FOR IACUC COMMITTEE USE ONLY

AUP #:

Approval Date:

2600 NW College Way

Bend, OR 97703

(541) 383-7700

Expiration Date:

**ANIMAL USE PROTOCOL (AUP)**

**REVIEW OF THE USE OF LABORATORY ANIMALS IN EDUCATION**

The Animal Welfare Act (Public Law 89-544, as amended), USPHS Policy, Guide, and other applicable laws, regulations, and policies are endorsed by the COCC Institutional Animal Care and Use Committee (IACUC). The use of animals for educational use must be reviewed and approved by the IACUC. The Committee will review this information for appropriate treatment, care and use of the animals. Animals will not be used until there is an approved IAF. The IAF is available for review by the IACUC, the U.S. Department of Agriculture, and other appropriate officials.

**DATE:**

**TITLE OF PROJECT / COURSE**:

**PRINCIPAL INVESTIGATOR / INSTRUCTOR**:

Department:

Office No:

Phone:

E-mail:

Initial submission: Annual renewal: 3-year renewal: Modification:

**A. ANIMAL REQUIREMENTS**

Indicate the projected number of animal(s) to be used for this protocol:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Species | Sex | Age | #/Course | #/Year | Avg. Duration |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Source(s): *[e.g., name of vendor or breeder, private owner, or bred in-house]*

Primary housing location(s): *[List any location on campus that the animals will be housed for more than 12 hours, building and room number]*

Location(s) where procedures will be conducted:

**B. TRANSPORTATION**

*Transportation of animals must conform to all institutional guidelines/policies and federal regulations. If animals will be transported on public roads or out of state, describe methods you will use to comply with USDA regulations. If animals will be transported between facilities, describe the methods and containers that will be used. If animals will be transported within a facility, include the route and elevator(s) that will be used.*

**C. ANIMAL CARE**

Who will provide husbandry care for the animals? *List unit or person’s name*.

1. **VETERINARY CARE**

*The COCC Attending Veterinarian has the ultimate responsibility for the veterinary care of all animals used for teaching, research, and testing at Central Oregon Community College. Others may provide veterinary care, with the approval of the Attending Veterinarian and IACUC. Regardless, the COCC Attending Veterinarian must be contacted for unexpected animal health-related events*.

If a veterinarian other than the Central Oregon Community College (COCC) Attending Veterinarian will provide this care, please list the individual(s), their relevant credentials, and their contact information:

 Veterinary care during business hours:

 Veterinary care during evenings/weekends/holidays:

**E. GENERAL**

1. Describe the educational rationale and purpose for this course:

1. Why is it necessary to use animals?

1. Why was the specific species selected for this proposed course?

1. Literature search information:
2. Provide the names of the sources searched:

1. Are alternatives available?
2. Date of literature search:

1. Dates included in the search:

 Key words searched:

1. Provide a narrative description of the literature search results:
2. If the literature search has identified a non-animal alternative, justify why that alternative should not be used.
3. Give the rationale for selecting the number of animals used.

1. Have any of these animals been used in any other educational protocol?

If yes, describe:

**F. EDUCATIONAL PROCEDURES**

1. In lay terms, succinctly describe how animals will be used:
2. Is discomfort, pain, or distress associated with this procedure?

 If yes, describes procedures used to minimize discomfort, pain, or distress. List analgesics, anesthetics or tranquilizing agents, dose and route of administration.

1. Identify the USDA classification for the animals in this educational procedure:

**USDA Classifications**

**Classification C** – Animals upon which teaching, research, experiments, or tests will be conducted involving no pain, distress, or use of pain-relieving drugs.

**Examples:**

* Procedures performed correctly by trained personnel such as the administration of electrolytes/fluids, administration of oral medication, blood collection from a common peripheral vein per standard veterinary practice or catheterization of same, standard radiography, parenteral injections of non-irritating substances.
* Manual restraint that is no longer than would be required for a simple exam.

**Classification D** – Animals upon which experiments, teaching, research, surgery, or tests will be conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs will be used.

**Examples:**

* Surgical procedures conducted by trained personnel in accordance with standard veterinary practice such as biopsies, gonadectomy, exposure of blood vessels, chronic catheter implantation, and laparotomy or laparoscopy.

**Classification E** – Animals upon which teaching, experiments, research, surgery, or tests will be conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs will adversely affect the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests.

**G. ANESTHESIA, ANALGESIA, TRANQUILIZATION, OTHER AGENTS**

*For animals indicated as Classification D, specify the anesthetics, analgesics, sedatives or tranquilizers that will be used. Include the name of the agent(s), the dosage range, route(s) and schedule of administration. Describe tracking and security of controlled drugs.*

**H. RESTRAINT:**

 Describe method, frequency and duration of animal restraint:

1. **SURGICAL PROCEDURES**: If no surgical procedures are performed, skip to Section J
2. Will surgery be performed?

1. Where will the procedure be performed?
2. Has the Attending Veterinarian reviewed the procedure?
3. Description of the surgical procedure:
4. Non-Survival Surgery – describe pre-operative care and treatment:
5. Survival Surgery – describe pre- and post-operative care and treatment.

 Pre-operative:

 Post-operative:

1. Describe long-term care of the surgically altered animal including use of analgesics, dosages and route of administration.
2. Has this animal undergone any previous surgical procedures?

If yes, describe

1. Will multiple surgical procedures be done as part of this current protocol?

 If yes, will the animal survive the second surgical procedure?

 If yes, please explain.

**J. METHOD OF EUTHANASIA**

*Indicate the proposed method of euthanasia. If a chemical agent is used, specify the dosage range and route of administration. If the method of euthanasia is* ***not*** *consistent with the AVMA Guidelines for the Euthanasia of Animals, provide scientific justification as to why such method must be used.*

List the method, agent, dosage and route of administration:

Indicate the method of carcass disposal:

**K. STAFF**

Please list all staff associated with this class.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Department | Phone | E-mail |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**L. PRINCIPAL INVESTIGATOR CERTIFICATIONS**

1. I certify that this study does not unnecessarily duplicate previously reported animal studies.
2. I certify that I have completed the AALAS “Working with the IACUC” training course and the certificate of completion is on file in the IACUC office.
3. I certify that the individuals listed in Section K are authorized to conduct procedures involving animals under this proposal, have completed the AALAS “Working with the IACUC” training course, and received training in: the biology, handling, and care of this species; aseptic surgical methods and techniques (if necessary); the concept, availability, and use of methods that limit the use of animals or minimize distress; the proper use of anesthetics, analgesics, and tranquilizers (if necessary); and procedures for reporting animal welfare concerns.
4. I certify that I will obtain approval from the IACUC before initiating any significant changes in this study. Significant changes include: changes in study objectives; proposals to switch from nonsurvival to survival surgery; changes in the degree of invasiveness of a procedure or discomfort to an animal, changes in species; changes in the approximate number of animals used; changes in personnel involved in animal procedures; changes in anesthetic agent(s), the use or withholding of analgesics, and methods of euthanasia; or changes in the duration, frequency, or number of procedures performed on an animal.
5. I certify that I will notify the IACUC regarding any unexpected study results that impact the animals. Any unanticipated pain or distress, morbidity or mortality will be reported to the attending veterinarian and the IACUC.
6. I certify that I am familiar with and will comply with all pertinent institutional, state, and federal rules and policies.

**Principal Investigator:**

Name: Signature: Date:

**M. FINAL APPROVAL**

Certification of review and approval by the Institutional Animal Care and Use Committee:

Name: Signature: Date:

List any attachments here: