**Off Campus Activities**

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| **I. General Information** |
| **Title:** |
| **Principal Investigator’s Name:** |
| **Application Type:**  New Protocol  3 Year Renewal of Protocol # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Significant Modifications to Protocol # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **II. Animal Requirements** | | | | | |
| **List all species that will be used in this protocol. If exact numbers are not known (such as survey studies), indicate anticipated amounts of each species.** | | | | | |
| **Animal Species (scientific and common name)** | **USDA Pain Classification**  **B, C, D, E**  **Appendix 1** | **Number of animals to be used per year** | | | **3-Year Total** |
| **Yr 1** | **Yr 2** | **Yr 3** |  |
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Add more rows if necessary. **Note**: If you enter USDA Pain Classification as D or E for any of the animals you need to complete form H.

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| **III. Study Objectives** |
| **Briefly explain, in language understandable to a layperson, the aim of the activity and why the activity is important to human or animal health, the advancement of knowledge, or the good of society.** |

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| **IV. Rational for Animal Use** |
| **1)** **Explain your rationale for animal use.**  (*The rationale should include reasons why non-animal models cannot be used*.) |

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| **2) Justify the appropriateness of the species selected.**  (*The species selected should be the lowest possible on the phylogenetic scale*.) |

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| 3) **Justify the number of animals to be used.**  [*e.g., required for statistically significant results (tests used should be included); based on scientific*  *literature or past experience (references should be cited); based on results of pilot study; required*  *by FDA, other federal agency, or international testing requirements (code, regulation, standards,*  *must be cited).* |

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| **V. Protocol Description** |
| **1) Explain the design of the experiment or course activity and specify all animal procedures.**  This description should allow the IACUC to understand the course of an animal from  its entry into the experiment or activity to the endpoint of the experiment or activity. Specifically  address any procedures outlined in Appendix 2. |

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| **2) 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 Form H must be completed. |

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| **3) Describe the method of capture and handling to be used in the study or course activity.** Cite the  literature reference if the method is a standard procedure or provide complete details if it is a  non-standard method. For each capture method include an estimate of the expected mortality.  Describe methods and precautions to be used in handling to ensure the safety of the animals  and the personnel involved. |

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| **4)** **If animals are to be held for brief periods of time (less than 24 hours) specify the duration**  **and describe the temporary holding facilities.** If animals are already being held in offsite facilities  not managed by Southeast Missouri State University then note that below. |

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| **5) If live vertebrate animals will be transported on public roads, describe the primary means of conveyance, animal caging or restraint, care in transit, and estimated time in transit.** |

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| **VI. Study Sites** | |
| **List the name and location (city or county, and state) and type of the study sites. It is the PI’s responsibility to ensure that you have permission to conduct research on those sites.** | |
| **Site Name:** | **Location:** |
| **Site Type:**   Natural  Outdoor facility  Indoor Facility  Households | |
| **Site Name:** | **Location:** |
| **Site Type:**   Natural  Outdoor facility  Indoor Facility  Households | |
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| **VII. Permits** *(If permits are not required then leave this blank.)* | |
| Activities involving wildlife may require permits from government agencies. It is the PI’s responsibility to obtain the necessary permits for this activity. List all agencies and permit numbers that are required for this work. You may enter “pending” if the permit has not been obtained. | |
| **Agency** | **Permit Number** |
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Add more rows if necessary.

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| **VIII. Working with domesticated animals owned by the general public** |
| **1)** If you are working with privately owned domesticated animals, include a copy of the approval letter and related documents that will be distributed to the owners with this application. |