**Texas A&M AgriLife Research**

**Agriculture Animal Care and Use Committee**

**Research/Teaching Proposals Involving Animal Subjects**

**ANIMAL USE PROTOCOL FORM**

Research investigators and class instructors are entrusted with an essential role in assuring the humane care and use of animals. In activities that you conduct or that are conducted under your supervision, you have a direct and continuing responsibility to ensure that animals are adequately cared for and used in a humane fashion. Investigators and instructors must ensure that discomfort, pain or injury to the animals is avoided or minimized, consistent with sound experimental/teaching design; that no more animals are used than are necessary to reach sound scientific conclusions or to teach the class; and that, when appropriate, animals are painlessly sacrificed in accordance with methods of euthanasia approved by the Panel on Euthanasia of the American Veterinary Medical Association.

**ATTENTION!**  This is a newly revised form. Please type responses in the pre-formatted boxes provided. *To place a checkmark in any of the “yes” or “no” boxes*: double-click box, change default value to checked and select OK. AUPs describe experimental procedures and should not include routine procedures covered in an SOP. Please submit this form to the AACUC in Microsoft Word format. If you have problems with this form, please let us know by sending an email to aganimal@ag.tamu.edu.

**Please check below if your research/teaching protocol involves any of the following:**

[ ]  Death (without appropriate euthanasia) as an experimental endpoint *[Complete Section III.D.4]*

[ ]  More than momentary pain and distress not relieved by anesthesia and/or analgesics

[ ]  Surgery *[Complete Attachment 1: Surgical Procedures]*

[ ]  Multiple major survival surgery *[Provide rationale in Attachment 1]*

[ ]  Use of hazardous chemicals (including chemical carcinogens), radioactive materials, or presence of physical

 hazards *[Complete Attachment 2]*

[ ]  Use of recombinant DNA or genetically altered materials *[Provide IBC Approval]*

[ ]  Use of agents infectious for personnel *[Provide IBC Approval]*

[ ]  Use of a select agent or biological toxin *[https://www.selectagents.gov/SelectAgentsandToxinsList.html]*

[ ]  Use of *non-commercial* genetically modified animals *[Provide IBC Approval]*

|  |
| --- |
| **Complete all information below** |
| Investigator/Instructor: |  |
| Department: |  |
| Project/Class Title:  |  |

Is this AUP intended for continued work on a funded grant? (i.e., was AUP approved before grant?)

[ ]  No

[ ]  Yes - Previous AUP #

Is this AUP intended to replace another approved AUP?

[ ]  No

[ ]  Yes - Previous AUP #

Animals on this AUP are also on an approved SOP.

[ ]  No

[ ]  Yes – SOP #

**USDA/AWA (Animal Welfare Act) PAIN/DISTRESS CATEGORY ASSIGNED:**

 [ ]  N/A [ ]  B [ ]  C [ ]  D [ ]  E

**Definition of Painful Procedures (AWA)**: "As applied to any animal, pain means any procedure that would reasonably be expected to cause more than slight or momentary pain or distress in a human being to which that procedure was applied, that is, pain more than that caused by injections or other minor procedures."

**Category B** **-** Management Procedures - Animals being held, bred, or conditioned for use in Teaching, Testing, Experiments, Research, or Surgery but not yet used for such purposes.

Examples: - Animal breeding, pregnancy, parturition, and lactation.

 - Physical restraint and preventative medical procedures such as vaccination.

 - Husbandry procedures such as non-stressful transporting animal from one housing location to

 another.

**Category C** **-** No or Minimal Painful Procedures - Animals used where no or minimal pain/distress is produced, and no pain-relieving drugs are used.

Examples: - Physical or chemical restraint and husbandry procedures, such as applying identification tags, ear

 notching, tattoos, etc.

 - Transporting of animals from one housing location to another over several hours.

 - Insertion of per-cutaneous catheters.

 - Positive reinforcement behavioral modification.

 - Venous blood sampling.

 - Management procedures in agriculture species as listed in the Ag Guide.

 - Euthanasia alone using AVMA approved methods.

**Category D** **-** Painful Procedures with Pain Relieving Drugs - Animals used where pain and distress to the animal is present and in which appropriate local or general anesthesia, analgesic, or tranquilizer drugs are used (see note below).

Examples: - Approved Euthanasia methods following terminal procedures with anesthesia.

 - Surgeries with local and or general anesthesia.

 - Painful or stressful post-operative circumstances with analgesics.

 - Stressful transport of animals with tranquilizers.

 - Ocular and skin irritancy testing with local anesthesia.

**Category E** - Painful Procedures Without Pain Relieving Drugs - Animals used where pain and distress to the animal is present and for which the use of appropriate anesthetic, analgesic, or tranquilizer drugs would adversely affect the procedure results, or interpretation of the results. (A justification of the procedures producing pain or distress and the reasons pain-relieving drugs were not used must be attached. See note below).

Examples: - Negative reinforcement behavioral experiments.

 - Use of adjuvants which cause death of tissue resulting in tissue sloughing.

 - Induction of radiation sickness.

 - Restraint for long periods of time (days to weeks).

 - Death as endpoint study.

 - Induction of self-mutilation.

**NOTE:** Category D & E experiments present an explicit responsibility on the investigator to search for alternatives such as replacement of a live animal model with non-living systems; refinement of methods which are less painful or distressful and reduction in number of animals used to ensure that animal pain/distress is minimized. For help, see the following websites:

 <http://awic.nal.usda.gov/alternatives> (AWIC Alternatives)

 <http://rcb.tamu.edu/animals/resources> (Bullet #7 listed under “Other Resources”)

**Animal usage (pertains to project design, not to species):**

 [ ]  *Experiments involving food or fiber research or production (AACUC)*

 [ ]  *Experiments of a biomedical nature (AACUC)*

[ ]  *Client-Owned Animals (CVM CRRC, AACUC)*

* *If you are utilizing an external source of animals, the AACUC encourages you to utilize the AACUC Owner Consent Form or another appropriate indemnification form.*

[ ]  *Experiment Station (PHS or USDA Regulated Species, AACUC)*

* *Attach current APHIS inspection of USDA regulated species*
* *Has this site been USDA APHIS registered and inspected?*

[ ]  Yes [ ]  No

**FOR COMMITTEE ACTION ONLY**

 [ ]  Approved by AACUC on

Bill Pinchak, Chair

Agriculture Animal Care and Use Committee

Texas A&M AgriLife Research

**INVESTIGATOR’S/INSTRUCTOR’S ASSURANCE**

Texas A&M AgriLife Research recognizes the importance of the use of animals in its research, teaching, and testing programs, and is committed to maintaining high standards for the care and use of animals in research, teaching, and testing. Texas AgriLife Research has adopted the Guide for the Care and Use of Agricultural Animals in Research and Teaching and complies with all applicable portions of the Animal Welfare Act, and all other federal, state, and local laws which impact the care and use of animals in agricultural and field research. AgriLife investigators, teachers, staff, and students accept responsibility for determining that research, teaching, and testing involving the use of animals fulfills these principles, policies, and regulations. To assure compliance:

•**APPROVAL OF AUPS.**  Approval of an Animal Use Protocol (AUP), by the Agriculture Animal Care and Use Committee, is required for all vertebrate animal use. All vertebrate animals must be covered by an active AUP, even after termination of a project.

•**DURATION OF APPROVAL.** AUPs are approved for a three-year period and require two annual reviews. The first annual and second annual reviews are due on the anniversary of the date the AACUC approved the protocol. A new AUP approval is required for continuation beyond the three-year period.

•**AMENDMENTS TO AUPS.** Any proposed change in personnel, species usage, animal procedures, anesthesia, post-operative care, or biohazard procedures to the animal portion of a study must be reported in writing to the AACUC for approval. Committee approval of the proposed amendment is required prior to proceeding with the revised animal procedures.

