms/iacuc/forms/)*, and 2) revise and submit your existing IACUC Protocol Application Form (select Revision to Approved Protocol under Part I.B.), and update the application form using track changes. Please submit to* *IACUC@uwosh.edu**.*

1. **Project Identification, Personnel, and Signatures**
	1. **Project Title:**
	2. **Type of Application:**

[ ]  **New Protocol**

[ ] **Revision to Approved Protocol ID #:**

 **Indicate Version #:**

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

* 1. **Source of Funding:**

**Provide Grant Identification Number and Title (Federal Funds Only):**

*Note: A Financial Conflict of Interest (FCOI) Disclosure and FCOI training through CITI Program (*[*www.citiprogram.org*](http://www.citiprogram.org)*) must be current and filed with OSP for all federally-funded projects. Date FCOI disclosure was filed:*

* 1. **Principal Investigator (PI)/Co-Principal Investigator:** (Note: PI Eligibility is in Investigator’s Handbook)

**Name (Last, First MI):**       **Department:**

**Office Phone #:**       **Home Phone #:**       **Email:**

**Co-PI Name (Last, First MI):**       **Co-PI** **Department:**

**Co-PI Office Phone #:**       **Co-PI Home Phone #:**       **Co-PI** **Email:**

* 1. **PI Certification:**

If the IACUC approves my 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. I will be responsible for the training, supervision and work of any staff or students working on the project. 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. The activities described in this study do not unnecessarily duplicate a previous experiment. My Department Chair has been informed of the proposed research.

Note: This form may be signed electronically or by typing your name if it is submitted from the PI’s UWO email address.

**PI Signature:**       **Date:** Click or tap to enter a date.

**Co-PI Signature:**       **Date:** Click or tap to enter a date.

* 1. **Research personnel who will have animal contact for this study:**

*(Include PI, Co-PI(s), collaborators, staff, or students as applicable; if additional space is needed, please add/insert rows)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Role/Procedures to be Conducted** | **Phone Number** | **Email** |
|       |       |       |       |
|       |       |       |       |
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* 1. **Research Personnel Training and Experience:**

**Please provide training information for animal care and use for all individuals listed in section F above. Training information for UW Oshkosh individuals may be located here if you wish to copy and paste the information:**  [**Animal Care Google Training Spreadsheet**](https://docs.google.com/spreadsheets/d/1eURw_wQVYFU6DGV4q8rNPR_AwYG3S_eJTYJ5au44Aps/edit?usp=sharing)

**Please provide details for any training received outside of UW Oshkosh or any additional information regarding experience or qualifications you would like the IACUC to consider:**

* 1. **Collaborative Research**

 **Will this research involve collaboration with individuals from another institution or non-UW Oshkosh entity?**

[ ]  **Yes** [ ]  **No**

If YES, please explain:

1. **Animal Species, Numbers, and USDA Pain Level Category**

**USDA Pain Level Categories:** Definition of Painful Procedures (Animal Welfare Act): “As applied to any animal, pain means any procedure that would be expected to cause more than slight or momentary pain or distress in a human being to which that procedure was applied, that is, pain in excess of that caused by injections or other minor procedures. Note: There is no USDA Category A.

