

**EAST STROUDSBURG UNIVERSITY  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

**FORM 1: APPLICATION TO USE LIVE VERTEBRATE ANIMALS**

*Please complete using Microsoft Word and e-mail as an attachment to: [IACUC@esu.edu](mailto:IACUC@esu.edu). If you type your name on the signature page and send the form from your ESU e-mail account, it will be considered a signed form.*

The East Stroudsburg University Institutional Animal Care and Use Committee (IACUC) must review and approve all activities involving the use of vertebrate animals prior to the initiation of these activities. This includes animals used for instructional purposes as well as for individual and collaborative research. Approved protocols for ongoing and recurrent activities must be reviewed by the IACUC on an annual basis. However, extensions and amendments requiring an abbreviated application process may be granted for up to three consecutive years. Compliance with animal welfare regulations is mandatory and is the responsibility of all individuals who choose to work with live vertebrate animals. Applicants are expected to be familiar with the requirements of the [Animal Welfare Act](#), 7 U.S.C. § 2131 et seq., and to comply with any applicable regulations (e.g., obtain Scientific Collecting Permits from the Pennsylvania Game Commission or Pennsylvania Fish & Boat Commission).

Members of the East Stroudsburg University community who wish to work with vertebrate animals must have an approved protocol prior to commencing animal use. Complete the following pages using Microsoft Word and send the application to the IACUC chair ([IACUC@esu.edu](mailto:IACUC@esu.edu)) as an attachment to an e-mail message. Please contact the IACUC chair at [IACUC@esu.edu](mailto:IACUC@esu.edu) with questions concerning protocol preparation and submission.

<b>Date Submitted:</b>	
<b>Principal Investigator:</b>	
<b>Department:</b>	
<b>E-mail:</b>	
<b>Telephone:</b>	
<b>Project Title:</b>	
<b>Proposed Starting Date:</b>	
<b>Source of Funding:</b>	
<b>Purpose of Animal Use:</b>	
<b>Summary of Protocol:</b> (100 word maximum)	

<b>FOR IACUC USE ONLY</b>	<b>IACUC Protocol #</b>
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**PROTOCOL FOR THE HUMANE CARE AND USE OF LIVE VERTEBRATE ANIMALS**

**1. Names and qualifications of all personnel who will be working with live vertebrate animals. If this is collaborative research with individuals at another institution, include name of collaborating principal investigator.**

The Principal Investigator is responsible for ensuring that all personnel complete the necessary IACUC training.

<u>Name</u>	<u>Position</u>	<u>Qualifications</u>

**2. Animals to be used.**

For field studies, please list all target species, species listed as protected, threatened, or endangered by the USFWS or the state in which the work will be conducted, and any non-target species that are likely to be impacted.

<u>Scientific Name</u>	<u>Common Name</u>	<u>Expected Number</u>

**3. Source of animals.**

For transportation, storage, and use of tissues from carcasses, explain the circumstances of death. If this information is unknown, provide the name and contact information for the person or company from which the samples are to be obtained.

<u>Scientific Name</u>	<u>Source</u>

**4. Housing for animals.**

Include all facilities that will house animals for more than 12 hours. If no animals will be housed in captivity, state this clearly. The Principal Investigator is responsible for making arrangements with Animal Care personnel about the need for housing and for contributing to the cost of food, bedding, and other supplies.

<u>Scientific Name</u>	<u>Anticipated Housing</u>	<u>Expected Number</u>

**5. Goals of proposed research or instruction.**

Provide a short and non-technical description of the scientific or educational objectives of the proposed use of animals.

## **6. Detailed description of all procedures to be performed.**

Your description should include the handling and restraint of non-anesthetized animals; deprivation of food or water for a period that is atypical for this species; use of chemical or biological agents; the drawing of blood; the use of anesthetics, analgesics, sedatives, or tranquilizers; surgical procedures; exposure to radioactive materials, known carcinogens or highly toxic substances; and post-operative procedures. Write N/A if this protocol covers only the transportation, use, or storage of carcasses or tissues.

**7. Assessment of pain and/or distress experienced by animals.**

Your description should include the handling and restraint of non-anesthetized animals; deprivation of food or water for a period that is atypical for this species; use of chemical or biological agents; the drawing of blood; the use of anesthetics, analgesics, sedatives or tranquilizers; surgical procedures; exposure to radioactive materials, known carcinogens, or highly toxic substances; and any post-operative procedures. Use current USDA pain levels listed in the ESU IACUC handbook. Write N/A if this protocol covers only the transportation, use, or storage of carcasses or tissues.