•**INFECTIOUS BIOHAZARDS, RECOMBINANT DNA.** All animal research projects involving infectious biohazards and recombinant DNA, including procedures such as introduction of recombinant organisms into animals and generation of transgenic or knockout animals, must be registered and approved by the TAMU Institutional Biosafety Committee (IBC).

•**TRAINING OF PERSONNEL.** All personnel working with animals, from the animal care staff to the persons doing the experiments/teaching must be qualified by training and/or experience to do so. On-line training is available through the CITI website at [www.citiprogram.org](http://www.citiprogram.org). All personnel working with animals must be enrolled in the TAMU Occupational Health and Safety Program for Animal Care and Use Facilities.

**Health and Safety of Personnel Performing.** At all locations where this research will be conducted all personnel involved have been trained regarding the potential hazards and risk and how to mitigate or avoid them, appropriate equipment for safe working conditions. All personnel have access to a reliable means of communication and numbers to contact in case of emergency, and a first aid kit.

•**PROGRAM EVALUATIONS.** All approved animal housing locations will be inspected twice annually. Unannounced inspections and observations of animal quarters and/or experimental or teaching procedures may be performed by the attending veterinary staff. Where procedures are causing severe distress to an animal and the pain cannot be relieved, veterinarians are authorized to humanely destroy that animal. Institutional Veterinarians will make a concerted effort to discuss these situations with investigators/instructors prior to initiating such action. The Committee is authorized to suspend research/teaching which does not conform to approved procedures outlined in the AUP.

**Signature certifies that the Principal Investigator/Instructor:**

1. Understands the requirements of the Guide for the Care and Use of Agricultural Animals in Research and Teaching, applicable portions of the Animal Welfare Regulations (Animal Welfare Act), and the Institution's policies governing the use of vertebrate animals for research, testing, teaching, or demonstration purposes.

2. Will conduct the project/course in full compliance with the previously mentioned requirements.

3. Will assure that personnel are appropriately trained and will conduct all procedures as described in this AUP.

4. Assures that this AUP accurately reflects the research/teaching described in any accompanying grant proposal.

5. Assures that the proposed work does not unnecessarily duplicate previous experiments.

6. Understands that work with animals is limited specifically to what is approved in this document.

7. PI Statement: “I have read and understand/acknowledge AgriLife IACUC Internal procedure 1.0 “….”

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Typed Name of Investigator/Instructor |  | Signature of Principal Investigator/Instructor |  | Date |
|  |  |  |  |  |
| Typed Name of Graduate Student (if applicable) |  | Signature of Graduate Student |  | Date |

**INVESTIGATORS MAY DESIGNATE UP TO BUT NO MORE THAN TWO PERSONS TO ACT ON THEIR BEHALF TO REVISE AND AMEND PROTOCOLS AND SUBMIT TRANSFERS AND ANNUAL REVIEWS. THE INVESTIGATOR REMAINS SOLELY RESPONSIBLE FOR THE CONTENT OF THE AUP AND THE CONDUCT OF THE ANIMAL WORK.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Designee Name(s): |  |  |  |  |
|  |  |  |  |  |
|  |
|  |

**Certification of ALL Participants in Research/Teaching Procedures**

(Anyone whose name appears in the AUP)

  **Signature certifies that the participant:**

1. Understands the requirements of the Public Health Service Policy for the Humane Care and Use of Laboratory Animals, applicable portions of the Animal Welfare Regulations (Animal Welfare Act), and the Institution’s policies governing the use of vertebrate animals for research, testing, teaching
and for demonstration purposes.

2. Will conduct the project/class in full compliance with the previously mentioned requirements.

3. Understands his/her role in the AUP and agrees to perform it and assures that he/she has the appropriate skills to do so.

4. Further understands that work with animals is limited specifically to what is approved in this document.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Typed Name of Participant**  |  | **Signature** |  | **Date** |
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Please add as many lines as necessary.

