IACUC PROTOCOL FOR USE OF LIVE VERTEBRATES FOR RESEARCH, TEACHING OR DEMONSTRATION UNIVERSITY OF MEMPHIS

Date submitted to Attending Veterinarian	for pre-review:							
IACUC Protocol #	Date Submitted to IACU	Date Submitted to IACUC						
Dates Protocol will be in effect: (not to exceed three years including two years)	fromearly renewals)	to						
Is this protocol related to an external grant	or contract application?	Yes No No						
If yes, complete the following:								
Agency:	Date Submitted							
Grant #	-							
University account for Animal Care Facili	ty per diem charge:							
If the protocol is not related to an extern following:	nal grant or contract applica	tion, complete the						
University account for Animal Care Facili	ty per diem charge:							
Project Title: (If project relates to a grant protocols relate to one grant, give unique t class, give the course name and number):		<u> -</u>						
I. Personnel Investigator/Instructor:								
Department:								
Academic Rank:								
Campus phone:	Emergency phone:							
Attending Veterinarian:								
Phone:	Emergency phone:							

If additional personnel become involved in handling animals used in this protocol, it is the responsibility of the principal investigator to notify the Animal Care Facility in writing before they start. Has the investigator/instructor and all personnel listed above received the appropriate vaccinations (tetanus, rabies)? Yes No Not Applicable Is it necessary for personnel listed on this protocol to be tested for TB? Yes No If you have questions about the kind of vaccination or about TB, call the Animal Care Facility at 678 2359. All U of M personnel involved in this protocol must complete the animal care and use training program before animals can be procured or before experiments/teaching or demonstration. In submitting this protocol, I, as Principal Investigator/Instructor accept the responsibility for compliance with this requirement. In addition, the Principal Investigator/Instructor must be willing to provide appropriate supervision for all persons working on this protocol. In the case of a class, the Instructor must be responsible for training any students in classes involved prior to using animals. II. Project Description A. Summary (Enter a brief description below of your project, using lay terminology):	List all individuals that will handle animals using this protocol, their affiliation, and their level of expertise (e.g. relevant qualifications). If the protocol applies to a class then so specify.
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Indicate (here) briefly the short and/or long-term benefits (to humans and/or other animals) of this use of animals for research, teaching or demonstration. Provide rational for and the number of animals to be used. In addition, state briefly why living animals are required for this study, rather than some alternative model.								
<u>-</u>	cribed in B above, have the pote or distress (this does not include nor procedures)?							
pain/distress, and I have not	found such alternatives. As suc	e more than momentary or slight ch, I have used one or more of the es: (check below each method used)						
☐ Agricola Data Base	☐ Medline Data Base	☐ CAB Abstracts						
☐ TOXLINE	☐ BIOSIS	☐ Lab. Animal Sci. Journal						
☐ Lab. Animals Journal	☐ Lab Animal	☐ Animal Welfare Info Center						
☐ ATLA (Alternatives to I	Laboratory Animal Journal)	Quick Biblio. Series						
☐ Lab Animal Welfare Bib	oliography (QL55L27311988)	☐ "Benchmarks"						
☐ "Alternatives to Animal	Use in Research, Testing and Ed	ducation"						
☐ Current Contents								
☐ CARL								
☐ Direct contact with colle	eagues (if selected, you MUST	document this below)						
List search words for the lite	erature search:							
What is the length of time the	nat the literature search covers?							

III. Animal Use

A.	List all animal	species t	o be used ((example below).

Species N	umbe	r ¹ Age ²	Sex ²	Weight ²	Where Housed (Bldg./Rm#)
e.g. Hooded Wistar rats	45	2 months	male	250-350 gm	Psychology Bld./422I

¹Individuals using ectotherms need to only approximate numbers.

Is any species threatened or endangered?	Yes	No 🗌
B. Source of animals		
Commercial vendor (Source)
☐ Bred at The University of Memphis		
☐ Captured from wild. Identify method of capture:		
☐ Transferred from another study (IACUC Protocol Number)
☐ Donated (Source)
☐ Tennessee Wildlife Resources Agency		
Is the supplier a USDA approved source?	Yes	No 🗌
If not, explain why:		
☐ Animals are already in residence at U of M		
C. Will surgery be conducted on animals?	Yes	No 🗌
If yes, complete this section:		
 □ Non Recovery Surgery □ Recovery Surgery □ Multiple Survival Surgery (if the latter is checked, complete the complete survival Surgery) 	ete section F)	
Surgeon(s) (Name/Job/Title/Academic Rank) Loca	ation of Surgery (Bldg. &	k Room #)

²Individuals using fish or other ectotherms need not answer this question.

D. Will Anesthetic(s), Analgesic(s), or Tranquilizing agents be administered? Yes N								
If yes, complete this section (example below).								
Species & Sex Agent Dose Route Performed by (Name/Title/Academic Rank)								
e.g. male Hooded Wistar rats	sodium pentobarbitol	50 mg/kg	i.p.	Mr. Smith/Research Technician/B.S.				
E. Will euthanasia be	carried out?			Yes No				
If yes, complete this secti	ion (example below	v).						
Species & Sex	Agent	Dose	Route	Performed by (Name/Title/Academic Rank)				
e.g. male Hooded Wistar rats	sodium pentobarbitol	150 mg/kg i.p.		Mr. Smith/Research Technician/B.S.				
If no, describe disposition of animal(s) at conclusion of this study in box below.								
F. Will special housing, conditioning, diets or other conditions be required? Yes \(\square \) No \(\square \)								
If yes, please explain in b	oox below.							

