

INSTRUCTIONS FOR SUBMITTING AN ANIMAL CARE AND USE PROTOCOL

1. When does the Animal Care and Use Protocol need to be reviewed by the Institutional Animal Care and Use Committee (IACUC)?

_____ At the next scheduled IACUC meeting because:

_____ Funds are currently available for this project, but there is no associated grant, and no congruency check is required.

_____ Funds are currently available or have been approved for this project, and a copy of the grant is attached for congruency check.

_____ The corresponding grant has been approved for funding and a copy of the grant is attached for congruency check.

_____ The funding agency requires preapproval of an Animal Care and Use Protocol. (A copy of the grant is attached for congruency check.)

_____ When the corresponding grant application is funded (PI will notify IACUC and provide a copy of the grant).

PIs should review the LSU IACUC existing policies for guidelines on specific Issues. The policies can be accessed on the DLAM website www.vetmed.lsu.edu/dlam.

Note to all PIs: The Animal Care and Use Protocol and the grant must be evaluated by an IACUC representative for congruency before the Animal Care and Use Protocol can be approved. It is the PI's responsibility to ensure that the IACUC has a copy of the grant when it is funded. Contact Ms. Best-Desjardins for a schedule of dates for protocol submission.

2. The following items must be completed on the IACUC form before the IACUC coordinator, Ms. Dawn Best-Desjardins, can accept it. If you have a question concerning anything on this checklist or the IACUC form, please feel free to contact me at 578-9652 or via email at jmillel@lsu.edu.

Ms. Best is not responsible for obtaining the information to make your protocol complete. The IACUC has charged her not to accept any protocols that do not comply with the checklist below.

Thank you.

James E. Miller, DVM, MPVM, PhD, Chair
Institutional Animal Care and Use Committee

CHECKLIST:

- _____ A. Submit 12 copies plus the original. Form must be typed.
- _____ B. **SECTION 3:** Signature of animal housing representative on the original form.
DLAM: Rick Ramsey, Cecelia (CK) Koon, John London, or Dr. David Baker
AgCenter: Joe Navarre, Rebecca Lirette, Randy Wright, Mike Canal, or Joel Walker
Research Herd: Michael Keowen
- _____ C. **SECTION 5:** Signature of PI, CoPI, and Surgeon (as applicable) on the original form.
- _____ D. **SECTION 6:** Hazardous Material Information section filled out properly. Include approval from IBRDS if using biological or recombinant DNA and signed Posting Form for Animal Room. If using hazardous chemicals, include approval from Chemical Safety Committee.
- _____ E. **SECTION 9:** Type of project must be checked. Complete narrative statement based on type of project.
- _____ F. **SECTIONS 7 and 9:** Answer all questions. DO NOT attach inserts from your grant application. This protocol form serves as a "stand alone" document.

PROTOCOL NUMBER: _____

APPROVAL DATE: _____

LSU PROTOCOL FOR ANIMAL CARE AND USE

SECTION 1: Principal Investigator

Name:	Department:
Office Phone: Home Phone:	E-mail Address:

SECTION 2:

A. Project Title (Enter the name of your project/course number below.)

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B. Anticipated Project Start Date

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SECTION 3:

A. Animal Species

Species (common name):	Strain:
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Number of animals needed: Year 1: _____ Year 2: _____ Year 3: _____ TOTAL:	Maximum number needed at one time:	Number of animals to be placed in each group:
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Yes:	No:	Are you using wild, invasive, or non-native species for which permits are necessary? (ATTACH COPY OF PERMIT) Note: a copy of the permit(s) must be received before animal work begins.
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B. Source of Animals

	Order through DLAM
	Other (list source):
	Transfer from Approved Protocol (list protocol number):

C. Location of Animal Housing

	DLAM Vivarium
	Life Sciences Vivarium
	SVM Barns (list site):
	SVM Fish Building
	Research Herd
	LAES (list site):
	Other (list site):
	Field Study (Do not complete D and E)

Animal housing and veterinary care have been coordinated with DLAM office or LSU Agricultural Center Unit.

Yes: _____
 No: _____

Name of Animal Housing Representative Contacted (typed): _____

Signature (required): _____

Mr. Michael Keowen's signature is also required below if you plan to use animals from the EHSP Herd:

D. Special Husbandry Requirements

Do your animals have special needs to be address by DLAM?

	Housing under the direct care of DLAM is not required. (e.g. SVM fish building)
	NO. Animals will be cared for according to standard operating procedures of DLAM.
	YES (complete table below)

TEMPERATURE RANGE	(F)	Humidity:	(%)
LIGHT CYCLE	Hours light:	Hours dark:	
CAGING	Type:	Size:	ABSL2: ABSL3:
BEDDING/LITTER	Type:	Autoclaved:	Changes/week:
WATER	Sterile:	De-ionized:	Acidified: Tap: Other:
DIET	List Special Feeding Requirements:		
OTHER SPECIAL NEEDS	List:		

E. Animal Management

Individual (or groups of) animals are identified by:

	Tag
	Tattoo
	Cage, Tank, or Stall Card
	Other. List type of identification:

Check all applicable below:

CARE OF SICK ANIMALS		DISPOSAL OF DEAD ANIMALS		PEST CONTROL	
<input type="checkbox"/>	Call Investigator	<input type="checkbox"/>	Call Investigator	<input type="checkbox"/>	Call Investigator
<input type="checkbox"/>	Clinician to Treat	<input type="checkbox"/>	Necropsy	<input type="checkbox"/>	Pesticides OK
<input type="checkbox"/>	Euthanasia	<input type="checkbox"/>	Disposal. List any special requirements:	<input type="checkbox"/>	No Pesticides

F. Disposition of Animals

What will be done with any animals at the conclusion of the project? Mark all that apply.

<input type="checkbox"/>	Animals will be euthanized.
<input type="checkbox"/>	DLAM/LAES has permission to REASSIGN animals to another IACUC-approved protocol.
<input type="checkbox"/>	TRANSFER animals to the following IACUC-approved protocol(s). List Protocol Number(s):
<input type="checkbox"/>	Catch and release (applies to field studies).
<input type="checkbox"/>	Return to owner/supplier.
<input type="checkbox"/>	Other (please state):

SECTION 4: Layman’s Summary of Research/Teaching

Provide a brief (100 word maximum), non-scientific (i.e., no jargon) explanation of the purpose, materials, and methods in the block below for the benefit of reviewers and animal handlers who need to understand the research project.

SECTION 5: Investigator’s Statement. Assurances for the Humane Care and Use of Vertebrate Animals.

By signing this form, we agree to abide by the Policy for the Care and Use of Animals of Louisiana State University. This project will be in accordance with the NIH “Guide for the Care and Use of Laboratory Animals” (except as explained in the accompanying protocol), and the Louisiana State University Animal Welfare Assurance on file with the U.S. Public Health Service.

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We further assure the Committee that: 1) We will abide by all federal, state, and local laws and regulations governing the use of animals in teaching and research; 2) the investigators and technicians are adequately trained to perform the research techniques required in these studies; and 3) the fewest number of animals required to produce valid results are being used in this study. (Add additional rows as needed)

Principal Investigator Signature:	Principal Investigator Name (Typed):	Title/Rank:	Date:
Co-Investigator Signature:	Co-Investigator Name (Typed):	Title/Rank:	Date:
Surgeon Signature:	Surgeon Name (Typed):	Title/Rank:	Date:

SECTION 6: Hazardous Materials

Will zoonotic or recombinant, radioactive, or hazardous chemical agents be **PRESENT IN THE ANIMAL ROOM?**