1. **Please highlight procedures that will be conducted under the protocol in the table below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **USDA Category B** | **USDA Category C** | **USDA Category D** | **USDA Category E** |
| Animals being held, bred, or conditioned for use in teaching, testing, experiments, research, or surgery, but not yet used for that purpose | No more than momentary or slight pain or distress and no use of pain-relieving drugs, or no pain or distress. | Pain or distress appropriately relieved with anesthetics, analgesics, and/or tranquilizer drugs or other methods for relieving pain or distress | Pain or distress, or potential pain or distress, that is NOT relieved with anesthetics, analgesics, and/or tranquilizer drugs or other methods for relieving pain or distress |
| **Examples:** | **Examples:** | **Examples:** | **Examples:** |
| * Animal breeding, pregnancy, parturition, and lactation
* Preventative health veterinary procedures
* Routine husbandry procedures
 | * Animals upon which teaching or research will be conducted involving no pain, distress, or use of pain-relieving drugs
* Animals observed under normal conditions
* Live trapping
* Holding or weighing animals in teaching or research activities
* Routine procedures such as injections, blood collection, or catheter implantation via superficial vessels done per standard veterinary practice by trained personnel
* Oral gavage when performed by trained personnel proficient in procedure
* Tattooing or microchipping animals
* Ear punching of rodents
* Routine physical examinations
* Feeding studies that do not result in clinical health problems
* Positive reward projects
* AVMA approved humane euthanasia procedures
* Animals sacrificed for tissues
* Management procedures in agriculture species as listed in the Ag Guide
* Animal transportation
 | * Diagnostic procedures such as laparoscopy or needle biopsies
* Non-survival surgery
* Survival surgical procedures
* Post-operative pain or distress
* Periorbital blood collection in rodents
* Terminal cardiac blood collection
* Any post-procedural outcome resulting in evident pain, discomfort, or distress, such as that associated with decreased appetite or activity level, adverse reactions such as open skin lesions, abscesses, lameness, conjunctivitis, corneal edema, and photophobia
* Exposure of blood vessels for catheter implantation
* Exsanguinations under anesthesia
* Induced infections or antibody production with appropriate anesthesia and post-op/post-procedure analgesia when necessary
* Administration of drugs, chemicals, toxins or organisms that would be expected to produce pain or distress but which will be alleviated by analgesics
 | * Toxicological or microbial virulence testing, cancer research or infections disease research that requires continuation until clinical symptoms are evident or death occurs
* Ocular or skin irritancy testing
* Food or water deprivation beyond that necessary for ordinary per-surgical preparation
* Application of noxious stimuli, such as electrical shock, if the animal cannot avoid/escape the stimuli and/or it is severe enough to cause injury or more than momentary pain or distress
* Infliction of burns or trauma
* Prolonged restraint
* Any procedures for which needed analgesics, tranquilizers, sedatives, or anesthetics must be withheld for justifiable study purposes
* Use of paralyzing or immobilizing drugs for restraint
* Exposure to abnormal or extreme environmental conditions
* Euthanasia by procedures not approved by the AVMA
* Induction of self-mutilation
 |

* 1. **Indicate the number of animals to be used under each category (see reference chart) over the 3-year period:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Species****(Scientific and** **Common Names)** | **Procedure** | **Number of Animals/** **USDA Category** | **Source** | **Housing Location** |
| **B** | **C** | **\*D** | **\*E** |
|       |       |       |       |       |       |       |       |
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 *If additional space is needed, please add/insert rows*

**\*Note: Procedures which fall under USDA pain category D or E require consultation with the veterinarian regarding protocol design prior to protocol submission and completion of Appendix** A: **Alternatives to Animal Use.**

1. **Scientific Justification for Species and Number Requested**
	1. **Describe the features of each species (e.g. anatomic, physiologic, genetic, etc.) that make it desirable as the model organism used in this project. Contrast with other available animal models, if any.**

* 1. **Provide a thorough and appropriate scientific justification for performing this study/work:**

* 1. **How are the number of animal(s) requested scientifically justified? (Select and answer all that apply):**

[ ]  **Pilot study or preliminary project, group variances unknown at present.**

Minimal number of animals should be requested. Explain justification for each species:

[ ]  **Group sizes determined statistically.**

 What statistical analysis was performed including the analysis employed and the power function?

[ ]  **Group sizes based on quantity of harvested cells or amount of tissue required.**

 Explain how much tissue is needed based on the number of experiments you will conduct and how much tissue you expect to obtain from each animal.

1. **Diet, Housing, Enrichment, Transportation, Identification, and Records**

**Note:** Species-specific SOPs may be referenced as applicable for this section.

* 1. **Diet**
		1. Describe of the type of diet (food type, source, etc.) animals will receive while on study. If animals will be feed-restricted or limited, please also complete Appendix F: Dietary Manipulations and Fluid Restriction.

* 1. **Housing**
		1. Describe animal housing. If the animals will be housed singly, please provide justification. Please provide justification for any animal housing which is a departure from the Guide.

* + 1. Would you like to request permission to house animals or bring animals into laboratory space outside of HACF or CACF? (**Note:** *The space must be inspected and approved by the IACUC beforehand)*

 [ ]  Yes ☐ No

 If YES:

* + - * 1. Please provide requested location, length of stay, reasoning, and justification.
				2. Is the alternate location considered **satellite housing**? (Satellite housing is >12 hours for USDA-covered species and >12 hours for all other vertebrate animals covered under UW Oshkosh’s PHS Assurance)

 [ ]  Yes [ ]  No

* 1. **Enrichment**

 1. Describe the type of enrichment that will be offered to animals:

* 1. **Transportation**
		1. Will the animals be sourced and shipped through an approved vendor? (Reference **SOP #30: Animal Ground Transportation** and **SOP #31: Use and Maintenance of Animal Transport Vehicles** for details on animal transportation procedures)

[ ]  Yes [ ]  No [ ]  Not applicable (animals are currently housed in CACF or HACF)

 If NO:

* + - * 1. If an approved commercial vendor will not be used, explain the source and the procedures used to transport animals to campus:

* + 1. Would you like to request permission to use a personal vehicle to transport animals?