**ANIMAL USE PROTOCOL (AUP)**

(For Institutional Review Only)

Instructions to Investigators: All questions must be answered even if not applicable (N/A). **This form must be type written.** PLEASE USE AS MUCH SPACE AS NECESSARY TO COMPLETELY ANSWER EACH QUESTION.

|  |
| --- |
| **SECTION I. PROJECT/CLASS IDENTIFICATION** |
|  |  |  |
| A. | Investigator/Instructor: |  |
|  | Department: |  |
|  | Address: |  |
|  | Work Phone: |  | Emergency Phone: |  |
|  | E-mail: |  |
|  |
| B. | Title of Project/Class: |  |
|  | Funding Source: |  |
|  | (e.g., NIH, USDA, AHA, Teaching, Internal) |
|  |
| C. | Project Animal-Care Contacts *[Who is to be contacted in case of an animal emergency?]:* |
|  |  |
|  | Name: |  | E-mail: |  |
|  | Work Phone: |  | Emergency Phone: |  |
|  | Qualifications: |  |
|  |  |  |
|  | Name: |  | E-mail: |  |
|  | Work Phone: |  | Emergency Phone: |  |
|  | Qualifications: |  |
|  |  |
|  | Name: |  | E-mail: |  |
|  | Work Phone: |  | Emergency Phone: |  |
|  | Qualifications: |  |
|  |
| D. | Abstract: Please provide a brief statement, in LAY TERMINOLOGY, understandable by someone with a high school education, with no acronyms or scientific jargon, outlining the purpose of the experimental/teaching procedures of this protocol. *[Why you are doing this experiment/class and what you propose to learn/teach.]*  |
|  |  |
|  |  |
|  |  |
| E. | Animal Procedures: These protocols are available to, and may be read by, the lay public. Describe in narrative form, using LAY TERMINOLOGY, understandable by someone with a high school education, no acronyms or scientific jargon, the experimental procedures and manipulation or teaching protocol that will be performed on the animals (not scientific rationale). [Be brief and specific in describing the animal procedures. However, it is not necessary to go into detail (in this section) regarding surgical procedures—that information should be addressed on the Surgical Procedures Attachment 1.]  |
|  |  |
|  |  |
|  |  |
| F. | Justify why you chose to use this (these) species in your research/class. [Describe characteristics of the animal model that make it appropriate for use in your studies/teaching\*. Body size, comparative data from prior studies or unique physiological features may be considered in justification of species. Cost alone is not an acceptable justification for selection of the animal model.] \*If this is a teaching protocol, please justify the use of live animals to achieve your teaching objectives. |
|  |  |
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|  |  |
| G. | Experimental Design/Teaching Protocol |
|  |  |  |
|  | 1. | Describe the number of animals per experiment/class, including a breakdown within experiments/lessons of animals per treatment condition *[Including number of replications and relevant controls.]* If the project involves breeding animals, indicate the number of breeder stock that will be required and how many offspring will be used for the studies. If the project utilizes a colony or herd which will be maintained for supplying animals to other approved protocols, please contact the Chair of the AACUC for information on procedures for documenting colony numbers.**A CHART OR TABLE PROVIDING EXPERIMENTAL TREATMENT/TEACHING LABORATORY AND NUMBER OF ANIMALS PER TREATMENT/TEACHING LABORATORY WILL HELP EXPEDITE REVIEW.**  |
|  |  |  |
|  |  |
|  |  |  |
|  | 2. | Explain WHY you chose a certain number of animals per treatment/teaching laboratory condition. See <https://agrilifeas.tamu.edu/risk-compliance/research-compliance/animals/aacuc/#links-resources> for acceptable justifications for animal numbers. |
|  |  |  |
|  |  |
|  |  |
| **SECTION II. ANIMAL PROCUREMENT/MAINTENANCE INFORMATION** |
|  |  |
| A. | List the total number of animals used, by species, for the duration of the project: |
|  |  |
|  | **SPECIES** | **TOTAL NUMBER FOR DURATION OF AUP** |  |
|  |  |  |  |
|  |  |  |  |
|  |  |
|  |  **If the project involves breeding animals,** please also complete the table below. These numbers, for the duration of the project, should be included in the overall total above.  |