If zoonotic (infectious to humans) or recombinant organisms are to be used, this protocol request must be submitted to the IBRDS Committee for approval **PRIOR TO CONSIDERATION** by the IACUC. Final approval will not be granted until IBRDS approval is received by the IACUC. Similarly, if hazardous chemicals are to be used in the animal room, submit the proposal to the Chemical Safety Committee for prior approval. **P.I. MUST PROVIDE** health and safety measures for animal technicians and facility maintenance personnel. In Standard Operating Procedure (SOP) form, describe any precautions, procedures, or personal protection required in handling animals or waste containing listed agents or compounds, or in working in or around the animal room (including air handling system), and **attach a copy of your SOP(s) to this protocol proposal.**

Will Zoonotic Agents be used? YES NO

List agents: _____

Has request for use of agents been submitted to the Institutional Biological Recombinant DNA Safety (IBRDS) Committee? YES NO

If not, please contact either Dr. Greg Hayes, Biological Safety Manager, at (225) 578-4658 / ghayes@lsu.edu in the Office of Occupational and Environmental Safety; or Dr. Gregg Pettis, Chair of the IBRDS, at (225) 578-2798 / gpettis@lsu.edu in the Department of Biological Sciences.

Also note that a Door Posting Form for the Animal Room is required when using zoonotic agents. Please submit this form to the IBRDS along with your request for use of agents. This form must be signed by either Dr. Hayes or Dr. Pettis. (Blank form is attached at end of protocol. It can also be obtained from Dr. Hayes.)

Will Recombinant DNA and/or Virus Vectors be used? YES NO

List: _____

Has request for use been submitted to the IBRDS Committee? YES NO

If not, please contact either Dr. Greg Hayes, Biological Safety Manager at (225) 578-4658 / ghayes@lsu.edu in the Office of Occupational and Environmental Safety; or Dr. Gregg Pettis, Chair of the IBRDS, at (225) 578-2798 / gpettis@lus.edu in the Department of Biological Sciences.

Will radioisotopes be used? YES NO

List isotope(s): _____

Are you certified by the Radiation Safety Committee? YES NO

Will hazardous chemicals be used? YES NO

List compound(s): _____

Please note that approval from the Mr. Jerry Steward, Chemical Safety Manager, is required when using hazardous chemicals in the animal facilities. You can contact him at (225) 578-5640 / jsteward@lsu.edu regarding a list of hazardous chemicals, and approval of these chemicals.

SECTION 7: Type of Project and Narrative Statement

	TYPE A – Animals being bred, conditioned, or held for use in teaching or research but not yet used for such purposes. (e.g. a breeding colony of mice which will transfer individuals to experimental protocols.)
	TYPE B - Pain or distress will not be induced; animals will only be used for injections, collections, or procedures causing nothing more than minor discomfort; or will be humanely euthanized prior to the procedures that induce pain or distress.
	TYPE C - Pain or distress will be relieved by appropriate therapy, e.g. sedatives, analgesics, anesthetics, or euthanasia.
	TYPE D - Drug intervention for pain or distress would interfere with the protocol. (If this block is checked, specific justification MUST be provided here.)

Federal regulations mandate that you provide **written, narrative statements** for all projects.

1. You must state that “the proposed activities do not unnecessarily duplicate previous experiments”. In this statement, include sources used to make such a determination (e.g., Databases, workshops, expertise in the field, etc.) If an electronic database was used, include database, years and words searched, and date of search.

Database used: _____
 Years searched: _____
 Words searched: _____
 Date of search: _____

Note: Address the following items only if you indicated project **Type C or D**.

2. You must indicate that you have considered alternatives to procedures producing more than momentary or slight pain or distress. Describe any alternatives available and why they are not appropriate.

3. Describe the methods you used to determine that alternatives to such procedures were not available (Databases, years and words searched, date of search etc.). Put your statements in the block below.

Database used: _____
 Years Searched: _____
 Words Searched: _____
 Date of Search: _____

SECTION 8: Animal Treatment Checklist

Check "Yes" or "No" to each of the following questions. Provide an explanation in Section 9 for any "yes" answers.

