

ACUC USE ONLY
PROTOCOL# _____
CLASSIFICATION _____

**UNIVERSITY OF TENNESSEE, MEMPHIS
ANIMAL CARE AND USE COMMITTEE (ACUC)
ANIMAL STUDY PROTOCOL FORM**

1. Protocol Title:

2. Check protocol type: A) New B) 3 Yr.Renewal Protocol#:

3. Pain or distress category: (See Handbook)

4. Protocol Director: Phone #:

Department: Acad.Rank: Soc.Sec.#:

Campus Address:

Investigator Assurance:

The information provided in this protocol form accurately reflects the intended use of animals in this research activity. Significant changes in procedures will not be undertaken without prior notification and approval of the Animal Care and Use Committee.

All persons involved in the use of animals for this protocol have been informed of the experimental objectives and methods. Each will receive training in the execution of animal-related procedures he/she will perform prior to participation in the protocol, and will participate in any educational or training programs deemed appropriate or necessary by the ACUC. (A description of required training and self instruction is in the UT Lab Animal Care and Use Handbook.)

I agree to follow the provisions of the Animal Welfare Act and the guidelines of the NIH on the care and use of laboratory animals.

To the best of my knowledge, the proposed study does not unnecessarily duplicate previous experimentation and suitable non-animal models are not available. I have carefully considered the design of this project and/or have consulted a statistician and have determined that the number of animals proposed for use is reasonable and consistent with good statistical design.

I agree to use anesthesia, analgesia, and tranquilization to relieve pain or distress whenever use of these agents will not jeopardize the scientific validity of the data.

I have taken appropriate steps to avoid exposure of persons working with these animals to any biohazardous agents used in the study.

Protocol Director: _____ Date: _____
(Signature)

5. Other personnel working with animals on this project:

Name: Title: Phone #:

Campus Address: Department:

Role in project:

Name: Title: Phone #:

Campus Address: Department:

Role in project:

Name: Title: Phone #:

Campus Address: Department:

Role in project:

Name: Title: Phone #:

Campus Address: Department:

Role in project:

Name: Title: Phone #:

Campus Address: Department:

Role in project:

Name: Title: Phone #:

Campus Address: Department:

Role in project:

6. List personnel to call for problems with animals:

Name	Title	Work Phone	Emerg.No.	Pager No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Laboratory(ies) where animal procedures will be performed.

Building(s):

Room Number(s):

8. List any other institutions that will participate in this protocol: N/A

Overview and Rationale of Study:

It is generally not the responsibility or intent of the ACUC to review protocols for scientific merit. The following information is required to assist the committee in evaluating the appropriateness of the animal model and procedures to be used. PLEASE BE BRIEF, AVOID JARGON AND DEFINE ABBREVIATIONS.

9. State the objectives of this protocol and relevance with regard to advancing biological science, human health or animal health. Include rationale for involving animals and for the appropriateness of the species and numbers of animals to be used.

10. Briefly describe how animals are to be used in this protocol, noting the general experimental design and animal procedures conducted. Note: Information regarding the details of specific animal procedures, such as injection sites and anesthetics to be used, are requested later and are not required here.

11. Alternative Methods: Does an alternative method exist that could reduce or avoid pain and distress to the animals? Yes No

If "Yes", explain the reason for not using the alternative. If "No", provide a narrative description of the logic and sources used to determine that non-animal or less stressful alternatives are not available:

12. Animal Model(s):

Common Name	Strain, Stock or Breed	Source	Age or Size	Sex	No./ Year	# Days Housed	Daily Census Avg.	High
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If dogs or cats are to be used, indicate if they are to be:

Purpose bred (for research) Conditioned Non-conditioned

13. Husbandry Requirements: If anything other than routine care and equipment is required, please check below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Solid bottom cages | <input type="checkbox"/> Wire bottom cages | <input type="checkbox"/> Laminar flow room |
| <input type="checkbox"/> Individual housing | <input type="checkbox"/> Special diet | <input type="checkbox"/> Autoclaved feed, bedding, cages |
| <input type="checkbox"/> Treated water | <input type="checkbox"/> Unique light | <input type="checkbox"/> Biocontainment* |
| <input type="checkbox"/> Filter tops | <input type="checkbox"/> Metabolism cages | <input type="checkbox"/> Closed Barrier* |

*Strict entrance/exit requirements - contact DCM veterinarian

Clarify item(s) checked above if necessary and/or list other requirements.

