APPLICATION FOR THE USE OF ANIMAL SUBJECTS IN RESEARCH, TEACHING AND TRAINING
Institutional Animal Care and Use Committee of Morehouse School of Medicine/Atlanta University Center

720 Westview Dr. SW
HGB B-B56 http://www.msm.edu/research/research_centersandinstitutes/CLAR.aspx Office: 404-752-1724
Atlanta, GA 30310 Fax: 404-756-5268

Cover Sheet for IACUC Application

1) This IACUC Application incorporates some form properties. If an item has a box (☐), select the item by clicking the box. If the item has an arrow (➔), answer by clicking to the right of the arrow and begin typing. If the item has a table for the answer, you can add rows by hitting the TAB key from the bottom right cell. .

2) The Guidelines for filling out this IACUC Application are included in this document at the end of the application.

There are several web links referenced in this application. Some of these are for additional information if needed, and some are for additional documents.

No procedures may be performed on any animal by any investigator or his/her research staff without approval of this application.

All IACUC applications that contain hazardous materials must be approved by the Biosafety Committee before the IACUC will review and approve the application. IACUC must receive written confirmation of Biosafety approval and a concise description of protective procedures recommended by the Biosafety Committee.

It is the responsibility of the Principal Investigator to make sure the research project has received all necessary approvals prior to beginning the research.

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FOR OFFICE USE ONLY		IACUC #
Date Received:	Reviewers:	Date Approved:

PROVIDE:

1. **Copy of Experimental Design section involving animal use and ANIMAL USE SECTION FROM PHS 398 GRANT APPLICATION or equivalent research proposal.**
2. **ONE ELECTRONIC COPY of this application BY EMAIL TO mlewis@msm.edu and kspears-paul@msm.edu .**
3. **UPDATED CREDENTIALS FORM FOR ALL PERSONNEL**

After receiving approval, ONE SIGNED COPY OF THIS APPLICATION FORM Please do not refer reviewers to original grant application instead of responding to the questions below.
Feel free to add more space as required to adequately address each point.

A. BASIC INFORMATION	
1. Principal Investigator	
2. Title of Proposal	
3. Funding Agency/Source	
4. Anticipated Start Date	
5. Category (check one)	☐ Research ☐ Teaching ☐ Training
6. Type (check one)	☐ New ☐ Re-Submission ☐ 3Yr Renewal
7. Biohazard (check one)	☐ Yes ☐ No
8. Radiation (check one)	☐ Yes ☐ No
(If Applicable) Previous IACUC #	

9. Veterinary Care and Consultation: You are required to obtain a written veterinary consultation from the *veterinarian* in the planning stage of the project before submission of the application to the IACUC. Call the veterinarian at 404-752-8468 or 404-752-1724. Any required revisions based on the veterinarian consultation should be submitted by the second Thursday of each month in order to be discussed at the next IACUC meeting.

Name of Veterinarian consulted:	

10. Certification: I will comply with the procedures described in the NIH Guide for the Care and Use of Laboratory Animals (Pub. 85-23), with PHS policy, the Animal Welfare Act, applicable IACUC policies, and Standard Operating Procedures as described by the CLAR and IACUC. I acknowledge responsibility for this project and assure that the faculty, staff and students who participate in it are qualified (or will be adequately trained) to conduct it in a humane manner.

Signature, Veterinarian Date

Typed Name, Principal Investigator Date

Signature, Principal Investigator Date

B. STUDY JUSTIFICATION AND OBJECTIVES:

Using easily understandable **LAY TERMS**, briefly describe the objectives and the specific aims of the study. Describe the relevance of the study to advancing scientific knowledge and/or the benefits of the study to human and/or animal health. ***(Note: A scientific abstract from grant application using highly technical terms is not acceptable. Use simple terms and define all abbreviations.)***

➔

C. RESEARCH DUPLICATION:

You are required by law to provide assurance that the proposed research does not unnecessarily duplicate previous work. A thorough computer assisted search of the literature provides the best evidence of the lack of duplication. Thus, the IACUC recommends that you perform a search and list the date, database(s) and keywords searched. Keep copies of the results in your files. **Database searches are available under Library on the MSM WEBPAGE.** The personal knowledge of the principal investigator may be accepted if his or her experience and expertise as leader in the field can be adequately demonstrated by such activities as serving as a regular member of a study section for federal and non-federal funding agencies, as editor of relevant journals, or as organizer of national or international meetings.

➔ **Database(s) used for search:**

➔ **Date(s) search was performed:**

➔ **Keywords used:**

➔ **Range of dates searched (i.e. 1980 – present):**

➔ **Results – List the three most relevant results and explain how yours differs.**

For Three-Year Renewal:	
1. Date of Most Recent Literature Search:	
2. Did you find any evidence that this research now duplicates previous work?	☐ Yes ☐ No
3. If YES, please provide justification for continuation of this project:	
4. Has progress been made since the original application was approved? (click box to check) ☐ **Yes** ☐ **No** *If YES*: **Briefly summarize progress** *(200 words or less)* **in achieving the aims of the original application.** • **Have the goals of the original application changed?** ☐ **Yes** ☐ **No** • **Indicate below how this renewal differs from the original application.**	

➔

D. RATIONALE FOR ANIMAL USE:

1. **State** the **rationale** for involving these particular **species** and a detailed **justification** for the **number** of **animals** required for this research. ***An online sample size calculator can be found at http://stat.ubc.ca/~rollin/stats/ssize/b2.html "Inference for Proportions: Comparing Two Independent Samples"***.
2. The USDA and Public Health Service support the three R's (Replace, Reduce and Refine) as guidelines for the choice of species and number of animals to be used.
3. Include an outline of the **study design**, including the number of animals in experimental and control groups.
4. **Provide** detailed information as to the **feasibility** of employing **non-animal model** alternatives in this study. Tables recommended.

➔**Rationale:**

➔**Study design summary including # of groups/animals:**

➔**Justification for sample size:**

➔**Feasibility of non-animal model:**

E. RESEARCH PROCEDURES: Complete this section for each individual species. Please check the box(es) for the appropriate species used.

SPECIES: ***(click box to check)***

☐ Mouse ☐ Rat ☐ Hamster ☐ Rabbit
☐ Other (specify)_____

1. **Provide a description of the proposed use of animals.** Describe all procedures on the animals and their frequency. A PROTOCOL SUMMARY (at the end of this form) should be provided for each procedure described here. Surgery should be described here only as it relates to the study design. Specific details on surgery, anesthesia for surgery and postoperative care are requested in section *H.*

➔

2. Indicate where these procedures will be performed for <u>each</u> species: ***Procedure rooms/areas <u>must be approved by the IACUC</u>. Consult with CLAR to ensure the desired population can be supported.****					
Building: (CLAR, MRC, MEB, RW, McBay, etc.)		**Room:**		**Facility:** (MSM, MC, CAU,SC)	

3. Indicate where each species will be housed:		**4. Indicate the number of each species to be housed:**	
Building: Room: Facility		Daily: Annually:	

5. Describe special husbandry requirements for each species:	
a. Caging or housing:	
b. Diets:	
c. Environment:	

6. Describe the method for identification: ***Please include in the protocol summary***	
a. None	
b. Ear Notching*:	
c. Tattoo*:	
d. Ear Tag*:	
e. Other:	

F. ANIMAL SPECIES AND NUMBERS TO BE USED FOR THESE STUDIES: THIS UPDATE CONFORMS TO THE CURRENT USDA PAIN CATEGORIES. ANIMALS SHOULD BE PLACED IN THE HIGHEST APPLICABLE CATEGORY.

1. Classification by pain/stress level: This classification system is required by the Animal Welfare Act. It is only a reporting mechanism and does not alter IACUC or veterinary oversight. Issues of assessment and minimization of pain and distress are addressed in other sections throughout the protocol form.

Class B. Animals bred, conditioned, or held for use in teaching, testing, experiments, research or surgery but not yet needed for such purposes.

Species	Year 1	Year 2	Year 3	Total

This is the estimated number of animals that will either be used for breeding or their offspring will be maintained for experimental use.

Class C. Non-Painful/Non-Stressful: Animals upon which teaching, research, experiments or tests will be conducted involving no pain, distress or use of pain-relieving drugs. These are routine procedures such as blood sampling, tattooing and injections. Euthanasia is performed in accordance with the recommendations of the AVMA Report on Euthanasia. Polyclonal antibody production and procedures involving administration of an anesthetic, analgesic or tranquilizing drug to an animal for short term restraint purposes to perform a procedure that involves no pain or distress may be considered level C, including other routine procedures causing only slight or momentary discomfort such as: venipuncture, injections, and the use of non-inflammatory adjuvants.

Species	Year 1	Year 2	Year 3	Total

Indicate procedures that may result in pain or stress under some circumstances, such as inflammatory reactions to injections or in response to infectious agents, even if these reactions are generally not expected. **Indicate how animals will be monitored** for such occurrences.

Class D. **Painful/Stressful WITH Analgesia/Anesthesia/Tranquilizers**: Animals upon which experiments, teaching, research, surgery or tests will be conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic or tranquilizing drugs will be used. In addition, terminal surgical procedures in which the animals are euthanized before recovering from anesthesia are considered level D.

Species	Year 1	Year 2	Year 3	Total

Class E. Painful/Stressful WITHOUT Pain or Stress Relieving Measures: Animals upon which teaching, experiments, research, surgery or tests will be conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would adversely affect the procedures, results, or interpretation of the teaching, research, experiments, surgery, or test. An explanation of these procedures and reasons why appropriate drugs were not used must be justified in the Animal Care and Use Protocol.

Species	Year 1	Year 2	Year 3	Total

	Pain Scores				
Pain Score Categories	**0**	**2**	**3**	**5**	**10**
Body Weight	< 5 % decrease	6-10 % decrease		11-25% decrease	> 25% decrease
Appearance	Normal	Huddled and mild piloerection	Huddled and moderate pilo-erection	Huddled, not groomed and severe piloerection	
Rectal Temp (99°-103.1°F)	Normal	± 0.5°F of normal range		± 1°F of normal range	± 2°F of normal range
Behavior	Normal	Responsive when stimulated, decreased appetite	Mildly lethargic and responsive	Lethargic and Mildly unresponsive, decreased appetite and water intake	Unresponsive or moribund
Clinical signs	Normal	Ocular discharge	Mild respiratory distress	Moderate respiratory distress, ataxia and/or dehydration	Severe respiratory distress and/or severe dehydration.
Column Score					
Total Pain Score					

Each pain scale has a corresponding action plan:

Score:

- 0 – 4 total score or <1 score in a category: No intervention
- 4 – 9 total score or >1 score in a category: Increase the frequency of observation and/or consider euthanasia.
- 10 – 11: Euthanize animal

1) Describe the anticipated pain or distress for each species listed in stress levels **D**. and **E**. from section F1.

Species ➔
Species ➔
Species ➔

2) Describe how pain or distress will be monitored for each species:

Species ➔
Species ➔
Species ➔

3) List who will monitor or observe animals. **Animals must be monitored at least daily.**

➔

4) Indicate schedule of monitoring. **A record of monitoring must be maintained and posted.**

➔

5) For animals in stress level **D.**, describe the interventions and/or the dose, frequency and type of analgesicdrugs or tranquilizers to be administered if pain or distress occurs for each species:

Species ➔
Species ➔
Species ➔

6) For animals in stress levels **D.** and **E.** studies that may result in debilitation (such as infectious diseases or toxicity testing), describe specific criteria, for each species, which will determine when animals should be euthanized to prevent undue pain or distress:

Species ➔
Species ➔
Species ➔

7) Will animal restraint be used? Yes ☐ No ☐
If yes, include the description in Section E ***as well as*** include a Protocol Summary.

Restraint is defined as the use of manual or mechanical means to limit some or all of an animal's movement for purpose of examination, collection of samples, drug administration, therapy or experimental manipulation.

Prolonged restraint is defined as a physical restraint of unanesthetized animals for 30 minutes or longer in a natural body position or 10 minutes or longer in an unnatural body position.

What is the type of restraint?

➔

What is the duration of restraint?

➔

Describe the acclimation process (ie. How will the animal be acclimated to the device?)

➔

What are the removal criteria? (ie. How will the success of the acclimation be gauged?)

➔

G. LACK OF NON-PAINFUL, NON-STRESSFUL ALTERNATIVES:

If any animals are listed in stress levels **D.** and **E.** in question **F1** above, **the Principal Investigator is required by law to document that alternatives to procedures that may cause pain or distress to animals have been considered**.
(The alternative search is not the same as the duplication search.)

For more information on the alternatives search http://altweb.jhsph.edu/

(See instructions for USDA Policy). Link to page posted on web site.

http://awic.nal.usda.gov/nal_display/index.php?info_center=3&tax_level=1&tax_subject=184

Link to worksheet on alternatives search.

