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| 1. **Protocol Information** | | | | |
| SPUP IACUC Code | | | Submission Date | |
| Protocol Title | | | Study Site | |
| Name of Principal Investigator | | Sponsor/Contract Research Organization/Institution | | |
| Type of Review  Full Review | Expedited | | |  |

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| 1. **Assessment Points** | | |
|  |  | COMMENTS |
| 1. **SCIENTIFIC VALUE**   *(Does the study have scientific?)* | Yes  No  Unable to assess |  |
| 1. **SCIENTIFIC SOUNDNESS** | | |
| * 1. . **Study Objectives**   *(Is/are the proposal’s scientific question/s reasonable?)* | Yes  No  Unable to assess |  |
| * 1. . **Literature Review**   *(Does the protocol adequately present informational background as to the result of previous studies prior to human experimentation?)* | Yes  No  Unable to assess |  |
| * 1. . **Research and Sampling design**   *(Is the study design, sampling method and techniques appropriate?)* | Yes  No  Unable to assess |  |
| * 1. **. Specimen/Data Collection, Processing, Storage**   *(Are the procedures in collecting, processing, and storing data adequate?)* | Yes  No  Unable to assess |  |
| * 1. . **Facilities/Infrastructure at Study Site**   *(Are the research facilities adequate?)* | Yes  No  Unable to assess |  |
| * 1. . **Investigator’s Qualification, Competence, and Experience**   *(Is/are the investigator/s adequately trained and do they have sufficient experience?)* | Yes  No  Unable to assess |  |
| 1. **JUSTIFICATION ON THE USE OF ANIMALS** | | |
| * 1. **Animal Description**   *(?)* | Yes  No  Unable to assess |  |
| * 1. **Animal Care Procedures**   *(?)* | Yes  No  Unable to assess |  |

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| * 1. **Animal Diet**   *(?)* | Yes  No  Unable to assess |  |
| * 1. **Animal Manipulation Methods**   *(?)* | Yes  No  Unable to assess |  |
| * 1. **Dosing Methods**   *(?)* | Yes  No  Unable to assess |  |
| * 1. **Expected outcome or Effects**   *(?)* | Yes  No  Unable to assess |  |
| * 1. **Collection of Biological Agent**   *(?)* | Yes  No  Unable to assess |  |
| * 1. **Animal Examination Methods**   *(?)* | Yes  No  Unable to assess |  |
| * 1. **Surgical Procedures**   *(?)* | Yes  No  Unable to assess |  |
| * 1. **Humane Endpoints** | Yes  No  Unable to assess |  |
| * 1. **Potential Hazards** | Yes  No  Unable to assess |  |
| * 1. **Waste Disposal** | Yes  No  Unable to assess |  |

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| **Recommendation** | **Justification for the Recommendation** |
| Approved  Minor Modifications Required  Major Modifications Required  Disapproved |  |

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