<u>Scientific Name</u>	<u>Level of Pain and/or Distress</u>

**8. Describe justification for use of animals.**

For use in research, explain how you determined that this protocol does not unnecessarily duplicate previously published observations or experiments (cite the type of literature searches as well as any other resources used). For use in instruction, explain the value of the lesson that merits using live animals. Write N/A if this protocol covers only the transportation, use, or storage of carcasses or tissues.

**9. Reasons for rejection of alternative procedures.**

Discuss alternative procedures that were considered and rejected, providing a brief explanation of why the alternative procedures were rejected. Write N/A if this protocol covers only the transportation, use, or storage of carcasses or tissues.

### 10. Human health risks.

Identify serious human health risks (expected exposure to pathogens, toxic chemicals, dangerous environmental conditions, etc.) to which participants might be exposed during the routine performance of duties, and describe steps taken to mitigate those risks.

### 11. Fate of animals at completion of the protocol.

Include the procedure for euthanasia and the method of verification (whether necessary as an experimental termination or in the case of unanticipated, accidental injury). Note (1) that you must justify the scientific necessity for any variations from the established guidelines for euthanasia [2013 American Veterinary Medical Association Guidelines on Euthanasia](#), (2) that you must report unexpected deaths to the IACUC as soon as possible to consider options, and (3) that you may write N/A only if this protocol covers only the transportation, use, and/or storage of carcasses or tissues.

<u>Scientific Name</u>	<u>Fate at End of Study</u>

### 12. Literature cited.

Please provide sources for any specialized procedures described in your protocol description.

## Signatures

I certify that the above information is accurate and complete, that I have read and agree to abide by East Stroudsburg University's *Policy on Animal Care and Use*, that I will make copies of these policies and other pertinent guidelines available to those persons who work under my supervision, and that deviations from this protocol, including any unanticipated injuries or death of animals, will be reported to the IACUC. Further, my level of supervision will be such that these procedures will be carried out in a humane and a scientifically acceptable manner as described herein. I understand that, as the research supervisor, I take responsibility for the conduct of anyone working under this approved protocol, and I will supervise the research to ensure that no work is conducted that is not covered herein or in a separate approved protocol. I am aware that my research might require permits from federal and/or state agencies that regulate the capture, transport, maintenance, handling, and manipulation of live vertebrate animals, and I certify that my research will be conducted in accordance with all relevant federal and state laws. I also certify that proposed experiments do not unnecessarily duplicate the research of other investigators.

\_\_\_\_\_  
**Signature, Principal Investigator**

\_\_\_\_\_  
**Date**

### FOR IACUC USE ONLY

- Procedures are exempt from full IACUC review because they are purely observational, non-invasive, and produce no perceptible discomfort *or* they concern only the use of tissues from dead animals. To be considered exempt, tissues from dead animals must be obtained from animals euthanized or otherwise killed by means, and for purposes, unrelated to the proposed project. The protocol must be approved by the Chair and two additional members of the IACUC.
- Procedures will be minimally invasive or produce relatively little discomfort. Protocols may involve bleeding, injections, minimal sampling, anesthesia, or humane euthanasia without prior invasive manipulation. Protocols must be reviewed by the IACUC. The protocol must be approved by the Chair and two additional members of the IACUC.
- Procedures will be invasive or involve prolonged manipulation. Protocols may involve surgical or other stimuli inducing pain or distress, but all pain or distress will be mitigated with appropriate anesthetics or analgesics. Protocols must be reviewed by the IACUC. The protocol must be approved by the Chair, the Veterinarian, and one additional member of the IACUC.
- Procedures will be invasive and may cause prolonged physiological or psychological stress. Pain, considerable distress, or discomfort will be induced and not mitigated by anesthesia or adequate analgesia. Protocols must be reviewed by the IACUC. The protocol must be approved by the Chair, the Veterinarian, and two additional members of the IACUC.

_____ Signature, IACUC Chair	_____ Date	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
_____ Signature, IACUC Member	_____ Date	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
_____ Signature, IACUC Member	_____ Date	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
_____ Signature, IACUC Member	_____ Date	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
_____ Signature, IACUC Member	_____ Date	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
_____ Signature, IACUC Veterinarian	_____ Date	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove

