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

**Triennial Review for Animal Use in Research in a Campus Facility**

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): |
|  |
| IACUC Protocol Number: |  | Estimated Completion Date: |  |
| Protocol Status: |
| [ ]  Active – project ongoing [ ]  Inactive – project was initiated but is presently inactive [ ]  Other |
| **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 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  |
| PI Duties / Responsibilities: |
|  |
| Qualifications/Training related to duties: |
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| **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: |
|  |
| Qualifications/Training related to duties: |
|  |
| **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/Animal%20Personnel%20Supplemental%20Form.docx) |
| **Funding Source Information (*Complete only if applicable*)** |
| Funding Source: |  | EIU Account #: |  |
| Budget Period: | From:  | To: |
| **Research Location** |
| Building in which research will take place: |
|  |
| Room (or area where research will take place - describe in detail): |
|  |
| Will animals be housed in a location separate from the research location? |
| [ ]  No[ ]  Yes - describe location of housing:  |
| Briefly describe the living conditions of the animal(s). Include enclosure type, a description of any items that will be in the enclosure, supplemental environmental equipment (such as heat and lighting), and how many animals will live in the enclosure, if applicable. |
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**ANIMAL REQUIREMENTS**

List all of the species which will be used in this protocol. Use [Campus Research Supplemental Form: Species List](https://www.eiu.edu/grants/files_iacuc/Campus%20Research%20Supplemental%20Species%20List.docx) as needed. A [Care Sheet](https://www.eiu.edu/grants/files_iacuc/Animal%20Care%20Sheet.docx) must be provided for each species listed in this table.

**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 # animals to be used each project year: |
| Scientific Name: |  | Year 1: |  | Year 2: |  | Year 3: |  |
| USDA Pain Classification: | [ ]  B [ ]  C [ ]  D [ ]  E | **Total Estimated Usage:** |  |
| Source of Animals:*Breeding colony, wild caught, supplier name – be specific* |
|  |
| Primary Caretaker (if not PI): |  | Phone: |  |
| Primary Caretaker Signature: |  | Date: |  |
| Will animal(s) require care during semester breaks from someone other than the PI/Primary Caretaker? |
| [ ]  No [ ]  Yes (indicate caretaker):  |
| Semester Break Caretaker Phone: |  | Emergency Phone: |  |
| Break Caretaker Signature: |  | Date: |  |

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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* |
|  |
| 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. |
|  |
| 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.** |
|  |
| 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 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 as a result of experimental manipulation - complete [Euthanasia, Death, or Disposition of Animals](https://www.eiu.edu/grants/IACUC%20Euthanasia%20Form.docx) form and submit with this application |

**SUPPLEMENTAL FORMS CHECKLIST:**

Complete and attach the following forms only if applicable:

[ ]  [Animal Personnel Supplemental Form](https://www.eiu.edu/grants/files_iacuc/Animal%20Personnel%20Supplemental%20Form.docx)

[ ]  [Campus Research Supplemental Form: Species List](https://www.eiu.edu/grants/files_iacuc/Campus%20Research%20Supplemental%20Species%20List.docx)

[ ]  [Care Sheet](https://www.eiu.edu/grants/files_iacuc/Animal%20Care%20Sheet.docx) for each species that will be housed on campus

[ ]  [Pain Classification D or E](https://www.eiu.edu/grants/files_iacuc/Pain%20Classification%20D%20or%20E.docx) form if Pain or Distress Classification D or E or anesthetic, analgesic, and/or tranquilizing drugs will be involved

[ ]  [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

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

[ ]  I will notify the IACUC of any changes to the species list by submitting the [Campus Research Protocol Modification Request Form](https://www.eiu.edu/grants/Proposed%20Campus%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/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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| Principle Investigator Signature | Date |
| *For IACUC Use Only:*  | Date Received: |  | Protocol Number: |  |