If investigators have difficulty with this section they can send protocols (or description of the activities, expected outcomes, etc) by e-mail to awic@ars.usda.gov at the USDA Animal Welfare Information Center (AWIC). AWIC will run the search and send results back to the investigator, usually within one week.

a. A computer-assisted literature search is considered by the USDA to be the best method to check for **non-painful, non-stressful alternatives**. Therefore, you are required to describe the date, keywords and the database(s) searched below for each species. (Keep copies of the search results in your files.)

Species➔ Species➔ Species➔

Database(s):

Date(s) of Search:

Key Words used to determine alternatives:

Date Range:

Results - List the three most relevant results and explain why these are not applicable to achieving the aims of your study.

b. Are less painful and/or less stressful alternatives available? Species➔ Species➔ Species➔	Yes ☐ Yes ☐ Yes ☐	No ☐ No ☐ No ☐
c. If YES, justify (for each species) why they are not going to be used.		

Species➔
Species➔
Species➔

d. Annual Report of Stress Level E Procedures: MSM IACUC must submit an annual report to the United States Department of Agriculture describing the use of any animals (other than rats, mice, birds, and amphibians) that are classified in stress level **E** above. Briefly describe, **in lay terms**, all procedures on each species listed in stress level **E** above. State why pain or distress relieving measures cannot be used (your summary will be included in the report to the USDA).

Species➔
Species➔
Species➔

H. MONITORING ANIMALS FOR WELL BEING, PREVENTION AND REDUCTION OF DISTRESS INCLUDING SURGERY:

Click appropriate box to check the criteria used to assess level of anesthesia or analgesia:
Please specify each species on the lines provided below. (ie.-mouse, rat, etc.)

____	____	____		____	____	____	
☐	☐	☐	Respiration rate	☐	☐	☐	Color of mucus membranes
☐	☐	☐	Heart rate	☐	☐	☐	Muscular relaxation
☐	☐	☐	EKG	☐	☐	☐	Corneal reflex
☐	☐	☐	Positive toe pinch	☐	☐	☐	Other (specify)_____

I. SURGERY, SURGICAL ANESTHESIA, POST-OPERATIVE CARE:

(Complete this section for each individual species)

Species ➔ Species ➔ Species ➔	

1. Describe each surgical procedure to be used. Indicate the number of animals used for each surgical procedure and the number of procedures to be performed each year.

Species➔
Species➔
Species➔

2. Surgical anesthesia

		Drug	Dose/Frequency	Route
Pre-anesthesia	Species			
Maintenance Anesthesia	Species			
Paralytic Agents	Species			

3. Will animals be allowed to recover from anesthesia? **Species** **Species** **Species** ***Note: All recovery surgeries must be performed aseptically, to include sterile gloves, drapes and instruments.**	Yes ☐ Yes ☐ Yes ☐	No ☐ No ☐ No ☐
4. Describe how depth of anesthesia will be determined and monitored:		

Species➔
Species➔
Species➔

5. If the answer to #3 is YES, will more than one survival surgical procedure be conducted for each species? Species: Species: Species:	Yes ☐ Yes ☐ Yes ☐	No ☐ No ☐ No ☐
6. If more than one survival surgery procedure is to be performed, how many?	Species: Species: Species:	
7. Provide scientific justification for more than one survival surgical procedure for each species:		

Species➔
Species➔
Species➔

8. Site of operating room for each species	**Building:** (CLAR, MRC, MEB, RW, McBay, etc.)		**Room:**		**Facility:** (MSM, MC, CAU,SC)	
9. Site of recovery room for each species	**Building:** (CLAR, MRC, MEB, RW, McBay, etc.)		**Room:**		**Facility:** (MSM, MC, CAU,SC)	
10. Describe the postoperative care						
a. First 24 hours:						
b. Second 24 hours						
c. Thereafter:						
11.Person responsible for postoperative care		Name:		Phone:		
12. Name of surgeon		Name:		Phone:		

J. EUTHANASIA

Whether or not euthanasia is planned as part of the study, indicate the method to be used should it be required. For all inhalant methods for euthanasia (carbon dioxide, isoflurane, etc.), a secondary method is required. Please include the primary and secondary methods, agent, and dose for each species. Euthanasia must be in accord with methods approved by the AVMA Panel on Euthanasia available at AVMA Guidelines on Euthanasia. **Justification to do otherwise must be provided here.**

Species	Primary Method	Secondary Method	Agent	Dose	Comments

K. SUMMARY

Check each of the following appropriate descriptors for each species by clicking the box

Please specify each species on the lines provided below. (ie.-mouse, rat, etc.)

___ ___ ___

- ☐ ☐ ☐ Blood/Tissue Collection
- ☐ ☐ ☐ Classroom
- ☐ ☐ ☐ Behavioral studies
- ☐ ☐ ☐ Field studies
- ☐ ☐ ☐ Surgery
- ☐ ☐ ☐ Euthanasia
- ☐ ☐ ☐ Nutrition studies
- ☐ ☐ ☐ Stress
- ☐ ☐ ☐ Other
- ☐ ☐ ☐ Antibody production/collection*
- ☐ ☐ ☐ Infectious agents** _____(specify)
- ☐ ☐ ☐ Toxins/carcinogens** _____(specify)
- ☐ ☐ ☐ Recombinant DNA**
- ☐ ☐ ☐ Radioactive materials*** (in vivo experiments only)

* Will Biomedical Technology Service Laboratory (BTSL) Core be used for antibody production ? Yes ☐ No ☐

If No, fill in Section L 1. and 2. below

** Must fill in Section M (this form) for Biohazards

*** Must fill in Section N (this form) for Radioactive materials

L. TISSUE COLLECTION: (List all blood, body fluid and tissues to be collected).

Species	Fluid/Tissue	Amount	Frequency	Site/Method	Postmortem Harvest (Y/N)

M. ADMINISTRATION OF TISSUE, FLUID, SUBSTANCE:

(Drug, special diet, gas, vehicle, adjuvant, cells, carcinogen, etc…)

1. Describe all agents to be administered to animals:

Species	Agent	Route	Dose (mg/kg, gm or ml)	Frequency	Possible Complications

2. The use of Complete Freund's Adjuvant for antibody production requires adherence to the MSM IACUC recommendation for Complete Freund's Adjuvant. Deviation from this policy must be described and justified here.

➔

3. Will non-pharmaceutical grade compounds be used for experiments? Yes ☐ No ☐
   If yes, provide justification for their use and a description of the preparation, expiration, and disposal method. Also include this in a protocol summary.

➔

N. FOR USE OF INFECTIOUS AGENTS, TOXINS OR HAZARDOUS CHEMICALS IN LIVE ANIMALS

(Replicate for each species): All IACUC applications that contain hazardous materials and substances must first be submitted to the Biosafety Committee. The IACUC must receive written approval from the Biosafety Committee before the IACUC will review and approve the application.

	Species:	Species:	Species:
1. Agent			
Biohazard Committee Approval #			
Date of Biohazard Committee Approval			

Include approved procedures from your Biosafety application detailing protective measures for CLAR staff and others in contact with animal or tissues that may contain biohazard. **Prior to use, coordination with CLAR is required**.

2. Tumors, tissues and cell lines can be infected with pathogens that may cause disease in humans or other animals. Therefore, IACUC applications will be approved for the use of these materials only if they have been shown to be free of infectious agents or if animals receiving untested materials are housed under strict quarantine. We recommend using Taconic Anmed for your cell line testing.

a. Will tumors, tissues or tissue culture cell lines be administered to living animals?	Yes ☐	No ☐
b. **If yes**, have these materials been tested to show that they are pathogen-free?	Yes ☐	No ☐
i. **If yes**, provide the documentation.(attach to form)		
ii. **If no,** contact a veterinarian at your location (see page 1 A6) to arrange for appropriate testing.		
iii. **If no** and no testing is to be done, section **M 1**. (Above) must be completed.		

3. MSM IACUC requires adherence to the OLAW policies concerning the Production of Monoclonal Antibodies Using Mouse Ascites Method. Please refer to the OLAW document at http://grants.nih.gov/grants/policy/antibodies.pdf. Use of the Ascites Method must be justified here.

