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

**Triennial Review of Protocol for Wildlife/Field Research**

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

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| **Project Information** |
| Title of Project (type in the space below): |
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| IACUC Protocol Number: |  | Estimated Completion Date: |  |
| Protocol Status: |
| [ ]  Active – project ongoing [ ]  Inactive – project was initiated but is presently inactive [ ]  Other |

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| **Principal Investigator (Note - PI must be a faculty member):** |
| [ ]  Check this box if there is a change in PI |
| Name: |  | e-mail:  |  |
| Department: |  | Phone:  |  |
| Contact Phone 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  |
| PI Duties / Responsibilities: |
|  |
| Qualifications/Training related to duties: |
|  |
| **Additional Animal Personnel:**  |
| [ ]  Co-Investigator [ ]  Other Animal Personnel |
| Status: |
| [ ]  Faculty [ ]  Staff [ ]  Student [ ]  Other (specify): |
| Name: |  | e-mail:  |  |
| Department: |  | Phone:  |  |
| 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  |
| Duties / Responsibilities: |
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| Qualifications/Training related to duties: |
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| **Additional Personnel** If there are research personnel other than those listed above, complete and submit [**Animal Personnel Supplemental Form**](https://www.eiu.edu/grants/files_iacuc/IACUC%20Application%20for%20Field%20Research.docx) |

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| **Funding Source Information (*Complete only if applicable*)** |
| Funding Source:   |  | EIU Account #: |  |
| Budget Period: | From: | To:  |
| **Research Location** |
| Give the location of the site(s) where the field research will be conducted or where animals will be obtained. If animals are to be held for brief periods of time (less than 24 hours) specify the duration and describe the temporary holding facilities.If animals will be held for more than 24 hours, complete [Field Research Supplemental Form: Animal Housing](https://www.eiu.edu/grants/files_iacuc/Field%20Research%20Supplemental%20Form%20Animal%20Housing.docx) and any pertinent supplemental forms and submit them along with this application. |
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| **Permits** |
| Many activities involving wild animals require permits from government agencies. It is the PI’s responsibility to obtain all necessary permits. List the agency name and permit number for all permits required for the work; if not yet obtained, indicate “pending”. If no permit is required, indicate as such. |
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| **Disaster Planning** |
| If study involves live-trapping in the wild, describe plans to protect animal welfare and/or minimize suffering in the event of a disaster (e.g. disabling traps prior to a severe weather event). |
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**ANIMAL REQUIREMENTS**

List all species which will be used in this protocol. Use the [Field Research Supplemental Form: Species List](https://www.eiu.edu/grants/files_iacuc/Field%20Research%20Supplemental%20Form%20Species%20List.docx) as needed.

**Use of pain classification E requires written justification in supplemental form:** [**Pain or Distress Classification D & E**](https://www.eiu.edu/grants/files_iacuc/Pain%20Classification%20D%20or%20E.docx)**.** See [Appendix 1](https://www.eiu.edu/grants/files_iacuc/Appendix%201%20USDA%20Pain%20Classifications.docx) for more information regarding Pain Classification

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| **Animal Usage:** |
| Common Name: |  | Estimated # of animals to be used each year: |
| Scientific Name: |  | Year 1: |  | Year 2: |  | Year 3: |  |
| USDA Pain Classification: | [ ]  B [ ]  C [ ]  D [ ]  E | **Total Estimated Usage:** |  |
|  |
| Common Name: |  | Estimated # of animals to be used each year: |
| Scientific Name: |  | Year 1: |  | Year 2: |  | Year 3: |  |
| USDA Pain Classification: | [ ]  B [ ]  C [ ]  D [ ]  E | **Total Estimated Usage:** |  |
|  |
| Common Name: |  | Estimated # of animals to be used each year: |
| Scientific Name: |  | Year 1: |  | Year 2: |  | Year 3: |  |
| USDA Pain Classification: | [ ]  B [ ]  C [ ]  D [ ]  E | **Total Estimated Usage:** |  |
|  |
| Common Name: |  | Estimated # of animals to be used each year: |
| Scientific Name: |  | Year 1: |  | Year 2: |  | Year 3: |  |
| USDA Pain Classification: | [ ]  B [ ]  C [ ]  D [ ]  E | **Total Estimated Usage:** |  |
|  |
| Common Name: |  | Estimated # of animals to be used each year: |
| Scientific Name: |  | Year 1: |  | Year 2: |  | Year 3: |  |
| USDA Pain Classification: | [ ]  B [ ]  C [ ]  D [ ]  E | **Total Estimated Usage:** |  |