[ ]  Yes [ ]  No

(**Note:** Personal vehicles must be inspected and approved by the IACUC before use. Please schedule an appointment with the IACUC Administrator or Laboratory Animal Manager to get your personal vehicle inspected by a subcommittee of the IACUC prior to use.)

* + 1. Will animals be transported away from the UW Oshkosh campus?

[ ]  Yes [ ]  No

 If YES:

* + - 1. Please explain location and transportation procedures:

* + - 1. Will transported animals eventually return to UW Oshkosh campus facilities?

[ ]  Yes [ ]  No [ ]  Not applicable

* + - * 1. If YES, please explain:

* + 1. Other Information regarding transportation or collaborative research activities:

* 1. **Identification**

Describe animal identification method(s) (Examples: cage cards, microchip, ear tag or punch, tattoo, etc.)

* 1. **Records**

Describe where and how animal records will be kept (Examples: paper records in housing room, electronic records on Google Drive or OneDrive, Excel, etc.) and who will be responsible for maintaining the records if requested by IACUC, USDA Veterinary Medical Officer, OLAW or AAALAC.

(**Note:** UW System Research Record Retention Policy: Animal records must be retained for the duration of the study plus 3 years after the study’s completion. Training records must be retained for 7 years following completion of the project).

1. **Specific Aims and Details of Animal Use**
	1. **What is the goal/specific aim(s) of this project? What is the research or development question?**

In layman’s terms, describe the relevance of the study to advancing scientific knowledge and/or the benefits of the study to human and/or animal health. Provide sufficient information to indicate that the potential new knowledge from the project justifies the use of animals. Please define all acronyms.

* 1. **Provide a complete and accurate description of what procedures will be performed on/with the animal. Answer in language understood by a person unfamiliar with your area of research.**
		1. Describe all procedures, their frequency, and time points over the course of the experiments. Include how long the animals will be maintained.
		2. Include dose, route of administration, and frequency of any drugs to be administered.
		3. Describe methods used in behavior studies, including use of noxious stimuli or other methods of positive or negative reinforcement.
		4. Surgery should be described here only as it relates to the study design. Surgical details should be provided in Appendix B.

* 1. **Safety Procedures for Animal Handlers:** Please check the personal protective equipment (PPE) to be worn for procedures described in protocol. Questions regarding PPE requirements for the animal facilities should be directed to the Laboratory Animal Manager. If the IBC required special precautions, please indicate below.

[ ] Laboratory coat or scrubs [ ] Respiratory mask, specify:

[ ]  Examination gloves [ ] Surgical mask

[ ]  Booties or dedicated shoes [ ] Surgical gown

[ ]  Waterproof boots [ ] Surgical gloves

[ ]  Safety glasses [ ] Hair cover

[ ]  Face shield or safety goggles [ ] Other:

1. **Potential Animal Pain and Distress**
	1. **Describe any potential specific study-induced or related problems the animals might experience (e.g. health problems, pain, distress, complications, etc.)?**

* 1. **How will pain and/or distress be monitored? Provide species-specific clinical signs that will be monitored, frequency of monitoring, and provisions for off hours.**

* 1. **Explain what steps will be taken to alleviate any pain, distress, or discomfort the animals may experience. Provide dose, route of administration, frequency, and type of drugs (e.g. analgesics, tranquilizers, etc.) to be administered.**

* 1. **All medications, compounds, and drugs to be used in vertebrate animals must be of Human or Veterinary pharmaceutical grade unless pre-approved by the IACUC. If a non-pharmaceutical grade medication, compound, or drug is requested, please provide scientific justification.**

* 1. **Will controlled substances be used for study procedures?** (**Note:** UW Oshkosh PIs requesting the use of controlled substances for research purposes are responsible for obtaining their own personal Special Use Authorization (SUA) and an approved Drug Enforcement Administration (DEA) Registration for research. See SOP #16: Use of Controlled Substances)

[ ]  **Yes** [ ]  **No**

 If YES:

* + - 1. Please indicate what controlled substances will be used for the study:

* + - 1. Please indicate status of Special Use Authorization (SUA) and Drug Enforcement Administration (DEA) Registration (approval or progress made on obtaining controlled substances approval) and provide a copy of the SUA and DEA documents for the IACUC record.