➔

O. FOR USE OF RADIOISOTOPES IN LIVE ANIMALS LIST:	
1. Labeled Compound	
2. Radioisotope	
3. Dose per animal	
4. Radiation Safety Committee #	
5. Date of Radiation Safety Committee Approval	

P. PERSONNEL:

Credentials must be on file with the CLAR Admin office. Please indicate if they are on file. If they are not on file, please complete the Credentials Form and attach to the application. **New forms *must* be submitted with every new application and 3-year renewal.**

1. List ALL Personnel that will work on this Protocol/Project. Verify Credentials and Certifications are on file or attached:

Name	Campus Address	Office Phone	Office Fax	Email	File	Attached
					☐	☐
					☐	☐
					☐	☐

2. Personnel Training: In the fourth column please indicate the designated personnel responsible for ensuring appropriate training for all experimental procedures.

Name	Procedure	Years of Experience	Person Responsible for Providing Training

3. Contact Personnel in case of animal emergency

Name	Home Phone	Office Phone	Email	Cell Phone/Pager

Is an assurance letter required YES ☐ NO ☐

If YES, name and address of individual to whom the assurance letter should be sent and date that letter is needed:

Name ➔

Address ➔

Telephone /FAX (if necessary) ➔

Date Needed➔

I hereby certify that the above information is an accurate summary of all animal protocols to be used in this project or instructional exercise and take responsibility for all individuals using this protocol

Signature, Principal Investigator	Date
Name (Typed)	Department

APPROVED

Signature, Chairperson IACUC	Date

CHECKLIST	
Use this checklist before submitting the application to CLAR.	
☐	1. Application completed and signed by the principal investigator.
☐	2. Veterinary consult obtained and changes made to application addressing any stated concerns.
☐	3. Credential form is submitted with proposal.
☐	4. Research proposal or grant is attached.
☐	5. Address for assurance letter completed.
☐	6. All training has been scheduled or completed by all personnel.
☐	7. All Protocol Summaries are complete and attached.

Please Read the Important Information Below!

MSM-IACUC must comply with all federal laws and regulations governing the use of animals in research. The information requested on the IACUC application form meets some part of this obligation and brings our application more in line with the current USDA interpretation of the revised Animal Welfare Act. The classification of stress levels differs from that in the previous application but reflects current USDA reporting classifications.

This application must be completed and approved by the IACUC **before** beginning any studies involving animals, regardless of the funding source. **Animals cannot be ordered or housed in any Morehouse School of Medicine campus facility or satellite without an approved IACUC protocol.** Approval is also required before the IACUC can issue an institutional letter of verification (ILV) to federal and nonfederal funding agencies. Although NIH allows the ILV to be submitted 60 days after the grant deadline, be aware that they have begun enforcing the requirement the ILV must be in their hands before grants will be reviewed. You should check on the requirements issued by other funding agencies.

Be sure to allow adequate time for review of your application during regularly scheduled IACUC meetings, **which occurs on the third Thursday of the month**. **An electronic submission of your application for animal studies must be received by MSM IACUC by the last Thursday of the month to be put on the agenda of the next meeting**. **IACUC applications revised based on the veterinary consult or the Biosafety Committee are due by the 2nd Thursday of the month.** Notifications of approval are usually issued within one week of the meeting. However, a number of applications are not approved until the investigator provides additional information to the committee. The committee makes every effort to handle these revisions promptly but may require an additional review by the full committee at the next scheduled meeting. The most recent revision of the IACUC application must be used (1/00/13 or later). The form can be downloaded from the IACUC web site.

Address all items on the form; "not applicable" or "NA" should be used rather than leaving blanks. A veterinary consultation must be obtained before submitting the application to the IACUC. Submit a rough draft of your application to the Center for Laboratory Animal Resources (mlewis@msm.edu 404-752-1724) for protocols to be conducted in any MSM campus facilities. The form must be submitted to the Veterinarian on or before the last Thursday of the month. The veterinarian will provide you with a written list of concerns or potential problems. Changes in response to these concerns must be incorporated in the final draft of the application submitted to the IACUC. Adequate attention to the veterinary consultation greatly improves the probability that your application will be quickly approved. The veterinary consultation form also will be forwarded to the committee to help in their deliberations.

With your application, please submit the animal use section of your grant application if available. Upon completion of the IACUC Application, please submit a copy as an email attachment to mlewis@msm.edu, wkirlin@msm.edu, and kspears-paul@msm.edu. Incomplete applications or those not conforming to these requirements will be returned to the investigator without review.

