**Application for Animal Care and Use**

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| **I. General Information** |
| **Title:**  |
| **Protocol Type:**  [ ]  Research [ ]  Instruction  |
| **Project Period:** (cannot exceed 3 years) Start Date: Click here to enter a date.  End Date: Click here to enter a date. |
| **Application Type:** [ ]  New Protocol  [ ]  3 Year Renewal of Protocol # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Significant Modifications to Protocol # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **II. Administrative Information1** |
| **Principal Investigator / Course Director** |
| **Name:** | **Phone:** |
| **Department:** | **Email:** |
| **Co-Principal Investigator/ Course Director** |
| **Name:** | **Phone:** |
| **Department:** | **Email:** |

1 These individuals must be a faculty members at Southeast. All personnel (other faculty, staff and students involved in the project will be listed on Form B).

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| **III. Certifications and Assurances** |
| By signing this form, I certify that:1) the information provided in this application is an accurate description of the proposed use of animals2) the proposed activities do not unnecessarily duplicate previously reported research 3) all activities are designed to assure that pain/distress/discomfort of animals is minimized4) medical care will be available when necessary, and provided by a qualified veterinarian5) 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 personnel6) I will obtain IACUC approval before initiating any changes to this protocol7) I will notify the IACUC regarding any unexpected study results that impact the animals, and any unanticipated pain or distress, morbidity or mortality will be reported to the IACUC 8) 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.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal Investigator or Course Director Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-Principal Investigator / Course Director Signature Date |

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| **IV. Indicate which of the following apply and complete the appropriate forms.** |
| **A. How animals will be studied** |
| [ ]  Off Campus Activities: Studies or course activities that do not involve  holding animals on campus.  | Forms B, C |
| [ ]  Short Term Campus Activities: Studies or course activities that  involve holding animals for less than 12 hrs. | Forms B, D, K |
| [ ]  Long Term Campus Activities: Studies or course activities that  involve holding animals for more than 12 hrs. | Forms B, E, K |
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| **B. If you will hold animals on campus, what will be the source of the animals?** |
| [ ]  Animals will be captured from the wild. | Form F, K |
| [ ]  Animals will be purchased or supplied. | Form G, K |
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| **C. Indicate if any of the following apply:** |  |
| [ ]  Animals in USDA Pain or Distress Classification D or E or requiring the  use of analgesic/anesthetic/tranquilizing drugs | Form H, K |
| [ ]  Surgery | Form I, K |
| [ ]  Instruction in a classroom setting | Form J, K |
| [ ]  Handled (includes: tagging, temporary capture for measurements) | Form K |
| [ ]  Use of hazardous agents (radiolabeled, biological, chemical agents) | Form L, K |