Q#	YES	NO		
1			Will animals be restrained? (<i>Restraint refers to immobilization or other restrictions to normal movement beyond momentary holding for injections, etc.</i>)	Not applicable
2			Will animals be fasted?	Not applicable
3			Are any ANESTHETICS, ANALGESICS, or TRANQUILIZERS to be used? Include drug, dose, route and frequency, and how animals will be monitored in Section 9.	Who will administer? _____
4			Are neuromuscular blocking agents to be used? Include drug, dose, route and frequency, and how animals will be monitored in Section 9.	Who will administer? _____

5		<p>Will surgical procedures be employed? Check all that apply! Are they:</p> <p>Survival _____ Multiple-Major Survival _____ Multiple-Minor Survival _____</p> <p>*Major survival surgery= Any procedure which penetrates and exposes a body cavity or alters function. Terminal _____</p> <p>In addition to describing surgical procedures in Sec. 9, you must indicate the time frame between multiple procedures.</p> <p>Note: <i>Survival mammalian surgeries must be conducted aseptically, and major surgical procedures performed on non-rodent species must be conducted in a dedicated surgical facility.</i></p>	<p>Who will perform surgery? _____</p> <p><u>If survival:</u></p> <p>1) Who will be responsible for recovery of the animals? _____</p> <p>2) Who will maintain post-operative records? _____</p> <p>3) Where will records be maintained? _____</p> <p>4) Who will provide post-operative analgesics? _____</p>
6		<p>Do you anticipate any adverse effects of the experimental procedures on the animals (e.g., pain, discomfort, reduced growth, fever, anemia, etc)?</p>	<p>Not applicable.</p>
7		<p>Is death an endpoint in your experimental procedure?</p> <p>Note: <i>Death as an endpoint refers to acute toxicity testing, assessment of virulence of pathogens, neutralization tests for toxins, and other studies in which animals are not euthanized, but die as a direct result of the experimental manipulation.</i></p>	<p>Not applicable.</p>
8		<p>Are there emergency treatments by the DLAM veterinary staff that would not be allowed?</p>	<p>Not applicable.</p>
9		<p>Will animals be euthanized during or at the close of the study?</p>	<p>Who will perform euthanasia? _____</p>
10		<p>Will animals be used for antibody production?</p>	<p>Not applicable.</p>
11		<p>Will Complete Freund's Adjuvant be used? Must be scientifically justified in Section 9.</p>	<p>Not applicable.</p>
12		<p>Will other adjuvants be used?</p>	<p>If yes, please specify here: _____</p>

13		<p>Will blood be collected?</p> <p>Note: <i>Blood equal to 1.5% of the animal's body weight per 2 weeks represents the upper approvable limit, unless scientific justification is provided.</i></p>	<p>How often? _____</p> <p>Volume? _____</p> <p>Who will collect blood? _____</p>
14		<p>Will live animals be taken from approved housing facilities for procedures followed by their return later that day?</p> <p>Note: <i>Animals may not be housed outside of the Vivarium (e.g. in a laboratory) overnight.</i></p>	<p>If yes, please specify to which building and room/rooms the animals will be taken:</p> <p>Note: <i>This room(s) must be approved for use before the animals can be brought there. Contact IACUC coordinator for list of approved rooms.</i></p>
15		<p>Will live animals be brought onto campus for demonstration, teaching, euthanasia, etc. for which no housing is required?</p>	<p>If yes, please specify to which building and room/rooms the animals will be taken:</p> <p>Note: <i>This room(s) must be approved for use before the animals can be brought there. Contact IACUC coordinator for list of approved rooms.</i></p>

SECTION 9: Summary of Procedures

Your response in this section should provide the reader with a complete description of how every animal to be used in this project is to be treated during every phase of the study. Your target audience is a faculty member from a scientific discipline unrelated to yours. Do not use jargon. **Please answer each statement in its own expanding box.**

1 a: What is the rationale for using animals?

1 b: Why should this study be done?

