

# APPLICATION FOR USE OF VERTEBRATE ANIMALS IN RESEARCH OR TEACHING

## Delaware State University

In accordance with federal and University regulations, all research or instructional use of live, vertebrate animals, regardless of source of funding or location of animals, conducted by University faculty, staff and students must be reviewed and approved by the Institutional Animal Care and Use committee (IACUC). APPROVAL MUST BE OBTAINED PRIOR TO INITIATION OF THE ACTIVITY. All individuals involved in the use of vertebrate animals in research or teaching are required by federal mandate to attend a university sponsored training session. Details on the University's animal usage policies can be obtained from the Office of Sponsored Programs.

### Application Instructions

Complete the application and submit it along with the required documentation to the IACUC Chair through the DSU Office of Sponsored Programs. Required documentation will vary from application to application depending on the level of pain that the animal will experience. There are four recognized pain categories. Your application will fall into one of these.

<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Non-research Animals</b> Animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery, but not yet used for such purposes.	<b>No Pain</b> Procedures involving no pain or distress or requiring no use of pain relieving drugs.	<b>Alleviated Pain</b> Procedures involving pain or distress for which appropriate anesthetic, analgesic, or tranquilizing drugs were given. In addition, terminal surgical procedures in which the animals are euthanized before recovering from anesthesia are considered level D.	<b>Unalleviated Pain</b> Procedures involving pain or distress but for which appropriate anesthetic, analgesics, or tranquilizing drugs would have affected the procedures, results or interpretation of the results.

### Required Documentation

In addition to your grant proposal describing your methodologies, please also submit the following sections of the IACUC Application to the Office of Sponsored Programs to initiate the review process.

<b>Required IACUC Application Sections</b>			
<b>Category</b>	<b>Cover Page (pg. 1)</b>	<b>SOP's (pg. 3)</b>	<b>Appendix D (pg. 5)</b>
B	yes	yes	no
C	yes	yes	no
D	yes	yes	yes
E	yes	yes	yes

Please Note:

- 1) Applications that are not signed by both the PI and the respective Department Chair will be returned without further review.
- 2) If you are applying for extramural funding, it is best to submit the IACUC application at the same time as the grant application to avoid delays in getting your funds released.

For more information or if you have questions about completing your application, please do not hesitate to contact Dr. Michael Gitcho, IACUC Chair at 302-857-6835 or [mgitcho@desu.edu](mailto:mgitcho@desu.edu).

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**Cover Sheet**

Title of project/proposal:


1. Is the project/proposal new  or a renewal / revision  ?  
 If a renewal / revision, please give the identifying protocol number:

2. Project is used for research:  teaching:  or both:

3. Name of Delaware State principal investigator:   
 Title and rank (if different):   
 If student or staff, identify faculty advisor:

4. College and department (if different):

5. Phone:  6. Fax:

7. Email:  @desu.edu.

8. This project either has been or will be submitted to the following agenc(ies) for funding  
 (Please spell out acronyms):

9. Other sources of funding (Please spell out acronyms):

10. Please identify other staff or collaborators involved with the project, whether on or off campus. If no other personnel are involved, write "N/A".

Name	Institution and Location
Estimated number of staff or students to be hired for the project:	

11. Check the appropriate pain category. Refer to instruction sheet for details.  
 Category B.  
 Category C.  
 Category D.  
 Category E.

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12. Hazardous / Controlled Substances: Will animals be intentionally exposed to any of the following materials? (If “YES”, specify the compound or organism. If “NO”, write “N/A”.) Yes No

Radioisotopes	
Chemical hazards	
Biohazards	
Carcinogens	
Recombinant DNA	

**Assurances**

By signing the application, I hereby certify that the foregoing information is complete and correct and that professionally acceptable ethical and humane standards governing the care, treatment, and use of animals will be followed.

- I assure that discomfort and injury to animals will be limited to that which is unavoidable in the conduct of scientifically valuable research, and that appropriate anesthetic, analgesic and tranquilizing drugs will be used to relieve all unnecessary pain and distress for the subject animals during teaching, research, testing, and post-operative care.
- I assure that animals that would otherwise experience severe or chronic pain or distress that cannot be relieved will be painlessly euthanized at the end of the procedure, or if appropriate, during the procedure.
- I agree to cooperate with the Institutional Animal Care and Use Committee and the Office of Sponsored Programs in their supervision of these laws and policies. I am aware of the professional standards of competence and responsibility pertaining to the use of laboratory animals.
- I am ultimately responsible for the training and conduct of students or staff under my supervision in regards to animal care and welfare.
- *I have implemented a literature search using at least two (2) databases and attest that the project does not unnecessarily duplicate previous experiments and that the use of animals is necessary to complete the objectives.*

Databases Used: (ex. MEDLINE, etc.)	
Relevant citations (if applicable):	

Signature of Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

*I have reviewed this animal-use protocol and certify that the necessary resources are in place to ensure the effected animals will be properly cared for.*

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_

*This application has been reviewed by the DSU IACUC and has been approved.*  
IACUC Chair: \_\_\_\_\_ Date: \_\_\_\_\_

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Standard Operating Procedures (SOP) sheet

1. Species to be investigated / used: \_\_\_\_\_  
(Please use a separate SOP form for each vertebrate species used. List scientific names in parentheses)

2. Maximum number to be utilized during study:   
Number of replicate animals per treatment group:

3. Source of animals (Company or private vendor and contact information):  
*Note: If the animals will be captured from the wild, state "wild capture" and answer question 3a.*

3a. If animals will be captured from the wild, answer the following questions. If not, write "N/A".

