**Application for Initial Review of the Protocol**

**1. RESEARCH IDENTIFICATION**

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| 1.1. | IACUC ID No. | | |\_\_\_||\_\_\_||\_\_\_||\_\_\_| - |\_\_\_||\_\_\_||\_\_\_| |
| 1.2. | Title of Research Project | |  |
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| 1.3. | Name of Principal Investigator |  | |

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| 1.4. | Date of Initial Approval (mon-day-yr)  (e.g. month is Jan, Feb, etc) | |\_\_\_||\_\_\_| |\_\_\_|-|\_\_\_||\_\_\_|-|\_\_\_||\_\_\_||\_\_\_||\_\_\_|  Mmm dd yyyy |

**Animal Care and Use Statement**

**(**Protocol Review Form)

I. PROCEDURES (S) or TITLE OF RESEARCH/STUDY:

II.OBJECTIVES:

III. DURATION OR TIMEFRAME:

Start \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and end \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of manipulation procedures on animals (excluding quarantine but including conditioning for specific procedures.

IV. RESPONSIBLE PERSON OR PRINCIPAL INVESTIGATOR:

A. NAME:

B. QUALIFICATION (degree/s or training experience):

V. BACKGROUND AND SIGNIFICANCE OF THE PROCEDURE OR RESEARCH:

(include a description of the biomedical characteristics of the animals that are essential to the proposed procedure/research and indicate evidence of experiences <related studies conducted> with the proposed animal model)

VI. DESCRIPTION OF METHODOLOGIES/EXPERIMENTAL DESIGN:

This section should establish that the proposed procedures/researches are well designed scientifically and ethically. The following should be indicated or described:

A. Species and type of animal to be used (species)

B. Source of animals

C. Reason/basis for selecting the animal species

D. Sex, age and number of animals (justify the number of animals)

E. Quarantine and/or acclimation or conditioning process

F. Animal care procedures

1. cage type

2. number of animals per cage

3. cage cleaning method

4. room temperature, humidity, ventilation and lighting

5. animal diet and feeding and watering method

6. enrichment materials/methods for the animals

G. Experimental or animal manipulation methods

1. general description of animal manipulation methods (including method of conditioning)

2. dosing method (including frequency, dose level, volume, route, method of restraint)

3. expected outcome, effects or adverse side effects of the manipulation or dosing procedures.

4. specimen or biological agent (blood, urine, etc.) collection method (including frequency, volume, route and method)

5. animal examination procedures and frequency of examinations (including restraining method)

6. use of anesthetics (including drug, dosage, frequency)

7. surgical procedures (type and purpose)

a) location of surgical procedure

b) description of supportive care and monitoring procedures during and after

surgery

c) description of measures for possible post-surgical complications/who will

supervise the application of the measures

d) name/s of surgeons and their qualifications and relevant experiences

8. If euthanasia of animals will be done, indicate/describe the method selected

9. End point of the animals used in the procedures.

H. Is there a non-animal model applicable for the procedure/study?

If so, please provide the reasons for not using it.

I. Indicate the names and qualification of all personnel who will be responsible for

conducting the procedures.

VII. DECLARATION BY THE RESPONSIBLE PERSON:

I accept responsibility for assuring that the procedures/study will be conducted in accordance with the protocol approved by an Institutional Animal Care and Use Committee (IACUC), following the rules stipulated in D.A.-A.O. No. 40

I assure that all personnel who use this protocol and work with animals have received appropriate training/instructions in procedural and handling techniques, and on animal welfare considerations.

I agree to obtain written approval from the IACUC prior to making any changes affecting my protocol. I also agree to promptly notify the IACUC in writing of any emergent problems that may arise in the course of this study/project, including the occurrence of adverse side effects and unexpected deaths.

Signature of the Responsible Person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Noted by the ACUC Chairman:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_