**Institutional Animal Care and Use Committee (IACUC)**

**Application for Animal Use in Instruction**

Submit this form with any applicable supplemental forms to eiuiacuc@eiu.edu

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| **Course Instructor** |
| Name: |  | e-mail:  |  |
| Department: |  | Phone:  |  |
| Contact Phone Number in the Event of a Disaster: |  |
| Required Training (Include copies of both certifications with this form): |
| On-line training program – CITI Program: [ ]  Completed [ ]  Not Completed Health and Safety for Animal Researchers: [ ]  Completed [ ]  Not Completed  |
| Qualifications/Training related to instructional duties: |
|  |
| **Course Information** |
| Title of Course: |  |
| Course Number: |  | Section(s): |  | Semester/Year: |  |
| **Funding Source Information (*Complete only if applicable*)** |
| Funding Source: |  | EIU Account #: |  |
| Budget Period: | From:  | To:  |

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| **Instruction Location**   |
| Instruction will take place: |
| [ ]  In the classroom [ ]  Outside of the classroom  |

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| **Personnel** If there are course personnel other than the instructor and students, complete and submit [**Animal Personnel Supplemental Form**](file:///%5C%5Ceiuad.eiu.edu%5Cfiles%5CDepartments%5CGradSchool%5CRes%20and%20Spons%5CGrants%20and%20Research%5CJennifer%5CIACUC%5CIACUC%20Forms%5CProposed%20Changes%5CResearch%5CField%5CProposed%20Animal%20Personnel%20Supplemental%20Form.docx) |
| Approximate number of students: |  |
| Will students handle the animals? |
| [ ]  No [ ]  Yes - complete the [Student Training for Instructional Protocols](Student%20Training%20for%20Instructional%20Protocols.docx) form and submit with this application |

**ANIMAL USE TABLE**

List all species which will be used in this protocol. Add additional rows as needed.

|  |  |
| --- | --- |
| **Common Name:**  | ***Scientific Name:***  |
| Number of animals to be used: |  | Source of animals: |  |
| **Common Name:**  | ***Scientific Name:***  |
| Number of animals to be used: |  | Source of animals: |  |
| **Common Name:**  | ***Scientific Name:***  |
| Number of animals to be used: |  | Source of animals: |  |
| **Common Name:**  | ***Scientific Name:***  |
| Number of animals to be used: |  | Source of animals: |  |
| **Common Name:**  | ***Scientific Name:***  |
| Number of animals to be used: |  | Source of animals: |  |
| **Common Name:**  | ***Scientific Name:***  |
| Number of animals to be used: |  | Source of animals: |  |
| **Common Name:**  | ***Scientific Name:***  |
| Number of animals to be used: |  | Source of animals: |  |

**ANIMAL CONDITIONS**

|  |
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| Will animal(s) be housed on campus? |
| [ ]  No [ ]  Yes - complete [Application for Animal Housing/Husbandry](Proposed%20IACUC%20Application%20for%20Husbandry.docx) and submit with this application |
| Will instruction involve any of the following?  |
| [ ]  Handling of wildlife in any way - complete [Wildlife Studies Supplemental Form](http://www.eiu.edu/~grants/Files%20--%20IACUC/Attachment%204%20Wildlife%20Studies.doc) and submit with this application |
| [ ]  Animals in USDA Pain or Distress Classification D or E or requiring the use of analgesic, anesthetic, and/or tranquilizing drugs - complete [Pain Classification D or E](Proposed%20Pain%20Classification%20D%20or%20E.docx) form and submit with this application.**For more information regarding USDA Pain or Distress Classification, click** [**here**](https://www.eiu.edu/grants/files_iacuc/Appendix%201%20USDA%20Pain%20Classifications.doc)**.**  |
| [ ]  Surgery (Survival or Non-survival) - complete [Animal Surgery](http://www.eiu.edu/~grants/Files%20--%20IACUC/Attachment%203%20Surgery.doc) form and submit with this application |
| [ ]  Euthanizing of animals or allowing animals to die - complete [Euthanasia, Death, or Disposition of Animals](https://www.eiu.edu/grants/IACUC%20Euthanasia%20Form.docx) form and submit with this application |

