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| **FOR FLORIDA INSTITUTE OF TECHNOLOGY IACUC USE ONLY** |
| IACUC Number |  | Project Keywords |  |
| Receipt Date |  | Approval Date |  |  |
| 2nd year approval |  | Review  |  [ ]  FCR |  |
| 3rd year approval |  |  | [ ]  DMR: |  |
|  |  | Chair /Designee Signature: |  |

**ANIMAL USE APPLICATION FORM - Display**

**INSTITUTIONAL ANIMAL CARE & USE COMMITTEE**

Florida Institute of Technology

150 West University Blvd., Melbourne FL 32901

iacuc@fit.edu

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| --- | --- |
| Check as applicable: | [Note: If you experience issues with entering text, click in the right margin outside the horizontal plane of any check boxes. For form compatibility issues, email iacuc@fit.edu] |
|  | [ ]  New Application[ ]  Renewal application including changes[ ]  Renewal application w/out changes |
|  |
|  |
| Type of Project: (see section B for definitions) |
|  | [ ]  Category B |  |
|  | [ ]  Category C (vet signature may be required) |
|  | [ ]  Category D (vet signature required) |
|  | [ ]  Category E (vet signature and full committee review required) |

|  |  |
| --- | --- |
| **Responsible Faculty Name:** | Click here to enter text. |
| **Campus Address:** | Click here to enter text. |
| **Phone:** | Click here to enter text. | **E-mail:** | Click here to enter text. |
| **Department:** | Click here to enter text. |
| **Name of Dept. Chair:** | Click here to enter text. |
| **Technicians Involved:** | Click here to enter text. |
| **Students Involved** | Click here to enter text. |

## Section A.

**1. ANIMAL SPECIES:** *(List scientific and common names of species to be used for public display only).*

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| Click here to enter text. |

**2. DISPLAY DATES:** *(Enter “ongoing”, if applicable. A new protocol is required every 3 years).*

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| Click here to enter text. |

**3. DISPLAY LOCATION(S):** *(List all location where the named species will be displayed).*

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| Click here to enter text. |

**4. TOTAL NUMBER OF ANIMALS:** *(If unknown, list minimum and maximum range).*

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| Click here to enter text. |

## 5. WHERE WILL ANIMALS BE PROCURED?

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| Click here to enter text. |

**6. WHO IS THE RESPONSIBLE RECEIVING PARTY?**

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| Click here to enter text. |

**7. WHAT IS THE PROTOCOL FOR DELIVERY?:** *(Include what measures will be taken to ensure that animals are delivered when a responsible party can receive them).*

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| Click here to enter text. |

**8. HOW WILL ANIMALS BE MOVED BETWEEN AND WITHIN FACILITIES?** *(Specify what methods will be used to minimize stress, injury, chance of escape).*

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| Click here to enter text. |

**9. ARE ANY LOCAL, STATE OR FEDERAL PERMITS REQUIRED OF THIS ANIMAL USAGE? Type YES or NO. If YES**, *please describe. If you already have a permit, please attach a copy of the permit to this application.*

|  |  |  |
| --- | --- | --- |
| **PERMIT TYPE** | **CERTIFYING AGENCY** | **EXPIRATION DATE** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

## 10. WHAT FEEDING REGIMEN WILL BE USED?

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| Click here to enter text. |

## 11. WHAT CLEANING REGIMEN WILL BE USED? *(Describe method, frequency)*

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| Click here to enter text. |

## 12. PROVIDE TYPE OF HOUSING AND NUMBER OF ANIMALS PER UNIT.

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| Click here to enter text. |

## 13. DESCRIBE THE TEMPERATURE, HUMIDITY, LIGHT, WATER QUALITY REQUIREMENTS OF THE ANIMALS AND HOW THOSE REQUIREMENTS WILL BE MET.

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| Click here to enter text. |

## 14. DESCRIBE ANY UNUSUAL HUSBANDRY REQUIREMENTS (OR ENTER N/A).

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| Click here to enter text. |

## 15. DESCRIBE THE PROCEDURE FOR TREATMENT OF SICK ANIMALS AND DECEASED ANIMALS. *(Include name, dose and route of drugs used for treatment and euthanasia. Describe disposal of deceased/euthanized animals)*.

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| Click here to enter text. |

## 16. ALL PROTOCOL SUBMISSIONS ARE SUBJECT TO REVIEW BY FIT ENVIRONMENTAL HEALTH & SAFETY (EH&S) UNLESS THE SUBMISSION INCLUDES DOCUMENTATION OF COMMUNICATION WITH FIT EH&S FOR PROVISION OF A SAFE WORKING ENVIRONMENT AND/OR USE OF HAZARDOUS/REGULATED MATERIALS. Attach communication (email) from FIT EH&S indicating approval or active development of procedures related to safe working environments and use of hazardous/regulated materials.

## 17. LIST ALL PERSONNEL CONTACTING ANIMALS: *(Substantial animal contact is intended to describe those individuals who would be at risk from REPEATED aerosol exposure (allergies) or physical exposure (bites) from their contacting the animals listed above)*.

|  |  |  |
| --- | --- | --- |
| NAME | DEPARTMENT | PHONE |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

## 18. LIST TRAINING OF ALL PERSONNEL LISTED ABOVE: *(It is required that personnel- including faculty- are properly trained in the animal procedures listed. This includes animal handling, care and euthanasia methods listed. Indicate their training and experience below, who trained them and where they were trained. See* [*https://www.citiprogram.org/*](http://www.citiprogram.org/) *to complete the required training provided by FIT and CITI. Also list how long they have been doing these procedures. You may list animal workshops attended).*

|  |  |
| --- | --- |
| NAME | TRAINING OR EXPERIENCE |
| Click here to enter text. | Click here to enter text. |

## 19. FACULTY ASSURANCES

The information I have supplied above is a complete and accurate description of all procedures involving live animals in this project. I have taken appropriate measures to ensure that I am using the appropriate number of animals to achieve my goal and that I am not unnecessarily duplicating known results.

