

ANIMAL SUBJECTS APPROVAL FORM INSTRUCTIONS

This packet contains the forms needed to obtain Institutional Animal Care and Use Committee (IACUC) review and approval of research and teaching projects using live, vertebrate, non-human animals, as required by federal law and UI policy.

Regulations require that:

The IACUC review all animal use carried out in university facilities, as well as field work conducted by UI personnel. *All projects are to be approved prior to the actual use of animals*, whether it involves research/teaching or warm/cold blooded vertebrates.

The approval of animal use will be granted for a one-year period. The IACUC is required to review activities annually, even though it may be a multiple-year project.

The attached forms are designed to help provide sufficient information to allow a meaningful review of your proposed animal use. To obtain project approval, please follow these instructions:

- * Provide a *TYPED* copy of your completed Animal Subjects Approval Form. *Handwritten copies will be returned without review.*
- * Complete *all* information and be explicit, but brief, when providing details. "See attached proposal" is not an acceptable response. *Forms submitted with inadequate information will be returned.*
- * Attach a copy of the grant application, proposal, or other documents giving detailed descriptions of all procedures involving animals.

Be advised that the Animal Subjects Approval Form is a public record and may be released upon request. Should certain information be confidential (e.g., experimental design/hypothesis, materials used, etc.), please indicate such items.

Sufficient lead time is necessary to obtain approval and should be taken into consideration in planning start dates or need for approval for funding agencies. All committee members must be provided a copy of the proposal prior to approval. As the committee meets monthly, you should *allow four to eight weeks from time of submission to approval.*

If you and your technical staff require assistance for animal procedures (i.e., you do not feel qualified in performing certain techniques, including surgery) help is available, at no cost to your project, from the campus veterinarian (885-8958). In addition, assistance in the planning of anesthetic/analgesic procedures and methods of euthanasia is available. Should you have questions regarding specific items on the form or general questions involving animal regulations/policies, contact the campus veterinarian at 885-8958.

ANIMAL USE CLASSIFICATION

- Type C:** Project involving minor stress or pain of SHORT duration with or without the use of anesthesia: blood sampling, non-surgical implantation of catheters into peripheral vessels, short-term stressful restraint, or procedures under anesthesia that may result in minor post-anesthetic discomfort; also included are mild toxic drugs, tumor implants/hybridomas, and tethered animals.
- Type D:** Projects that involve major stress or pain: Freund's adjuvant immunization, deliberate induction of behavioral stress to observe effect; recovery and non-recovery surgical procedures; prolonged periods (several hours or more) of physical restraint or deprivation of the animal's environmental necessities.
- Type E:** Projects that involve significant stress or pain, without the benefit of anesthesia, analgesia or tranquilizers; application of noxious stimuli from which escape is impossible; toxicity testing with death as the end point; induction of radiation sickness; use of irritants, burns, trauma, biological toxins; drug addiction; induction of certain diseases where animals are permitted to succumb rather than be treated therapeutically. Type E projects present an explicit responsibility on the investigator to explore alternative designs to ensure that animal distress is minimized or eliminated. These procedures must be explained with a statement from you justifying their use. This is required by federal law. This statement should be attached to this form or included under the appropriate area on page 4 of the Animal Subjects Approval Form.

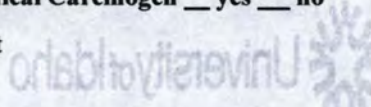
If a question should arise on classification of your project, you may wish to contact the Campus Veterinarian 885-8958.

Biohazard yes no

Radioisotope yes no Chemical Carcinogen yes no

Agent _____ Agent _____

Agent _____



ACUC USE ONLY	Protocol Number		Expiration Date	
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1. Investigator: JA Dept: CNR-TRFS Phones: _____
 Co-investigator: HA Dept: CNR-TRFS Phones: _____
 Technician: _____ Dept: _____ Phones: _____
 Student: _____ Dept: _____ Phones: _____

2. Species (common names/Estimated numbers per year) upto 4 animals
Including cougar, blackbear, wolf

3. Location of animal housing (bldg & rm) N/A

4. Proposed duration of project years 5. Funded by DeVlieg Foundation on large carnivores

6. Project Title or Course Name and Number: Success of GPS radiocollars in central Idaho mountains
Pilot project to evaluate

Internship app?