Applications approved by the IACUC are valid for three years. Applications and protocol synopses will be reviewed yearly. A renewal form will be sent to you 1 to 2 months before the expiration date of the approval. The investigator must indicate whether the project is still active and whether any significant changes have been made to the protocol. The signed form must be returned *before* the previous approval expires. If approval expires, a new application must be approved before work can continue. Protocol synopses will be reviewed twice. Every three years after your initial approval, you are required by law to submit a new IACUC application. Be sure to indicate the previous IACUC protocol approval number on this new application.

Significant changes to your approved protocol such as the addition of new personnel, new animal procedures, the addition of more animals or a change in species or a change in specific aims requires approval by the IACUC. Please contact the IACUC coordinator @ mlewis@msm.edu or (404.752.1724) for the appropriate forms and guidelines.

MSM IACUC
CLAR

Morehouse School of Medicine
Center for Laboratory Animal Resources
720 Westview Dr., SW
Atlanta, GA 30310-1495

Name	Position	Phone	Email
Ward Kirlin, PhD	IACUC Chair	404-752-1709	wkirlin@msm.edu
James Champion	Director of CLAR	404-752-1722	jchampion@msm.edu
Mickie Lewis	Administrative Assistant IACUC Coordinator	404-752-1724	mlewis@msm.edu
	Fax Number	404-756-5268	
CLAR Website	CLAR Website (case sensitive)	http://www.msm.edu/research/research_centersandinstitutes/research_cni_CLAR.aspx	
SharePoint Site	Animal Resources Site (only for MSM staff; intranet)	https://sp.msm.edu/clarhome/default.aspx	
Donna Floyd	Animal Health Technician III	404-752-8468	dfloyd@msm.edu
Phillip "Chez" Hazel	Animal Care Supervisor	404-752-1199	phazel@msm.edu
Dr. Katherine Paul	Attending Veterinarian	678-524-6488	kspears-paul@msm.edu

Protocol Synopsis

PI:		**Protocol #:**	
Title:			
Species:		**Approval Date:**	
Expiration Date:			
Research Synopsis: The summary (Indicate study goals and procedures to be performed)			

Special Information	Yes	No	Specify
Average Daily Animal Number			
Breeding			
Delayed Weaning (> 21 days)			
Geriatric Animals (>12 months)			
Genetically Engineered/Mutant Animals			
Genotyping			
• *Tail or Other*			
Identification Methods: *Ear Tag, Ear Punch, Microchip, Tattoo, Toe Clip*			
Individual Housing			
Non-Standard Caging			
• *Wheel, metabolism, sterile, other*			
Cage Change Frequency			
No/Limited Environmental Enrichment			
• *Please Specify*			
Food/Water: *Restrictions or special diet, medicated water*			
• *Please Specify*			
Animal Removed from Animal Facility			
• *If yes, where?*			
• *Reason for removal*			
Animals Returned to Animal Facility			
• *If yes, where?*			
Survival Surgery			
• *Post-operative Analgesia*			
• *Please Specify Drug*			
• *Frequency*			

Terminal Surgery			
Behavior Testing			
Special Information	**Yes**	**No**	**Specify**
Tumors			
• *If yes, please specify location:*			
Injections			
• *IP, IV, SQ, IM, ID (specify all that apply)*			
• *Location*			
• *Volume*			
• *Frequency*			
Administration of Substances Which Could Cause Pain			
• *Location*			
• *Volume*			
• *Frequency*			
• *Signs to monitor*			
Oral Gavage			
• *Volume*			
• *Frequency*			
Blood Collection			
• *Method*			
• *Volume*			
• *Frequency*			
Anesthesia			
• *Type*			
• *For what procedures?*			
Illness (*Illness is possible or expected?)*			
• *Monitoring frequency*			
• *Endpoint (How long animals are kept post-procedure?)*			
• *Euthanasia criteria*			
• *Euthanasia method*			
• *Secondary method*			
• *Disposition(Euthanasia, Transfer, Adoption)*			
Bio-Hazards			
• *Biosafety Level*			
• *PPE*			
• *Procedures*			
Chemical Hazards			

• *PPE*	
• *Procedures*	
• *Others*	

Personnel				
Name	**Office Phone**	**Email**	**Cell Phone/Pager**	**Emergency Contact?**
				Yes ☐ **No** ☐
				Yes ☐ **No** ☐
				Yes ☐ **No** ☐
				Yes ☐ **No** ☐
				Yes ☐ **No** ☐
				Yes ☐ **No** ☐