* 1. **Will animals be restrained for study procedures?**

[ ]  **Yes** [ ]  **No**

If YES:

* + - 1. Will restraint be:

[ ]  Physical [ ]  Chemical

* + 1. Please describe all restraint procedures to be utilized and justification for use:

1. **Euthanasia/Disposition of Animals**

Please review the [AVMA Guidelines for the Euthanasia of Animals: 2020 Edition](https://www.avma.org/sites/default/files/2020-01/2020-Euthanasia-Final-1-17-20.pdf) for the animals you will be working with. Euthanasia must be in accord with the methods approved in the 2020 Edition unless scientific justification or medical reasons are provided and pre-approved by the IACUC. As an additional reference, SOP #13, outlines the current AVMA guidelines for “Acceptable” and “Acceptable with Conditions” euthanasia methods for the species commonly used at UW Oshkosh.

* 1. **What criteria will be used to determine when euthanasia will occur? (e.g. tumor size/appearance, percentage body weight gain/loss, behavioral abnormalities, or other abnormal clinical signs)**

* 1. **Will animals be euthanized at the end of the study?**

[ ]  **Yes** [ ]  **No**

* + 1. If YES (animals will be euthanized at the end of the study):
			1. Please specify euthanasia method, agent, dosage, and route of administration to be used for each species, referencing the AVMA guidelines. Please include method for disposal of carcasses.

* + - 1. Does this method of euthanasia fall under AVMA guidelines for:

[ ]  Acceptable Methods [ ]  Acceptable with Conditions Methods [ ]  No

* + - * 1. If No, please provide **scientific and/or medical** justification for deviation from the AVMA guidelines:

* + 1. If NO (animals will not be euthanized at the end of the study):
			1. Please describe their final disposition:

**You have reached the end of this form UNLESS you are required to attach one or more of the Appendices (A-H), which appear below. Please make sure that you have responded to every question on this application, and that you have filled out ALL of the applicable appendices.**

**Appendices Checklist**

Check all that pertain to your project, complete the appropriate appendices, and attach as part of your application. Appendices that do not pertain to your project may be omitted when submitting your application.

[ ]  **Appendix A:** **Alternatives to Animal Use for USDA Reporting Category D or E**

[ ]  **Appendix B: Surgery**

[ ]  **Appendix C: Wild-Caught Animals**

[ ]  **Appendix D: Antibody Production**

[ ]  **Appendix E: Toxicology Studies/Microbial Virulence Testing**

[ ]  **Appendix F: Dietary Manipulations or Fluid Restriction**

[ ]  **Appendix G: Genetically Modified Animals**

[ ]  **Appendix H: Use of Hazardous Agents**

**Part 1: Hazardous Chemicals, Part 2: Radiation, Part 3: Infections Agents and Work with Human Blood and Fluids, Part 4: Recombinant DNA Including Transgenic Rodents**

**IACUC Appendix A: Alternatives to Animal Use for USDA Reporting Category D or E**

1. **Briefly describe how you have considered each of the following alternatives, or how they are not applicable:**

**Replacement** of vertebrate animals(i.e. with in-vitro models, computer models, or less sentient animals):

**Refinement** of experimental procedures to minimize pain or distress (i.e. early endpoints; use of analgesics, anesthetics, or sedatives; techniques that reduce stress in animals):

**Reduction** in the number of animals (i.e. using appropriate statistical methods in the design and analysis of the study, sharing tissue among investigators):

1. **Methods used to search for alternatives (indicate all that apply):**

[ ]  **Literature search conducted**

See <http://www.nal.usda.gov/awic> for resources to assist in the search. The Norwegian 3Rs Center and the Animal Welfare Information Center (AWIC) have launched a new database called 3R Guide (<http://www.3rguide.info/>). The aim is to offer investigators a “one-stop shop” for locating key resources. All entries in the 3R Guide are categorized by Type (e.g. guidelines), Category (e.g. species), and 3R-relevance (Replacement, Refinement, Reduction).

**List names of databases** (more than one required):

* + 1.
		2.
		3.

**Keywords used in database search** (specific to animal use):

**Brief summary of what information was found during the literature search:**

**Date search was completed:** Click or tap to enter a date.

**Years searched** (should go back several years)**:**

[ ]  **Other information/service utilized.**  Elaborate, providing specific information.

