UNIVERSITY OF MASSACHUSETTS LOWELL
ANIMAL SUBJECTS REVIEW FORM

Please submit to the Institutional Care and Use Committee (IACUC),
c/o Director, Grants and Contracts, Research Foundation

Date Filed ________________________________

Investigator ______________________________ Telephone # __________________

Additional Contact Person Telephone # __________________

Person Responsible for Animals __________________ Telephone # __________________

Title of Protocol (If project relates to a grant application, give that title and proposal or grant
number if known):

________________________________________________________________________

________________________________________________________________________

UMLRF Project/Proposal Number ________________

Proposed Duration: From ______________________ To ______________________

Check one: Check one:

_____ Initial review

_____ Annual renewal without changes

_____ Renewal with changes since the last review

_____ Full grant

_____ Pilot project

_____ Teaching project

Funding Source (List all agencies to which this grant has been submitted and UMLRF project
number is assigned):

1. ____________________________________________ 3. ______________________________

2. ____________________________________________ 4. ______________________________

Signature ______________________________ Date __________________

(Principal Investigator)
PROTOCOL FOR USE OF LIVE VERTEBRATES 
FOR RESEARCH, TEACHING, OR DEMONSTRATION 

UNIVERSITY OF MASSACHUSETTS LOWELL ANIMAL CARE AND USE COMMITTEE

I. A. SUMMARY OR ABSTRACT OF PLANNED USE OF ANIMALS. (Please be complete in the description of the planned use of animals. Use additional pages if necessary. Indicate if duplicative experiments have been done previously, and if so, why additional experiments are required.): 

B. RATIONALE FOR INVOLVING ANIMALS AND FOR THE APPROPRIATENESS OF THE SPECIES. (Include a brief statement why living animals are required rather than some alternative model as well as the potential impact of information generated by the study. Discuss alternative procedures considered, if any, and why they were rejected.): 

C. RATIONALE FOR THE NUMBER OF ANIMALS USED. (Include rationale for why the number of animals specified are needed for this study.)
II. ANIMAL USE. Use additional pages if necessary.

A. Species (Give both scientific and common names. If more than one species is proposed, complete separate forms for each unless the procedures are identical).

Is this a Federally protected species (any warm-blooded vertebrate animal including hamsters, rabbits, non-human primates)?

Yes ______ No ______

Is this a threatened or endangered species?

Yes ______ No ______

B. Number: Per year _______ Entire project _______

C. Sex and Age: ________________________________

D. Source: ________________________________

E. Duration of study and length of experiments (specifically define the period during which animals may suffer pain and/or distress):

F. Describe abnormal environmental conditions, if any:

G. Describe and justify use of restraint procedures, if any:

H. Describe special housing, conditioning, diets or other conditions, if any:
I. Does the protocol involve surgery? 
   Yes _____  No _____

1. If no, describe the use of the animals:

2. If yes: 
   Survival _____  Non-Survival _____
   
   a. Describe surgical procedures:

   b. Describe anesthetic procedures:

      i. Anesthetic and tranquilizing drugs to be used:

      ii. How is anesthesia monitored?

   c. Describe pre- and post-surgical care program and person(s) in charge of post-surgical care:

3. Has the surgical plan been reviewed and approved by the facility veterinarian and have physiological points been determined in advance to assist the veterinarian in determining the recovery of the animal (i.e., acceptable weight loss, dietary intake)?
J. 1. Describe steps to be taken to monitor potential or overt pain and/or distress during the course of this study and how such pain or distress will be alleviated. **If pain is anticipated, please attach a description of why the painful procedure is necessary and how the pain will be managed. (This includes animals to be euthanased after procedure is completed):**

2. Has a pain plan been discussed and approved by the facility veterinarian?

K. What form of euthanasia will be used and when? (Include drugs and rationale of any euthanasia method.)

L. Will blood drawing be performed on the animals? **Yes _____ No _____**

If so, describe the following:

Anesthesia ___________________________ Type ___________________________

Puncture site(s) ________________________________

Size of Needle ________________________________

Volume ________________________________

Number of samples ________________________________

Frequency ________________________________

Average weight of animal ________________________________

Experience level of phlebotomist ________________________________

Reference literature which illustrates volume/frequency/weight ratio for this species:
M. 1. Will an experimental drug, a toxic and/or hazardous substance be used? 

Yes _____ No _____

If yes, check all that apply:

_____ Infectious agent
_____ Radioisotope
_____ Toxic substance or carcinogen
_____ Recombinant DNA
_____ Experimental drug
_____ Malignant cells or hybridomas

2. If yes, identify and complete describe such use:

3. If yes, describe procedures necessary for personnel and animal safety including biohazardous waste and carcass disposal and cage decontamination:

4. If transplantable tumor or hybridoma cells are to be injected into animals, describe how tissues/cells are to be tested to contamination by viruses or microplasma:
5. What side effects might develop with the use of this drug/toxic or hazardous substance?

6. Has a plan been developed with the facility Veterinarian for the care of the animals experiencing side effects? Describe the conditions under which the study will be stopped based on negative side effects being experienced by the animals:

N. Non-Human Primate Housing/Exercise

1. Non-human primates may be housed together while participating in this study? Yes No

If no, explain why an exemption should be granted.

2. Non-human primates may be exercised during their participation in this study? Yes No

If no, explain why an exemption should be granted.
III. CATEGORIES OF ANIMAL EXPERIMENTATION BASED UPON LEVEL OF MANIPULATION AND PAIN. Check the appropriate categories which apply.

_____ A. Live animals will be used in research, experiments, or tests involving no pain or distress.

_____ B.* Live animals will be used in research, experiments, or tests where appropriate anesthetic, analgesic, or tranquilizer drugs were administered to avoid pain or distress.

_____ C.* Live animals will be used in research, experiments, or tests involving pain, or distress without administration of appropriate anesthetic, analgesic or tranquilizer drugs.

*If these items are checked, a detailed justification on a separate sheet must be attached. Please provide a written narrative description of the methods and sources, e.g., the Animal Welfare Information Center, used to determine that alternatives were not available. This justification will become part of the annual report under the Federal Animal Welfare Act.
Check one:

**Animal Use for Research**

_____ I certify that the above statements are true and the protocol stands as the originator or is essentially the same as found in the grant application or program/project. The IACUC will be notified of any changes in the proposed project, relative to this application, prior to proceeding with any animal experimentation until approval by the IACUC is granted. This procedure does not unnecessarily duplicate experiments done previously.

**Animal Use for Teaching**

_____ I certify that the information in this application is essentially the same as contained in the course outline and a copy of the laboratory exercises using animals is on file with the IACUC secretary. This procedure does not unnecessarily duplicate experiments done previously.

Signature _________________________________ Date _________________________________

(Principal Investigator/Course Director)