14. Will animals be physically restrained longer than 1 hour in a conscious state?

Yes No If "Yes", please list below:

Species	Purpose	Type of restraint	Frequency	Duration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Justify the duration of restraint:

How will animals be monitored?

15. (Primates) Type of control for cage transfer: chemical physical N/A

Specify Method:

16. Have any of these animals been previously used in an experimental procedure or another protocol? Yes No If "Yes", list species & explain below:

17. Is it likely that pain or discomfort will be experienced by animals in this protocol? Yes No If "Yes", please describe below:

If "Yes", list method of pain relief below:

Species	Drug	Route	Dose	Frequency	*Euthanasia criteria
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*For severe or chronic pain or distress that cannot be relieved.

Provide justification if pain relief cannot be provided.

18. Injections: Other than for immunizations, tumor passage, or surgery. N/A

Fill in table completely.

Species	Substance Injected	Route	Dose	Frequency	Volume	Injection Site
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Specify if anesthetics or analgesics will be used for the injections above.

<input style="width: 95%;" type="text"/>	Dose	<input style="width: 95%;" type="text"/>
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19. For biological fluid collection (Blood/Lymph/Bile/CSF/Urine,etc.), list:

Survival procedure: Yes No

Species	Fluid	Volume	Frequency	Collection Site	Anesthetic	Dose
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

20. Describe the method of animal euthanasia at the project conclusion.

Species	Euthanasia Method	Dose & Route (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

21. Disposition of animals that die while on study:

Freeze Refrigerate Do not save Other (define)

22. Check list: If the response to any of the following questions is "Yes", the applicable section(s) must be completed. If the response is "No", the subsequent sections concerning that topic should be ignored.

- Immunization Yes No Will animals be immunized for experimental purposes? If "Yes", complete section 24.
- Tumor induction/passage Yes No Will animals be inoculated with tumor cells? If "Yes", complete sections 25 & 26.
- Noxious Agents Yes No Will animals be challenged with noxious or potentially noxious agents such as toxic chemicals or biological agents? If "Yes", complete section 27.
- Hazards Yes No Will hazardous agents such as toxic chemicals, carcinogens, radioisotopes, or infectious agents be administered to animals that are expected to survive following exposure? If "Yes", complete section 28.
- Surgery Yes No Will survival or non-survival surgical procedures be performed? If "Yes", complete sections 29-37.
- Drugs Yes No Will legend (prescription) drugs and/or controlled substances be administered to animals? If "Yes", complete section 38.
- Other Procedures Yes No Will other procedures be done? If "Yes", complete section 23.

23. Describe any other procedures not addressed previously (behavioral training, food/water deprivation, etc.). Attach additional pages if necessary.

28. For biohazards (radioisotopes/infectious agents/carcinogens/toxic chemicals) list:

Species	Agents	Route	Dose	Animal location
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A. Indicate degree of health risk to humans: Low Moderate High

B. Length of time animals/caging are considered hazardous:

C. List methods for containment of biohazards & protection of personnel:

D. List decontamination procedures & means of disposal of contaminated animals/waste:

29. Will surgery be performed? Yes No

30. Location of surgical facility: Building(s) Rm.#(s)

31. Briefly describe the surgical procedure(s): Species: Age:

Attach additional pages if necessary.

What is the anticipated duration of surgery and/or anesthesia?

Length of survival following anesthetic recovery (If no recovery, so state):

The following items will be used:

Endotracheal tube	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hair removal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sterile gown	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asstd. ventilation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sterile drape	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mask & cap	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heat supplement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sterile pack	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I.V. fluids	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Skin disinfection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sterile gloves	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

32. Describe anesthetic method, as follows:

Species	Anesthetic	Route	Dose	Monitoring method
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

33. Will you be using neuromuscular blocking agents? Yes No

If "Yes", list the following and provide justification:

Species	NM agent	Dose	Method(s) to assure maintenance of anesthesia
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

34. Will more than one survival procedure be performed on the same animal?

Yes No If "Yes", describe and give justification:

35. Will postoperative analgesics be used? Yes No

If "Yes", complete table. If "No", justify below.

Species	Analgesic	Route	Dose	Frequency	Method of monitoring for adequate analgesia
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

36. Describe potential postoperative complications and specify all post-surgical monitoring & care procedures, including any measures in addition to analgesics designed to alleviate postoperative pain or discomfort.

37. Identify personnel in item #5 who will provide postoperative care.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Protocol Number

Addendum 1

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Protocol Number

Addendum 2

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