G. Will animals be removed from the U of M campus at any time? Yes \(\scale \) No \(\scale \)
If yes, please indicate to where and for how long in box below.
H. If they are to be housed for more than 24 hours outside approved facilities at U of M, provide a scientific justification in box below.
IV. Toxic and Hazardous Substances
A. Check off any of the following below that will be used in these experiments?
☐ Infectious agents (Fill out a, b) ☐ Radioisotopes (Fill out a, b, e) ☐ Toxic chemicals or carcinogens (Fill out a, b) ☐ Recombinant DNA (Fill out a) ☐ Experimental drugs (Fill out a) ☐ Malignant cells or hybridomas (Fill out a, c) ☐ Adjuvants (Fill out a) ☐ Controlled substances (Fill out a, d, e)
For each checked off category, answer the questions indicated below:
a. Identify the substance(s) and completely describe their use, including how will be injected or given to the animal(s):
b. Describe all procedures necessary for personnel and animal safety including biohazardous waste, carcass disposal and cage decontamination:
c. If transplantable tumors or hybridoma cells are to be injected into the animals, have the tissues/cells been tested for inadvertent contamination by viruses or mycoplasma? Yes \(\square \) No \(\square \)
If yes, what was the result (indicate in box below).

d.	d. In the box below, provide a complete list of these substances, and if their use is not explicitly explained in the materials already provided, explain their use and role in the research.						
Prov	ide D	DEA license # covering the use of these substances:					
To v	vhom	(or what entity) is the license issued?					
e. I	Provid	de Radioisotope License Number:					
To v	vhom	is the license issued?					
V.		egories of Animal Experimentation Based Upon Level of Manipulation and Pain: eck off each category that is applicable to this application)					
	A.	Animals will be involved in teaching, research, experiments or tests involving no pain, distress, or use of pain-relieving drugs.					
	В.	Animals will be subject to mild stress only (e.g., food or water deprivation of less than 24 hours for use in behavioral studies such as operant conditioning; physical restraint for less than 30 minutes), and will not be subject to surgery, painful stimuli, or any of the other conditions described below. Procedures described in this protocol have the potential to inflict no more than momentary or slight pain or distress on the animal(s)that is, no pain in excess of that caused by injections or other minor procedures such as blood sampling.					
	C.	Animals will have minor procedures performed, blood sampling, etc. while anesthetized.					
	D.	Live animals will be humanely killed without any treatments, manipulations, etc. but will be used to obtain tissue, cells, sera, etc.					
	E.	Live animals will have significant manipulations, surgery, etc. performed while anesthetized. The animals will be humanely killed at experiment termination without regaining consciousness.					
	F.	Live animals will receive a painful stimulus of short duration without anesthesia (behavior experiments with flight or avoidance reactionse.g., shock/reward) resulting in a short-term traumatic response. Other examples in this category are, blood sampling, injections of adjuvants, or drugs, etc.					

	G.	Live animals will have significant manipulations performed, such as surgery, while anesthetized and allowed to recover. Such procedures cause post-anesthetic pain/discomfort resulting from the experiment protocol (e.g., chronic catheters. surgical wounds, implants) which cause a minimum of pain and/or distress. Also included are mild toxic drugs or chemicals, tumor implants (including hybridomas). tethered animals, short-termed physically restrained animals (up to 1 hour), mother/infant separations.
	Н.	Live animals will have significant manipulations or severe discomfort, etc. without benefit of anesthesia, analgesics or tranquilizers. Examples to be included in this category are: toxicity testing, radiation sickness, irritants, burns, trauma, biologic toxins, virulence challenge, prolonged: restrictions of food or water intake, cold exposure, physical restraint or drug addiction. All use of paralytic agents (curare-like drugs) must be included in this category. Describe any abnormal environmental conditions that may be imposed. Describe and justify the use of any physical restrain devices employed longer then 1 hour.
VI.	Just	ifications for Category G Studies and Deviations from Standard Techniques
		n the box below any steps to be taken to monitor potential or overt pain and/or distress course of this study and how such pain or distress will be alleviated. Be as detailed as
	_	to justify your procedure.
	_	
nece	Cert (By	
nece	Cert (By inch Anir stand prog perso I wil	to justify your procedure. tifications submitting this protocol, I am acknowledging that I comply with the certifications

Estimate the cost of maintaining	ganimals	used in	this	protocol	based	on	current	per	diem	charge
at University of Memphis.										

Please specify cost per unit of time: \$	
Specify anticipated total costs for project duration: _	\$

As supervisor of this project it is required that you inform your department chair concerning any animal per diem costs related to this project that are to be paid by the department.

By submitting this protocol, the Principal Investigator/Course Director indicates that the following have been considered:

- 1. Alternatives to use of animals.
- 2. Reduction of pain and stress in animals to the lowest level possible.
- 3. The proper needs of the animals with respect to housing and care.
- 4. The lowest number of animals used that will give the appropriate experimental results.
- 5. Use of the most primitive species that will give the appropriate experimental results.
- 6. Proper training of all personnel in the care and handling of the species used and in the procedures called for in this protocol before beginning the experiment/teaching or demonstration.
- 7. That this protocol is not an unnecessary repeat of results already in the literature or in the case of teaching/demonstrations, results that can be demonstrated using models or video material.

Principal Investigator/Course Director (Type Name)		
e-mail address		
Date		

Federal Law requires that members of the IACUC be given adequate time to read and review protocols including any changes or revisions in them.

Pre-review of protocols by the Attending Veterinarian is required before submission to the IACUC. New protocols or modifications or renewals to protocols must be submitted to the IACUC Chair by the 1st business day of the month to be considered for review during that month. Incomplete protocols will be returned to the principal investigator.

E-mail the completed protocol to the IACUC Chair, Dr. Amy de Jongh Curry, adejongh@memphis.edu