7. Abstract of Research/Teaching Plan for the Information of Animal Care Staff

In the space provided, give a brief layman's description of the procedures involving animals.

- 1) capture cougars & bears freed by hounds
wolf captured in offset jaw foothold traps as per USFWS/NPT protocol
- 2) immobilization cougar & bear ketamine/xylazine
- 3) radio collar wolf - telezole
- 4) blood sample for wolf fractanin & cephalic vein

8. Special Requirements for maintaining animals: no yes. If yes, indicate your requirements below. If

you have no special requirements, animals will be maintained according to the standard operating procedure of the vivarium.

- a. Temperature range: (°F) _____; humidity (%): _____; light cycle: _____
- b. Caging: type _____; size: _____; filter tops? ; cage changes/wk: _____
- c. Bedding/litter: type _____; autoclaved? ; bedding changes/wk: _____
- d. Type of water (ie sterile, deionized, acidified, tap)
- e. Diet and feeding requirements: Special diet? _____
 If other than ad lib feed & water, state amounts: _____
- f. Other Special Instructions for Animal Care Staff: _____

9. Check all applicable boxes. If more than one box checked per heading, number in order to be accomplished.

Instruction for sick animals	Instructions for Dead Animals	Pest Control
<input checked="" type="checkbox"/> Call Investigator	<input checked="" type="checkbox"/> Call Investigator	<input checked="" type="checkbox"/> None
<input type="checkbox"/> Clinician to treat	<input type="checkbox"/> Necropsy	<input type="checkbox"/> Pest strip
<input type="checkbox"/> Terminate	<input type="checkbox"/> Bag for disposal	<input type="checkbox"/> Pyrethrin <input type="checkbox"/> Other (specify)

Please type, handwritten forms will be returned

2002 Version

Name of Principal Investigator	Department	Phone No.
Co-Investigator	OFFICE USE: Date Rec'd. IACUC #	
Name of Funding Agency DeVlieg Foundation Cooperators NPT & IDF&G	Approved:	Date:
Title of Proposal		

 PROPOSED PERIOD: March 2005 TO Apr 2006

 Is confidential information contained in the project? Yes No

If yes, please identify by circling item number or highlighting

 Is this a renewal or reapplication of a previously approved project? Yes No

If yes, list last approval IACUC Number.

 Are there any changes to the previously approved project listed above? Yes No

1. ANIMAL PROCUREMENT AND CARE (Attach additional sheets if required)

Species (Breed/Strain) of Animals	Source of Animals	Approx. Total No. of Animals to be Used			Daily Per Diem	Total Days of Care	Total Cost of Care
		C	D	E			

*For type classification, see instruction sheet enclosed. Type E projects require written justification statement for review.

3. ANIMAL NUMBERS AND HOUSING AREA

- | | |
|--|---|
| <input type="checkbox"/> Laboratory Animal Resources Facility (LARF) | <input type="checkbox"/> Holm Center Vivarium |
| <input type="checkbox"/> Dairy Center | <input type="checkbox"/> Beef Center |
| <input type="checkbox"/> Sheep Center | <input type="checkbox"/> USDA Hemoparasitic Barn |
| <input type="checkbox"/> NERL Facilities | <input type="checkbox"/> Intensive Animal Research Barn |
| <input type="checkbox"/> Aquaculture Research Institute | <input type="checkbox"/> Aquaculture Laboratory |
| <input type="checkbox"/> Fish & Wildlife Fish Rooms | <input type="checkbox"/> Idaho Wildlife Health Laboratory |
| <input type="checkbox"/> Caine Veterinary Teaching & Research Center | <input type="checkbox"/> Caldwell R&E Center |
| <input type="checkbox"/> Hagerman Fish Culture & Experiment Station | <input type="checkbox"/> Other (please describe) |

Has the proposed study been designed to minimize the number of animals used while still providing scientifically valid results? Provide adequate statistical justification, ie. power calculations, or other information to justify the number of requested animals including a detailed explanation of the experimental design.