|  |  |
|  | **SPECIES** | **TOTAL NUMBER OF ADULT BREEDERS NEEDED** | **ESTIMATED TOTAL NUMBER OF OFFSPRING TO BE PRODUCED** |
|  |  |  |  |
|  |  |  |  |
|  |  |
| B. | Where will you obtain the animals? [*If wild-caught by you, please describe applicable permits, method of capture and evaluation of health risks to personnel. Please provide a copy of permit approvals (contact the AACUC committee chair if this presents a problem).*  |
|  |  |
|  |  |
|  |  |
| C. | HOUSING ***(It is the investigators responsibility to assure availability of housing with the facility.)*** |
|  |  |
|  | 1. | Where will you house animals? |  |
|  |  | Building #: |  |
|  |  |  |
|  | 2. | Is it AACUC Approved?  |
|  |  |  |  |
|  |  | [ ]  Yes |
|  |  |  |
|  |  | [ ]  No ***(AUP cannot be approved until the facility is inspected. Contact the AACUC office at (940) 647-3916 to schedule a facility evaluation).*** |
|  |  |  |
|  | 3. | Describe any special housing, caging, diet, environment or other requirements necessary for this study/class (example: grid floors, special diets, food/water deprivation, identification of genetically modified animals, etc.) |
|  |  |  |
|  |  |
|  |  |
| D. | Who will provide veterinary medical care for the animals? |
|  |  |
|  |  |
|  |  |
| E. | What will happen to the animals after you complete the experiment/class? [If you plan to transfer the animals at the end of your study, please complete an Animal Transfer Form prior to such a transfer. If the animals are to be euthanized, please describe the agent and method employed. Decapitation or cervical dislocation without anesthesia requires written justification below.]  |
|  |  |
|  |  |
|  |  |
|  | **Animal Transfer (check all that apply):** |
|  |  |
|  | [ ]  Internal to another AUP  |
|  |  |
|  | [ ]  External *(outside agency, slaughter, adoption, etc.).* **If adopting animals to private homes, please provide your laboratory procedures and guidelines. Transfer to a private destination requires prior approval. Assure appropriate drug withdrawal times if applicable.** |
|  |  |
|  |  |
|  |  |
| F. | **Euthanasia. Even when euthanasia is not an integral part of the AUP, please provide an adequate protocol for euthanasia in case there is an unexpected event.** (This section must be completed on all AUP’s. \**Exceptions must be clearly explained (e.g., protected species\*.)* For more information on this procedure, please refer to the *AVMA Guidelines for the Euthanasia of Animals* <https://www.avma.org/KB/Policies/Pages/Euthanasia-Guidelines.aspx?utm_source=prettyurl&utm_medium=web&utm_campaign=redirect&utm_keyword=issue-animal_welfare-euthanasia-pdf>.  |
|  |  |
|  | Method: |  |
|  | Agent: |  |
|  | Dose/Route: |  |
|  |  |
|  | Justification of decapitation/cervical dislocation without anesthesia, if employed:  |
|  |  |
|  |  |
|  |  |
|  | Name(s) of individual(s) administering euthanasia: |
|  |
|  |  |
|  |  |
| G. | Specify the education, training and experience that qualifies each person named in Section IIF to perform euthanasia.  |
|  |  |
|  |  |
|  |
| **SECTION III. ANIMAL PROCEDURES** |
|  |
| A. | Where will you conduct animal procedural/teaching work? *[List Bldg. and Room # for each procedure to be done]*:  |
|  |  |
|  |  |
|  |  |
| B. | Non-Surgical Procedures  |
|  |  |  |
|  | 1. | Method & duration of restraint: |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 2. | Method of obtaining blood or other tissues: [*Indicate the technique to be used, the volume to be collected, the frequency of collection, and the interval between collections. Terminal blood collections require use of a suitable anesthetic.*]  |
|  |  |  |
|  |  |  |
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|  | 3. | Agents to be administered (other than anesthetics/adjuvants), including dose, volume, route, & frequency: |
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|  |  |  |
|  |  |  |