**IACUC Appendix B: Surgery**

Complete this appendix for each surgical procedure and/or species, even if the same information exists elsewhere in the application. USDA Animal Welfare Act regulations ***require* veterinary consultation for any Category D or E** animal use.

Reference **SOP #11: Anesthesia Monitoring for Small Animals**, **SOP #32: Equipment Sterilization Procedures and Monitoring Expiration Dates**, and **SOP #34: Surgery Requirements** when planning a surgical procedure. Please consult with the lab animal manager/training coordinator regarding surgical training requirements.

**Definition:** Major survival surgery is defined as penetrating a body cavity or having the potential for producing a permanent handicap for an animal expected to recover from a surgery.

1. **Species:**
2. **Surgical procedure is:**

[ ] Non-Survival [ ] Survival

1. **Will individual animals undergo more than one major survival surgery?**

[ ] Yes [ ] No

**If YES, please provide justification for conducting multiple survival surgeries on a single animal:**

1. **Name of surgeon(s):**

1. **Relevant experience with the animal model and surgical procedure being used for each individual performing the surgical procedure:**

1. **Location of surgery:**

1. **Describe pre-operative procedures (fasting, analgesic loading, etc.) and surgical procedures:**

*Include monitoring and supportive care.*

1. **Anesthetic(s):**

*Include dose, route, frequency, AND criteria for judging depth of anesthesia.*

1. **Describe how aseptic methods will be maintained throughout the procedure:**

*Include use of gloves, surgical masks, sterile instruments, and aseptic technique.*

**For Survival Surgery:**

**How long will the animals be maintained after surgery?**

**Describe post-operative care to be given:**

*Include analgesics, antibiotics, and monitoring of fluids and body temperature. Please include time intervals for post-operative monitoring.*

**Describe the procedure that will be followed for the detection and management of post-operative complications during normal work hours, weekends, and holidays:**

**IACUC Appendix C: Wild-Caught Animals**

* 1. **Does this research require federal or state permits?**

[ ]  No

[ ]  Yes

If Yes, attach a copy—or indicate the dates of permit application and addresses—of the agencies to which applications were made:

* 1. **Describe the location of the field site or capture site:**

* 1. **If the research will have an effect on the survival or reproduction of the animal, explain the anticipated extent of the impact and the alternative protocols considered:**

* 1. **Describe the methods of capture to be used, and cite the literature reference if the method is standard procedure or provide a detailed description if it is a non-standard method:**

* 1. **Describe what procedure will be used if an unintended/accidental capture of a species not listed on the protocol occurs:**

* 1. **Explain the method of animal transportation that will be used, if applicable:**

*If a University vehicle is not available or practical to carry out your research, the IACUC must approve the use of personal vehicles. Ad hoc subcommittee of the IACUC will inspect vehicles on demand and during IACUC semi-annual evaluations.*

* 1. **Provide an estimate of the expected mortality for each capture method. Describe what procedure will be followed if a sick or injured animal is captured:**

* 1. **If blood, teeth, or tissue samples are to be taken, indicate the type of sample, the method used, a literature reference if the method is standard procedure or a detailed description if it is a non-standard procedure. Include an estimate of the expected mortality for each sampling method.**

* 1. **If the animals are held in captivity for a period longer than necessary to band, mark, measure, or take samples from, indicate the type of enclosure or cage, and provide details on the care to be provided:**

* 1. **Is federal or state approval required to return the animals to the wild after being held in captivity?**

[ ]  Yes (Include copies of the permit or approval documents with IACUC submission)

[ ]  No

[ ]  N/A Animals will not return to wild

**IACUC Appendix D: Antibody Production**

**List species:**

**List antigen(s):**

**List or describe adjuvant(s):**

 **Initial Immunization:**

 **Subsequent Immunizations:**

**List or describe injection:**

List anatomic site, volume administered per injection site, total volume administered at one time, injection frequency, and total number of administrations.

**List or describe procedure for collecting blood or other bodily fluids:**

List site, volume, frequency, and method used. Indicate anesthetics, analgesics, or tranquilizers to be used, if any, and duration of use.