4. STUDY AREAS

Will animals be taken to a laboratory or other area and maintained for longer than 12 hours? Yes No
If yes, list the room number and building.

5. NAME OF VETERINARIAN (if other than the attending veterinarian for the facility)

Dr. Clarence Binninger NPT (phone)
Dr. Mark Drew IDFG (phone)

6. ANIMAL USE PROCEDURES (Respond to all items. For all yes responses, provide descriptions and additional information in the blanks provided. Attach additional sheet, if required.)

YES NO

- Blood sampling (describe techniques, site of collection, volumes, frequency)
See NPT protocol
- Sampling of urine/feces (indicate method, e.g., metabolism cage, including dimensions of cage, catheterization, frequency of catheterization, other)
- Antibody production (indicate route of administration, volume administered per site, number of sites, adjuvant use and frequency, collection protocol, consideration of alternatives to Freund's adjuvant)
- Administration of drugs (other than anesthetics or analgesics)/reagents/cells/etc. (describe agent, route of administration and frequency, anticipated side effects, monitoring protocol)

- ✓ — Administration of anesthetics (agent, dose, route; if by inhalation, state method of scavenging waste anesthetic gases/fumes)
Describe —
- Administration of analgesics (agent, dose, route, frequency)
- Infectious/potentially infectious agents to humans and/or animals used (describe arrangements for use)
- ✓ — Controlled substance, including anesthetics, e.g., pentobarbital (describe arrangements for use/security)
Telazol
- Collection of tissues post euthanasia
- Special diets (describe any anticipated nutritional deficit)
- Indwelling catheters or implants (describe size, type, maintenance/monitoring protocol)
- ✓ — Restraint (describe method, duration)
Wolf-foot hold trap w/ trap transmitters - checked daily or every 3 hrs w trap transmitters when temp 50-30°F; no trapping below 20°F
- Behavioral testing *without* significant restraint or noxious stimuli
- Behavioral testing *with* significant restraint or noxious stimuli (describe; provide rationale for degree or restraint of stimulus)
- Tumor transplantation (describe any anticipated functional deficit to the animal, monitoring protocol, endpoint)
- Toxicity testing and toxic materials (describe procedure, anticipated side effects, endpoint)
- Nonsurvival surgery (if yes, complete Animal Surgery page)
- Single survival surgery (If yes, complete Animal Surgery page)
- Multiple major survival surgeries involving an individual animal. Multiple major survival surgery is defined as one surgery which penetrates and exposes a body cavity, followed by a second survival surgery which also penetrates and exposes a body cavity or debilitates the animal. (If yes, complete Animal Surgery page)

Procedures involving potential pain, where pain-relieving methods will not be used (completely describe procedures; explain why alternatives are scientifically inappropriate in your written justification for a Type E procedure)

Radioisotopes (describe arrangements for use)

7. **METHOD OF EUTHANASIA (specify method, agent, dosage, and route of administration that will be used either during the normal course of the protocol or in emergencies; the euthanasia method used must be consistent with the AVMA Panel on Euthanasia, Journal of Veterinary Medical Association (Volume 218, No. 5, March 1, 2001), or justification for deviation should be indicated).**

use Claracés?
for wolves

8. **If animals are not euthanized, indicate their disposition.**

9. **ALTERNATIVE TO LIVE ANIMAL USE**

Federal law requires that the principal investigator **CONSIDER ALTERNATIVES TO PROCEDURES THAT MAY CAUSE MORE THAN MOMENTARY OR SLIGHT PAIN OR DISTRESS TO ANIMALS** covered by the Animal Welfare Act and Public Health Service Policy. In order to assure compliance with these regulations, the ACUC requires the following information for all protocols with type D or E animal use.