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| **Record of Animal Usage**List all species used in the protocol up to this point. Use the [Record of Animal Usage Supplemental Form](file:///%5C%5Ceiuad.eiu.edu%5Cfiles%5CDepartments%5CGradSchool%5CRes%20and%20Spons%5CGrants%20and%20Research%5CJennifer%5CIACUC%5CIACUC%20Forms%5CProposed%20Changes%5CResearch%5COn%20Campus%5CProposed%20Record%20of%20Animal%20Usage%20Supplemental%20Form.docx) to list additional species as needed. |
| Animals Species & Strain (Scientific & Common Name) | **Year 1:**Total # of Animals | **Year 2:**Total # of Animals | **Year 3:**Total # of Animals |
| Used | Euthanized | Used | Euthanized | Used | Euthanized |
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**OBJECTIVES, JUSTIFICATION, AND PROCEDURES**

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| **Research Objective** |
| Briefly explain, in language understandable to a layperson, the aim of the study and why the study is important to human or animal health, the advancement of knowledge, or the good of society. |
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| **Rationale for Animal Use** |
| Explain your rationale for animal use. Include reasons why non-animal models cannot be used. |
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| Justify the appropriateness of the species selected.*The species selected should be the lowest possible on the phylogenetic scale* |
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| Justify the number of animals to be used. References to literature, previous research, testing requirements, policies and/or regulations must be cited. If use is required for statistically significant results, the tests used should be included.  |
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| **Animal Procedures** |
| Since the last IACUC approval, have alternatives that are potentially less painful or distressful become available that could be used to achieve your project aims? | [ ]  No [ ]  Yes |
| Explain the experimental design and specify all animal procedures. This description should allow the IACUC to understand the experimental course of an animal from its entry into the experiment to the endpoint of the study. Specifically address any procedures outlined in [Appendix 2: Animal Use Procedures](https://www.eiu.edu/grants/files_iacuc/Appendix%202%20Animal%20Use%20Procedures.docx), as applicable. |
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| Briefly describe any procedures which may produce pain, distress, or discomfort to the animals and describe steps taken to minimize this discomfort. **Note: If there is any possibility that analgesic, anesthetic, or tranquilizing drugs will be used during the procedures for any reason, a veterinarian must be consulted and the** [Pain Classification D or E](https://www.eiu.edu/grants/files_iacuc/Pain%20Classification%20D%20or%20E.docx) **form must be completed.** |
|  |
| Capture and Handling Methods:Describe the method of capture and handling to be used in the study. Cite the literature reference if the method is a standard procedure or provide complete details if it is a non-standard method. For each capture method include an estimate of the expected mortality. Describe methods and precautions to be used in handling to ensure the safety of the animals and the personnel involved. |
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| If **live** vertebrate animals will be transported on public roads, describe the primary means of conveyance, animal caging or restraint, care in transit, and estimated time in transit. |
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| Indicate whether or not the following are applicable to this protocol, and complete and submit the appropriate attachment(s) as indicated |
| [ ]  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](https://www.eiu.edu/grants/files_iacuc/Pain%20Classification%20D%20or%20E.docx) form and submit with this application.**For more information regarding USDA Pain or Distress Classifications, click** [**here**](https://www.eiu.edu/grants/files_iacuc/Appendix%201%20USDA%20Pain%20Classifications.docx)**.** |
| [ ]  Surgery (Survival or Non-survival) - complete [Animal Surgery](https://www.eiu.edu/grants/files_iacuc/Attachment%203%20Surgery.docx) form and submit with this application |
| [ ]  Euthanizing of animals or allowing animals to die as a result of experimental manipulation - complete [Euthanasia, Death, or Disposition of Animals](https://www.eiu.edu/grants/files_iacuc/IACUC%20Euthanasia%20Form.docx) form and submit with this application |

**EXEMPTION**

Field activity that is not expected to alter or influence the activities of animals can be considered for exemption from IACUC approval. Exemption is valid only for the PI making the request and the timeframe for which it is requested.

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| To request exemption, you must agree to the following by checking each box: |
| 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. 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 study, I will submit the [Field Research Protocol Modification Request Form](https://www.eiu.edu/grants/files_iacuc/Field%20Research%20Protocol%20Modification%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. |

**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

[ ]  The proposed activities do not unnecessarily duplicate previously reported research

[ ]  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 [Field Research Protocol Modification Request Form](https://www.eiu.edu/grants/files_iacuc/Field%20Research%20Protocol%20Modification%20Request%20Form.docx).

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

[ ]  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/files_iacuc/IACUC%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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| Principle Investigator Signature | Date |
| *For IACUC Use Only:*  | Date Received: |  | Protocol Number: |  |