1 c: What hypothesis will be tested?

2. Explain how and/or why the particular animal species was selected?

3. Explain how you arrived at the number of animals to be used (e.g., power analysis in comparison studies, permitted animal limits in field studies, etc).

4. Provide a complete description of the proposed use of the animals. Describe the experimental design of the study. Include a list of any physical, chemical or biological agents (name, dose, volume, route, frequency) that may be administered. If animals are being transported between facilities, describe

conditions of transport. If multiple surgical procedures are planned you must include the time frame between those procedures. If food or fluid restriction and/or restraint are used you must include the duration of each. Use tables and outlines to indicate group assignments and study progression.

5 a: Describe expected adverse effects.

5 b: What is the likelihood of these effects (high, low, unknown)?

6. Describe procedures designed to assure that discomfort and injury to animals will be limited to that which is unavoidable in the conduct of scientifically valuable research. For anesthesia and survival surgeries, include a description of post-procedural care and monitoring. Indicate how analgesic, anesthetic, and tranquilizing agents will be used where appropriate, to minimize discomfort and pain to the animals. Include any conditions where veterinary treatment would not be allowed. Specify which treatments would not be allowed, and include a scientific justification. It is advisable that you obtain input from LSU's Attending Veterinarian (Dr. David Baker) or from another veterinarian familiar with the species to be used.

7. Describe any euthanasia method to be used. Even if euthanasia is not planned please provide a "What If" scenario in the event of unforeseen circumstances. Justify any deviation from AVMA Guidelines on Euthanasia, 2007. Text, viewable at <http://avma.org/resources/euthanasia.pdf>.

SECTION 10: Investigator Training

In accordance with IACUC policy, all personnel conducting animal-based research must attend a Rules and Regulations Course and verify their training, experience and skills in the care and use of the animals and techniques they are responsible for.

List all persons involved in animal care and use for this study below. Add additional lines as needed.

Name	Rules & Regulations Training Course Attended? (Indicate Yes or No)	Date Attended	Species Wet Lab Taken? (Indicate Yes or No)	Date Attended or Exempted	Training or Experience? (Indicate Yes or No)

***Exemption from wet lab training for specific procedures needed for the protocol may be obtained by written request to the IACUC. Training wet labs will be scheduled on an ‘as needed’ basis. Please contact Ms. Dawn Best-Desjardins at 578-9643 or dbest@vetmed.lsu.edu to sign up for these courses.**

****The person named has training/experience in assigned procedures for this protocol.**

Who will train individuals for participation in protocol procedures? Answer in the block below.

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Personnel participating in the project must complete the rules and regulations class once every three years. Those who have not attended the Rules and Regulations Course or the applicable Species Wet Lab, will have **six (6) months** from the approval date of the project to complete them.

Rules and Regulations Courses will be held on the first Tuesday of every month from 11:00 a.m. until Noon. Training wet labs will be scheduled on an ‘**as needed**’ basis. Contact Ms. Best-Desjardins at 578-9643 or dbest@vetmed.lsu.edu to sign up for these courses.

SECTION 11: Occupational Health and Safety

It is the responsibility of the principal investigator to conduct a hazard analysis and risk assessment to determine if personnel involved in the proposed study should participate in the Occupational Health and Safety Program administered through DLAM and the Student Health Center. Currently, there is no direct cost for participation in the program. **All persons listed in Section 10 must read the following and indicate level of participation with their signature. Add additional rows in the table as needed.**

The Division of Laboratory Animal Medicine operates an Occupation Heath Program (OHP). Participation is voluntary, and is open to all personnel with direct or indirect contact with animals used in teaching and research, their bodily products, or materials to which they may be exposed, as described in this protocol. Eligible persons include facility services personnel, animal caretakers, principal investigators, technical staff, graduate and other student workers, and post-doctoral and visiting scientists. All medical information is kept confidential, and is retained by the Student Health Center. You have the right to refuse any and all procedures recommended.