**IACUC Appendix E: Toxicology Studies/Microbial Virulence Testing**

**Describe materials to be evaluated:**

*If hazardous materials are used, complete Appendix G.*

**Describe the route and duration of administration:**

**Describe the testing method employed (LD50, etc.):**

**Describe the criteria that will be used to ensure that the animal does not experience pain or distress, and methods to monitor animals:**

**If pain or distress is anticipated, how will they be minimized? Describe methods, including dose and route of administration, if appropriate:**

**What is the endpoint of these studies (i.e. time points)?**

**IACUC Appendix F: Dietary Manipulations or Fluid Restriction**

**Describe any dietary manipulations or special feeding requirements:**

**Describe length of time animals will be on experimental diet:**

**Describe what criteria will be used to determine continued health of animals while on food regulation.**

Example: regular monitoring for body weight loss and body condition, etc. Please reference **SOP #33: Guidelines for Rodent Food and Fluid Regulation**.

**Will animals be provided less than ad lib fluids or drinking water for experimental reasons?**

[ ]  **Yes**

[ ]  **No**

**If Yes, provide details including amount/day, monitoring of animals, criteria used to determine well-being of animals, and scientific justification:**

**IACUC Appendix G: Genetically Modified Animals**

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) states that novel experimental variables in animals have the potential to create unexpected outcomes which may affect animal well-being. Genetically modified (GM) animals have the potential to create unanticipated phenotypes. UWO’s **SOP #48: Genetically Modified Animals Policy** outlines the PI’s responsibilities for informing the IACUC about potential unexpected phenotypes, reporting unexpected phenotypes, and monitoring GM animals for well-being and humane endpoints. Note: IBC approval is required for working with GM animals in addition to IACUC approval. **Submission to IBC should occur simultaneously as full IACUC approval cannot be granted until IBC review is in place.**

**What species will be genetically modified?**

**Select the method for obtaining genetically modified animals:**

[ ] Purchase of genetically modified animals

[ ] Animals modified through breeding schemes

[ ] Animals modified using CRISPR-cas9 method

[ ] Animals modified by administering recombinant viral vectors

[ ]  Other:

**Provide the type, name, or a brief description of the types of genetic modifications:**

**Is this phenotype associated with any known pain or distress to the genetically modified or transgenic animals?**

**Describe other complications or clinical signs which may occur with the phenotype of genetically modified or transgenic animals:**

**How will you monitor genetically modified or transgenic animals for complications and/or clinical signs?**

**Describe any special care/husbandry procedures that are required for the genetically modified or transgenic animals:**

**Has Institutional Biosafety Committee (IBC) approval been obtained?**

[ ] Yes

[ ] No

 **If yes, provide the IBC Protocol ID and approval date:**

**If biological containment is required by the IBC, please indicate animal biosafety level (ABSL), use of protective equipment and personal protective equipment (PPE), and security procedures:**

**IACUC Appendix H: Hazardous Agents**

(**Note:** Please consult with UW Oshkosh Hazardous Waste Officer for questions regarding carcass and bedding disposal)

**Hazardous Chemicals (Note: Requires consultation with Chemical Hygiene and Hazardous Waste Officer):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Chemical Name** | **Nature of Chemical** (carcinogen, toxin, teratogen…) | **Route of Administration** | **Dosage** | **Route of Excretion** | **Is the Carcass Hazardous?** | **Is the Bedding or Caging Hazardous?** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

**Radiation:**

**Where will the radiation be used (building and room):**

**Name of approved radioisotope permit holder:**        **Duration of permit:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Radioisotope or Radiation Source** | **Route of Administration** | **Dosage (Activity)** | **Route of Excretion** | **Is the Carcass Radioactive?** | **Is the Bedding or Caging Radioactive?** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

**Infectious Agents (Note: \*Requires IBC review in addition to IACUC review):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Agent** | **Biosafety Level** | **Route of Administration** |  | **Dosage** | **Is the Agent Infectious to Humans or Animals?** | **Route of Excretion** | **Is the Carcass Hazardous?** | **Is the Bedding or Caging Hazardous?** |
|       |       |       |  |       |       |       |       |       |
|       |       |       |  |       |       |       |       |       |
|       |       |       |  |       |       |       |       |       |

**Recombinant DNA/Synthetic Nucleic Acid Molecules/Purchase of Transgenic Animals**

**(Note: \*Requires IBC review in addition to IACUC review; Appendix G must be completed as well):**

**Describe the host/vector system:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What gene is/will be modified?**  | **Route of Administration (for purchase of transgenic animals, indicate N/A)** | **Dosage****(for purchase of transgenic animals, indicate N/A)** | **Is the Agent Infectious to Humans or Animals?** | **Route of Excretion** | **Is the Carcass Hazardous?** | **Is the Bedding or Caging Hazardous?** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

**\*Indicate status of IBC Review for Infectious Agents and Recombinant DNA work:**