I assure that all personnel under my direction will be appropriately oriented to animal research facilities and policies and properly trained prior to handling animals. I agree to abide by the care and use policies of the institution.

I certify that the individuals listed are authorized to conduct animal procedure involving animals under this proposal, have attended the required institutional training and have the requisite training in: the biology, handling, and care of the species; aseptic surgical methods and techniques (if applicable); the concept, availability, and use of research or testing methods that limit the use of animals or minimize distress; the proper use of anesthetics, analgesics, and tranquilizers (if applicable); and procedures for reporting animal welfare concerns.

I certify that I will obtain approval from the IACUC before initiating any significant changes in this protocol.

I certify that I am familiar with and will comply with all pertinent institutional, local, state, and federal rules and policies.

I, the principal investigator, am responsible for this protocol and all amendments.

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| **Signature of Animal Compliance Officer** | **Date** |  |
|  |  |  |
| **Signature of Principal Investigator** | **Date** |  |

**Section B.** FOR REFERENCE ONLY

**ANIMAL USE CLASSIFICATION (CATEGORIES B, C, D, E)**

In the ***Animal Use Approval Forms*** you are asked to classify the project according to the level of perceived pain / stress / distress.

[Category B animals](https://www.citiprogram.org/members/index.cfm?pageID=171&intReferenceID=27625) are those that are being "bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes." These animals have not been used for any research procedure, however minor. Category B is the place to put breeders and other animals that are not undergoing any experimental procedures.

[Category C animals](https://www.citiprogram.org/members/index.cfm?pageID=171&intReferenceID=27626) are not subjected to procedures that involve pain or distress or would require the use of pain-relieving drugs. Routine procedures such as injections and blood sampling from veins that produce only mild, transient pain or discomfort are reported in this category. Another example of category C procedures is an observational study of animal behavior. Animals that are euthanized before tissue collection or other manipulations are also commonly placed in this category, if no other procedures are to be performed that put them in a higher pain/distress category.

[Category D animals](https://www.citiprogram.org/members/index.cfm?pageID=171&intReferenceID=27627) are those subjected to potentially painful procedures for which anesthetics, analgesics, or tranquilizers will be used. The important concept is that animals are given appropriate anesthesia and/or pain relief to limit their pain and distress as much as possible.

Examples of category D procedures are

* Surgery conducted with appropriate anesthesia and postoperative analgesia.
* Rodent retroorbital eye bleeding performed under anesthesia.
* Primate tattooing performed for identification under anesthesia.
* Removal of a small tumor under local or general anesthesia.
* Use of analgesia after an animal's skin is exposed to UV light to cause a "sunburn"
* Terminal exsanguination (euthanasia by removal of blood) under anesthesia.

[Category E animals](https://www.citiprogram.org/members/index.cfm?pageID=171&intReferenceID=27628) are those that are subjected to painful or stressful procedures without the use of anesthetics, analgesics, or tranquilizers. Withholding of anesthetics, analgesics, or tranquilizers can only be allowed if it is scientifically justified in writing and approved by the IACUC. Examples of category E procedures are lethal dose studies (e.g., LD50 studies) that allow animals to die without intervention, pain studies that would not be possible if pain-relieving agents were administered, and psychological conditioning experiments that involve painful stimuli such as a noxious electrical shock that cannot immediately be avoided by an animal.

By law, the institution must [annually report all category E procedures](https://www.citiprogram.org/members/index.cfm?pageID=171&intReferenceID=27629) to the USDA and include a scientific justification supporting the IACUC's decision to approve them. Often, the justification given by the researcher on the animal forms submitted to the IACUC is used for the annual report.

It is important for information on category E procedures to be complete and accurate. Once submitted to the USDA, this information will likely be available to the public through a Freedom of Information Act request.

**Section C.**

**SPECIAL HAZARDS**

Should the project involve the use of any of the following special hazards, approval is required from FIT’s Environmental Regulatory and Compliance Office and must be received prior to the project implementation.

* Acute toxins
* Animal carcasses
* Blood, blood products, or human tissue
* Chemical agents
* Controlled substances / drugs
* Hazardous chemicals: toxic, reactive, corrosive, explosive, carcinogenic
* Hazardous waste (this may or may not be generated from the above chemicals)
* Human or animal pathogens
* Materials of animal origin
* Medical or biological waste (this may or may not be generated from the above materials)
* Non-ionizing radiation (laser, microwave, UV or other)
* Pathogenic microorganism: Human or Animal
* Radiation producing machines
* Radioactive material – please list isotope:
* Radioactive waste (this may or may not be generated from above isotopes)
* Recombinant DNA/RNA
* Regulated bioagents
* Tax-free alcohol
* Other (must describe in the form)

**Contact the FIT Environmental Regulatory and Compliance Office at:**

<http://www.fit.edu/erc/>

hazwaste@fit.edu