|  | 4. | Other procedures such as food or water deprivation, administration of noxious stimuli or substances and procedures which might induce clinical illness.  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 5. | Names and qualifications of personnel to perform the specified procedures (Include training and experience in the techniques listed above):  |
|  |  |  |
|  |  |  |
|  |  |  |
| C. | Anesthesia/Analgesia |
|  |  |
|  | 1. | If anesthesia is necessary, please describe the agent to be used, dosage and route of administration for each species. *[Also indicate any other pre-anesthetic procedures, such as duration of fasting from food and water. Repeat for each species and/or surgical procedure if different.]* |
|  |  |  |
|  |  | Pre-anesthetic: |  | Dosage: |  | Route: |  |
|  |  | Anesthetic: |  | Dosage: |  | Route: |  |
|  |  | Analgesics: |  | Dosage: |  | Route: |  |
|  |  |  |
|  | 2. | Identify each person who will administer/monitor anesthesia and their qualifications. ***[Indicate previous experience, education, and specific training for this species and with this anesthetic agent. A listing of academic degrees is not an adequate response to this question. Anesthesia training is available. For information on training, contact the AACUC office at 940-647-3916. In teaching activities, students under the direct supervision of qualified personnel may be appropriate.]:*** |
|  |  |  |
|  |  |  |
|  |  |  |
| D. | Assessment of Pain and Distress |
|  |  |
|  | 1. | Does the project/class exercise involve the use of painful procedures or paralytic drugs without the benefit of anesthetics or analgesics? [ ]  Yes [ ]  NoIF YES, justify why anesthetics/analgesics are inappropriate for your experiments: |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 2. | Could the procedures or outcome of this project/class cause more than slight or momentary pain or distress to animal subjects? **Be advised that the USDA has ruled that any surgical procedure has the potential for pain and/or distress.**  |
|  |  |  |
|  |  | [ ]  No [ ]  Yes **(*Complete the section on alternatives below.)*** |
|  |  |  |
|  |  | A. [ ]  As described in Section III.D.I., any potential pain or distress to these procedures will be relieved through use of anesthetics and analgesics and alternatives to these procedures are not available. ***(Complete the section on alternatives below.)*** |
|  |  |  |
|  |  | B. [ ]  But as described in Section III.D.I., anesthetics and analgesics are inappropriate for these procedures. Alternatives to these procedures are not available. (***Complete the section on alternatives below.)*** |
|  |  |  |
|  |  | Describe the methods and sources you used to determine that alternatives to these **procedures** are not available. These might include computerized database searches (BIOSYS, Current Contents, Medline, PubMed, Agricola). Be advised that database searches are not the only source of alternatives. |
|  |  |  |
|  |  | Databases searched: |  |
|  |  | Dates searched (inclusive): |  |
|  |  | Keywords: |  |
|  |  |  |
|  | 3. | Is there a possibility of any illness in the animals which may result from experimental/teaching procedures? Please include any clinically significant side effects that may occur in genetically modified animals. |
|  |  |  |
|  |  | [ ]  No [ ]  Yes (If yes, answer a-d below): |
|  |  |  |
|  | a. | Describe those effects and explain at what point and by what objective criteria (such as clinical condition) the animals may be euthanized or permanently removed from the study/class:  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | b. | Describe the frequency per day that you or your staff will observe the animals after treatment administration: |
|  |  |  |
|  |  |  |
|  |  |  |
|  | c. | Describe the monitoring and recording procedures for determining physiological or behavioral abnormalities: |
|  |  |  |
|  |  |  |
|  |  |  |
|  | d. | State what measures will be taken to minimize or alleviate problems associated with experimental/teaching procedures: |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 4. | Is death (without euthanasia) an endpoint of the study? [ ]  Yes [ ]  NoIf YES, justify why an earlier endpoint is not acceptable: |
|  |  |  |
|  |  |  |