Type of traps	<input type="text"/>
Frequency of trap checking	<input type="text"/>
Size of cage for transport (if needed)	<input type="text"/>
Site of capture / release	<input type="text"/>

4. Will animals be housed for longer than 12 hours at Delaware State University? \_\_\_\_ Yes \_\_\_\_ No  
If yes, state all locations where they are to be kept or moved to (building or farm):

5. Will animals be confined in manufactured cages? \_\_\_\_ Yes \_\_\_\_ No  
If yes, state size of cages (square feet or meter of floor space) and number of animals per cage:

6. Will animals be confined in an enclosure such as fenced land or pond? \_\_\_\_ Yes \_\_\_\_ No  
If yes, state size of enclosure or pond, and the number of animals residing.  
If natural breeding is expected to occur (i.e., aquaculture), only the initial stocking number is required.

7. Animal care:  
Source or Reference for diet:

Will animals be fed and watered *ad libitum*? \_\_\_\_ Yes \_\_\_\_ No  
If "NO," state feeding regime.

Is restraint needed beyond routine handling? \_\_\_\_ Yes \_\_\_\_ No  
If "YES," describe restraint procedures or equipment.

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Will injections, vaccinations or blood sampling be needed? (Check all that apply.)

\_\_\_\_\_ Yes, injections \_\_\_\_\_ Yes, vaccinations \_\_\_\_\_ Yes, blood sampling \_\_\_\_\_ No to all

If "NO," write "N/A". If "YES," answer the following:

Substance to be injected or withdrawn:	
Size of needle (gauge):	
Site of penetration:	
Method (e.g., subQ, IM or IV) *:	

\* SubQ = subcutaneously; IM = intramuscularly; IV = intravenously

Is individual animal identification needed (wing bands, leg bands, radiotags, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "NO," can animals that escape cages be identified or will they need to be euthanized?

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If "YES," please state:

Form of tags:	
Method and location of attachment:	
Frequency of check / replacement:	
If wild animal, method of removal after project completion:	

Euthanasia. Please state method of euthanasia, compound and method of delivery. If delivered by injection, include the size (gauge) of the needle and site of injection.

*A method of euthanasia must be planned for in case of accident, disease or emergency evacuation (natural disaster, severe weather, etc.)*


After the animals are euthanized, how will the carcasses be disposed?


8. Other. Describe all other procedures that may cause pain or distress to animal subjects, such as use of electric shocks, unusual housing, etc. If "none" or "not applicable," write "N/A."


9. Disposition of animals. After the research is terminated, what will be done with any surviving animals?


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**Appendix D: Protocols involving surgery**  
**Required ONLY for Category D and E proposals (see instructions)**

**NOTE: ALL RECOVERY SURGERY MUST BE DONE UNDER ASEPTIC CONDITIONS.**

1. Name and location of surgical procedure (Room, Building or Farm):

Procedure	Site

2. For each anesthetic to be used, list the following:

Compound Used	Dosage (Range)	Route of administration

3. Will the surgery be terminal? \_\_\_\_\_ Yes \_\_\_\_\_ No

3a. If recovery is involved, provide the location of the recovery (Room, Building or Farm):


3b. Describe analgesics used, doses and frequency of application, routes of administration (if injected, include gauge of needle and site/target of injection), frequency of administration and duration. If none, explain reason.


3c. Describe antibiotics used, doses and frequency of application, routes of administration (if injected, include gauge of needle and site/target of injection), frequency of administration and duration. If none, explain reason.


4. Multiple surgical procedures.

Will any animals have more than one surgical procedure performed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, why?


5. Provide a rationale for the animal model selected and its appropriateness of use.


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6. Policy 12 guidelines. If painful procedures are involved, please complete the following section. NOTE: USDA defines “a painful procedure” as “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 is applied, i.e., pain, in excess of that caused by injections or other minor procedures.” (A painful procedure in which pain is relieved is still considered to be a painful procedure. All surgery, including non-survival surgery, performed under anesthesia is considered to be a painful procedure.)

Provide assurance that alternatives to painful procedures have been considered. Information must be provided as to sources consulted, e.g., biological abstracts, Index Medicus, the Current Research Information Service (CRIS), or the Animal Welfare Information Center operated by the National Agricultural Library.

Please indicate literature search used:	
Keywords and relevant citations:	

Alternatively, indicate other sources consulted (i.e., specific literature citations, recent meetings attended).


7. All procedures that may cause more than momentary or slight pain or distress to the animal must be performed with appropriate sedatives, analgesics or anesthetics unless withholding such agents is justified for scientific reasons and will continue only for the necessary period of time. If your procedure involves withholding of pain relieving agents, provide justification.


Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

*This application has been reviewed by the Dean and has been approved.*

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

*This application has been reviewed by the Chair and has been approved.*

Dean: \_\_\_\_\_ Date: \_\_\_\_\_