**Long Term Campus Activities**

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| **I. General Information** |
| **Title:**  |
| **Principle 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 it 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 experimental course of an animal from  its entry into the experiment 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) If the animal will interact with students or the public, describe the procedures for this interaction. Include protocols to ensure the safety of the animals and the people.**  |

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| **VI. Housing** |
| **Facilities Where Animals will be Housed.** |
| **Building:** | **Room:** |
| **Has a site license been obtained for housing the animals?1**  [ ]  Yes [ ]  No |
| **Who will be responsible for the care of the animals?** |
| **Briefly describe the living conditions of the animals (caging, food, water, cleaning, etc...)** |

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| **VII. Veterinary Care** |
| **Name of the Veterinarian:** |
| **Clinic:** | **Phone** |
| **Indicate the plan of action in case of animal illness.** (Initiate treatment, call the PI prior to treatment, euthanize)  |

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| **VIII. Testing Facility** |
| **Will the animals be tested in a different location (includes a different room) that where they are housed?****Yes – If this is selected, you will need to fill out the rest of this section.** **No – If this is selected, you do not need to fill out the rest of this section.**  |
| **Building:** | **Room:** |
| **Indicate the type of facility the testing will occur:**[ ]  **Classroom**[ ]  **Facility devoted to the study – If this is selected, briefly describe the testing facility (size, ventilation, lighting etc.)** |