**ATTACHMENT I:** **SURGICAL PROCEDURE**

[ ]  **Not applicable to this project**

Instruction to Investigator/Instructor: **Fill out one copy of this page for each different surgical procedure.** Please make an entry for each category. Carefully list the personnel names for those who will monitor anesthesia, conduct the surgery and monitor recovery. Only those persons listed below will be authorized to perform these functions. All survival surgical procedures require use of aseptic technique. This includes use of sterile surgical gloves, sterile instruments, and aseptic preparation of the surgical field.

|  |  |  |
| --- | --- | --- |
| A. | Surgical Procedure *(Specify)*:  |  |
|  |  |  |
|  | 1. | Where will the surgery be performed? *[list bldg. and room #]:* |
|  |  |
|  |  |  |
|  |  |  |
|  | 2. | Indicate the nature of the surgical procedure *[check one]:* |
|  |  |   |
|  |  | [ ]  Non-survival |
|  |  | [ ]  Survival |
|  |  | [ ]  Multiple Major Survival *[provide justification]:* |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 3. | Provide a brief description of the surgical procedure *[Include relevant details from initial incision to wound closure.]:* |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 4. | Identify each person who is authorized to perform the surgical procedure. Indicate the qualifications of each person who will conduct the surgical procedure. ***[Indicate previous experience, education, and specific training for this species and with this anesthetic agent. A listing of academic degrees is not an adequate response to this question. For more information, contact the AACUC office at 940-647-3616.]:*** |
|  |  |  |
|  |  |  |
|  |  |  |
| B. | Post-Operative Care |
|  |   |
|  | 1. | Where will the animals recover from surgery? *[list bldg. and room #]:* |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 2. | Indicate what post-surgery complications might be anticipated and how they will be managed:  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 3. | List the names of the individuals who will monitor post-operative recovery and frequency of observation: |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 4. | Describe the post-operative medication(s) to be given. [List each agent, the dosage (e.g. mg/kg), route (e.g., IP) and the frequency of administration. If no analgesics are planned, please justify withholding analgesics following any surgical procedures.]: |
|  |  |  |
|  |  |  | Analgesics: |  |
|  |  |  | Antibiotics: |  |
|  |  |  | Other: |  |

ATTACHMENT II: **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

[ ]  **Not applicable to this project**

|  |
| --- |
| 1. **Radioactive Materials Information**
 |
|  | **1.1** | **Radioactive Materials** |
|  |  | **1.1.1.** | Do you plan to use radioactive materials in or on living animals? [ ]  Yes [ ]  No |
|  |  |  | **If yes,** answer the following: |
|  |  |  | Identify radioisotope(s): |  |
|  |  |  | Quantity of material to be used: |  |
|  |  |  | Typical weight of animal: |  |
|  |  |  | Radiological Safety-approved housing location:  |  |
|  |  |  | Total number of animals to be disposed of: |  |
|  |  |  | Location of tissue/carcass storage: |  |
|  |  |  | Will mixed waste be generated: [ ]  Yes [ ]  No |
|  |  |  | **If yes,** type and quantity of mixed waste:  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **1.2** | **Radiation Producing Devices** |
|  |  | **1.2.1.** | Do you plan to use any radiation producing devices? [ ]  Yes [ ]  No |
|  |  |  | **If yes,** answer the following: |
|  |  |  | Permit holder name:  |  |
|  |  |  | Location:  |  |
|  |  |  | Type of device (X-ray, fluoroscopy, accelerator, etc.): |  |
|  |  |  |  |
|  |
|  | **1.3** | **Lasers** |
|  |  | **1.3.1** | Do you plan to use a laser unit? [ ]  Yes [ ]  No |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **If yes,** answer the following: |
|  |  |  | Permit holder name: |  |
|  |  |  | Location: |  |
|  |  |  | Class of Laser: |  |
|  |