**OBJECTIVES, JUSTIFICATION and EXEMPTION**

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| **Objectives** |
| In language understandable to a lay person, provide a description of the instruction as it applies to the use of animal(s), including any benefit to the animal(s), humans, or society If multiple species will be utilized in a course, describe each unit of instruction as it applies. If applying for an exemption, this description should be sufficiently detailed to demonstrate that the criteria for exemption from IACUC approval have been met. |
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| **Justification** |
| Justify the appropriateness of the species selected, as well as the number of animals to be used. |
|  |
| Briefly describe any circumstances foreseen in which the animal(s) may experience pain, distress, or discomfort and describe steps taken to minimize this discomfort. |
|  |
| **Instructional Field Research Exemption** |
| Any activity that is not expected to alter or influence the activities of animals can be considered for exemption from IACUC approval. This request must be made to the IACUC prior to the initiation of any field instruction. Exemption is valid only for the instructor making the request and only for the semester for which it is requested. Exempt status may be assigned to multiple units of field instruction taking place within one course. To apply for exemption, each of the following criteria must be met. Check each box below as it applies to your field instruction: |
| I certify that:[ ]  I have acquainted myself with the Federal Regulations and University Policies regarding the care and use of vertebrate animals in testing, research, and educational activities*.*[ ]  Field studies are, first and foremost, subject to the animal care and use requirements and regulations imposed by any agency funding the study*.* [ ]  All animals will be studied in their natural environment. Every attempt will be made to avoid excessive disturbance due to research or teaching activity. [ ]  If the methods of the field study are altered in any way, I will resubmit this form with the proposed changes for reevaluation of exempt status. I understand that the revision(s) must be certified as exempt or approved by the IACUC before changes are implemented. [ ]  The proposed activities do not involve the capture, handling, housing, transportation, treatment or euthanasia of any vertebrate animals. Should these procedures become necessary during the course of the instruction, I will submit [Application for Field Research](Proposed%20Field%20Research%20Protocol%20Continuation%20Request%20Form.docx), for IACUC approval prior to initiating any change in protocol.[ ]  All personnel, including students, involved in this study have received proper training appropriate to the nature and scope of the study to ensure that the health and safety of animals and persons in the field are not compromised.  |

**SUPPLEMENTAL FORMS CHECKLIST:**

Complete and attach the following forms only if applicable:

[ ]  [Student Training for Instructional Protocols](file:///%5C%5Ceiuad.eiu.edu%5Cfiles%5CDepartments%5CGradSchool%5CRes%20and%20Spons%5CGrants%20and%20Research%5CJennifer%5CIACUC%5CIACUC%20Forms%5CProposed%20Changes%5CInstruction%5CStudent%20Training%20for%20Instructional%20Protocols.docx) form, if students will handle live animals

[ ]  [Animal Personnel Supplemental Form](file:///%5C%5Ceiuad.eiu.edu%5Cfiles%5CDepartments%5CGradSchool%5CRes%20and%20Spons%5CGrants%20and%20Research%5CJennifer%5CIACUC%5CIACUC%20Forms%5CProposed%20Changes%5CResearch%5CField%5CProposed%20Animal%20Personnel%20Supplemental%20Form.docx), if personnel other than the instructor and students are involved

[ ]  [Application for Animal Housing/Husbandry](file:///%5C%5Ceiuad.eiu.edu%5Cfiles%5CDepartments%5CGradSchool%5CRes%20and%20Spons%5CGrants%20and%20Research%5CJennifer%5CIACUC%5CIACUC%20Forms%5CProposed%20Changes%5CInstruction%5CProposed%20IACUC%20Application%20for%20Husbandry.docx), if animals will be housed on campus

[ ]  [Wildlife Studies](http://www.eiu.edu/~grants/Files%20--%20IACUC/Attachment%204%20Wildlife%20Studies.doc) form, if instructional field research is taking place **and** animals will be handled

[ ]  [Pain Classification D or E](Proposed%20Pain%20Classification%20D%20or%20E.docx) form if Pain or Distress Classification D or E or anesthetic, analgesic, and/or tranquilizing drugs will be involved

[ ]  [Animal Surgery](http://www.eiu.edu/~grants/Files%20--%20IACUC/Attachment%203%20Surgery.doc) form, surgery will be performed on animals

[ ]  [Euthanasia, Death, or Disposition of Animals](https://www.eiu.edu/grants/IACUC%20Euthanasia%20Form.docx) form, if animals will be euthanized or allowed to die

**CERTIFICATIONS AND ASSURANCES:**

By signing this form, I certify that:

[ ]  The information provided in this application is an accurate description of the proposed use of animals

[ ]  All activities are designed to assure that pain/distress/discomfort of animals is minimized

[ ]  Medical care will be available when necessary, and provided by a qualified veterinarian

[ ]  All personnel authorized to conduct animal procedures under this protocol will be appropriately trained and qualified, and that I am responsible for the supervision, training, and work of said personnel

[ ]  I will obtain IACUC approval before initiating any changes to this protocol by submitting the [Instructional Protocol Modification Request](https://www.eiu.edu/grants/Proposed%20Instructional%20Protocol%20Modification%20Request.docx) form.

[ ]  I will notify the IACUC of any changes to the species list by submitting the [Instructional Protocol Modification Request](https://www.eiu.edu/grants/Proposed%20Instructional%20Protocol%20Modification%20Request.docx) form.

[ ]  I will notify the IACUC regarding any unexpected impact to the animals, and any unanticipated pain or distress, morbidity or mortality will be immediately reported to the IACUC and will submit the [IACUC Incident Report](https://www.eiu.edu/grants/Proposed%20IACUC%20Incident%20Report.docx) form

[ ]  I am familiar with and will comply with all pertinent institutional, state, and federal rules and policies for the ethical use and treatment of animals used in research and teaching

**Submission of this form by the PI in the form of electronic mail is taken as evidence of this Assurance. Please type your name(s) and the date below.**

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|  |  |
| Course Instructor Signature | Date |
| *For IACUC Use Only:*  | Date Received: |  | Protocol Number: |  |