Do in vitro, non-invasive or non-surgical alternatives to the proposed procedures exist? If yes, state why these alternatives are unacceptable.

If the project involves survival surgery, do models not requiring survival surgery exist? If yes, justify the use of survival surgery.

A written narrative of the results of your search efforts as they pertain to the study is required. Provide information on the methods used and sources consulted to determine the answers to the above questions and how the search results pertain to your study. As a minimum, the database(s) used to search the literature, the date the search was performed, the date ranges searched, the keywords used, and the results obtained should be listed.

Additional clarification on what qualifies as valid information for an alternatives search when a database is not used may be found in USDA's Policy 12,

<http://www.aphis.usda.gov/ac/policy/policy12.pdf>

10. PERSONNEL QUALIFICATIONS

Personnel actively involved with animal components of the project and qualification (as a minimum, should include principal investigator, research technicians, TA, graduate students, etc.)

Individual	Component of project with which involved (e.g., injection, collection of samples, etc.)	Qualifications/ Training/AALAS Certification
JA	Capture, immobil, blood sample	200+ cougar bear, other capture & training & cert: animal handling & immob
HA	Capture, immobil, blood sample	25+ bighorn, cougar, other capture & training & cert

11. Have personnel involved with project attended the seminars on animal use presented by the Institutional Animal Care and Use Committee:

Yes No If yes, date _____

PRINCIPAL INVESTIGATOR ASSURANCE

The information contained on this form provides an accurate description of the animal care and use protocol which will be followed. I agree to abide by governmental regulations and university policies concerning the use of animals. I will allow veterinary care to be provided to animals showing evidence of pain or illness. If the information provided for this project concerning animal use should be revised, or procedures changed, I will so notify the committee of those changes. All proposed changes will not be implemented until full IACUC approval has been granted. I understand that failure to report significant changes may place the university and myself in violation of federal regulations.

As required by federal regulations, *the activities described do not unnecessarily duplicate previous experiments.*

Signature of Principal Investigator

Date

Send original form plus seven copies to the University Research Office, 111 Morrill Hall (885-6651).

ANIMAL SURGERY INFORMATION

Name of All Participating Surgeons, Technicians and Students	Indicate Certification by Either Training or Experience—Explain

1.

Species Used	Number Used	S = Survival N = Nonsurvival*	Building/Room Where Surgery Performed

*Non-survival surgery animal not allowed to awaken, once anesthetized

2. Check following procedures that apply. If procedure is not listed, please use an additional page and describe completely or attach literature reference article.

Biopsy: target organ/tissue _____
 Laparotomy Intracranial Thoracotomy Orthopedic
 Other _____

3. **PREOPERATIVE PROCEDURES**

Have unhealthy animals been exempted for surgery? Yes No
 Person responsible for evaluating health status of animals: _____

4. **ANESTHETIC PROCEDURES**

Drug	Dose	Route	Duration

5. POSTOPERATIVE PROCEDURE

Analgesics/ Anti-infective	Dose	Route	Duration

If postoperative analgesics will not be used, provide justification

Sterile technique must be used on all surgical procedures, including non-recovery procedures. This includes a minimum of sterile instruments and gloves, a surgical mask, and surgical scrub of the surgery area. All animals must be attended until they are able to right and stabilize themselves.

CHECK THE FOLLOWING PROCEDURES THAT APPLY TO THIS PROJECT

- Body temperature recorded
- Veterinarian available
- Veterinary technician available during procedure
- Food and water withheld until fully conscious
- Dressing changes (frequency) _____
- Other: describe _____
- Surgical record kept
- Kept on warm blanket until conscious
- Sutures removed at (when) _____
- Notation made when animal eats/drinks

6. Will animals be subjected to more than (1) survival surgery?

Yes No If yes, provide justification for multiple survival surgeries. (Cost is not a valid justification)

7. Describe arrangements for after-hours, weekend and holiday provision of the post-op care of your animals