|  |  |  |
| --- | --- | --- |
|  | **1.4** | **Magnetic Resonance Imaging (MRI)** |
|  |  | **1.4.1** | Do you plan to use an MRI unit? [ ]  Yes [ ]  No |
|  |  |  | **If yes,** answer the following: |
|  |  |  | Location:  |  |
|  |

|  |
| --- |
| 1. **Chemical Safety Information**
 |
|  | **2.1** | **Chemicals** |
|  |  | **2.1.1** | Will you use hazardous chemicals? (Any chemical with a hazard label is considered hazardous.) [ ]  Yes [ ]  No |
|  |  |  | **If yes,** complete the table: |
| Chemical | Form (e.g. solid, liquid) | Amount of waste generated | Disposal Information (if applicable) |
|  |  |  |   |
|  |  |  |  |
|  |  |  |  |
|  |
| 1. **Personal Protective Equipment (PPE)**
 |
|  | **3.1** | **PPE for personnel when using hazardous chemicals:** |
|  |  | [ ]  |  Eye Protection |
|  |  | [ ]  |  Chemical Splash Guard |
|  |  | [ ]  |  Dust Mask |
|  |  | [ ]  |  Respirator |
|  |  | [ ]  |  Lab Coat |
|  |  | [ ]  |  Gloves (gloves must be appropriate for type of exposure and hazard) |
|  |  |  |  |  |
|  | **3.2** | **PPE for animal caretaker when handling animals or animal materials that have been exposed to chemical hazards:** |
|  |  | [ ]  |  Eye Protection |
|  |  | [ ]  |  Chemical Splash Guard |
|  |  | [ ]  |  Dust Mask |
|  |  | [ ]  |  Respirator |
|  |  | [ ]  |  Lab Coat |
|  |  | [ ]  |  Gloves (gloves must be appropriate for type of exposure and hazard) |
|  |
|  |
| 1. **Engineering Controls**
 |

|  |  |  |
| --- | --- | --- |
|  | **4.1** | **What engineering controls will be used to mitigate exposure risks?** |
|  |  | [ ]  | Chemical Fume Hood (date of last certification):  |  |
|  |  | [ ]  | Biological Safety Cabinet (date of last certification): |  |
|  |  | [ ]  | Other (please explain): |
|  |  |  |  |
|  |

|  |  |
| --- | --- |
| **5.** | **Physical Safety** |
|  | **5.1** | **Will the animal activity expose personnel to high noise levels (e.g., noise levels at which normal conversation cannot be heard from 3 feet away?)** [ ]  Yes [ ]  No |
|  |  | (If yes, describe activity and any means taken to minimize injury.): |
|  |  |  |
|  |  |  |
|  | **5.2** | **Will the animal activity expose personnel to physical hazards (e.g., sharps, heavy lifting, slips, trips, falls, working from heights, working with mobile equipment?)** [ ]  Yes [ ]  No |
|  |  | (If yes, describe activity and any means taken to minimize injury.): |
|  |  |  |
|  |
|  | **5.3** | **Will the animal activity involve power equipment (e.g., tractors, auger, hydraulic chutes)?** [ ]  Yes [ ]  No |
|  |  | (If yes, describe activity and any means taken to minimize injury.): |
|  |  |  |
|  |  |  |
|  | **5.4** | **Will the animal activity expose personnel to electrical hazards (e.g., shock, wet work areas, high voltage?)** [ ]  Yes [ ]  No |
|  |  | (If yes, describe activity and any means taken to minimize injury.): |
|  |  |  |
|  |
|  | **5.5** | **Is further information needed to mitigate risk?** [ ]  Yes [ ]  No |
|  |  | (If yes, please describe here): |
|  |  |  |