To determine the extent of your participation in the OHP, discuss with the principal investigator named on this protocol, and/or your health professional, any potential physical, chemical, or infectious hazards to which you may be exposed while working on the project. Whether or not you participate, questions related to health risks should be directed to Dr. Tim Honigman, Campus Physician, at the Student Health Center.

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If you are at increased risk of illness or injury due to drug-related immune suppression, HIV infection, pregnancy, concurrent illness, musculoskeletal problems, etc., you are advised to discuss your risks with Dr. Honigman, your physician, or another health professional.

To participate in the OHP, contact Ms. Dawn Best-Desjardins at 578-9643 or dbest@vetmed.lsu.edu for information.

Printed Name:	Signature:	<input type="checkbox"/> I choose to participate <input type="checkbox"/> I choose NOT to participate
Printed Name:	Signature:	<input type="checkbox"/> I choose to participate <input type="checkbox"/> I choose NOT to participate
Printed Name:	Signature:	<input type="checkbox"/> I choose to participate <input type="checkbox"/> I choose NOT to participate
Printed Name:	Signature:	<input type="checkbox"/> I choose to participate <input type="checkbox"/> I choose NOT to participate

DOOR POSTING FORM

BIOSAFETY PRECAUTIONS IN ANIMAL ROOMS

Agent(s):	Animal Biosafety Level:	Biohazard Sticker
Animal Care Protocol No.:	Building/Room:	
Biosafety use Authorization No.:		
Project Title:		
Principal Investigator:	Department:	
1. This agent is a: ___ Bacteria ___ Fungus ___ Parasite ___ Virus ___ Prion		
2. This agent is infectious for: ___ Humans only ___ Animals only ___ Humans & Animals Animal Species:		
3. The agent can be spread in: ___ Blood ___ Feces/Urine ___ Saliva/nasal droplets ___ Does not leave animal ___ Placental fluid		
4. You can become infected by this agent in the following ways(s): ___ Ingestion (contaminated hands, clothes, soiled bedding) ___ Inhalation ___ Mucus membranes (via <u>splashes or hands</u> to eyes/nose/mouth) ___ Contact - breaks in skin ___ Tick or insect bite		
5. If you are exposed to this agent, you may develop the following clinical signs: (NOTE: clinical signs may differ according to route and dose of exposure, and overall health of the individual.)		
6. The following apply to the management/husbandry of these animals: ___ Researcher or his/her staff is responsible for the feeding and care of these animals. ___ All cages must be autoclaved or chemically disinfected before cleaning. (ABSL 2 standard) ___ All cages must be autoclaved before cleaning. (ABSL 3 standard) ___ Class II Biosafety Cabinet (BSC) is available in the room listed above. ___ All animal manipulation <u>must</u> be done within the BSC unless a NIOSH Certified dust mask or HEPA filtered respirator is worn. Animals will be housed in the following type of caging/racks: ___ Micro-isolator boxes within individually ventilated cage racks ___ Micro-isolator boxes within laminar flow unit or other containment device ___ Micro-isolator boxes on standard racks ___ Standard shoe box or other open caging Animal carcasses must be labeled and disposed of as follows: ___ No special handling needed ___ Bag and Incinerate ___ Biohazardous waste container Soiled bedding or other waste must be disposed of as follows: ___ No special handling needed ___ Bag and Incinerate ___ Bag and autoclave followed by incineration The following personal protective equipment <u>must</u> be used in the room regardless of animal housing or use of BSC: ___ Lab coat/Coveralls ___ Shoe covers/booties ___ Disposable gloves ___ Reusable gloves ___ Disinfectant footbath ___ NIOSH Certified Dust Mask or HEPA filtered respirator (fitted face or PAPR)		
7. Other information or procedures:		

Signatures: **Obtain signatures in the specific order indicated below!!!**

Date:

- 1. Principal Investigator _____
- 2. DLAM Representative _____
- 3. Biosafety Officer _____
- 4. IACUC Chair _____
