

# Request for Review of Research/Teaching Protocols IACUC

**University of Nebraska at Kearney, Kearney, NE 68849**

For Office Use:      IACUC #

IACUC Action:    Approved

Returned for Modification

Rejected

Date:

Signature:

1. Name(s) of faculty responsible for this project:

Faculty email (project director only):

Faculty Campus Address (project director only):

Faculty Telephone (project director only):

2. If a student project, name(s) of student(s):

3. Date Prepared (must be at least 2 weeks prior to proposed start date):

4. Indicate project types (check at least one box on line "a" and at least one box on line "b"):

a) Undergraduate

Graduate

Faculty

b) Research

Classroom protocol

Experiential learning

5. New Protocol

Change in Protocol #

6. Project or Course Title (Course Title for classroom protocols only):

7. Provide a brief referenced justification for the study:

8. Actual or proposed source(s) of support for activity (complete all that apply):

a) External agency

Proposed submission date

b) UNK fund(s)

c) Other (please explain)

9. a) Proposed start date (MM/DD/YY) of project or revised protocol

b) Proposed end date (MM/DD/YY) of project or revised protocol

10. Animal Species to be used:

	Maximum number	Total number	Actual number used
Vertebrate Species	used at one time	to be used	since last review

11. Is the species threatened or protected at the state or federal level?

YES\*      NO

\*If yes, appropriate state and/or federal permits **must** be obtained before research can be conducted. Forward the documentation to the IACUC chair along with the proposal.

All who engage in field research need to be vigilant that their research may impact endangered or protected species not directly studied in their proposal and take the steps needed to avoid disturbing those species.

Are there any federally threatened and/or endangered species in the proposed study area? YES\*      NO

\*If YES, list the threatened and/or endangered species:

Are you aware of the habitats and timing of the occurrence of these federally threatened and/or endangered species in the proposed study area?

YES      NO

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IF AN ON CAMPUS/LABORATORY STUDY PLEASE PROVIDE:

12. a) Animal Housing Location:  
b) Animal Use Location (if different from housing site):
13. Source(s) of Animals:

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IF A FIELD OR OFF CAMPUS STUDY PLEASE PROVIDE:

14. Location of study:
15. Indicate if study site is: private ownership      public lands

16. PERMISSIONS:

The policy for obtaining permission from private landowners is as follows:

- a) If at all possible the researcher should obtain a letter from the landowner before beginning study. This is required for long term studies where repeat visits will be made. Signatures may be gathered ahead of time by mail. E-mails from landowners may also act as letters of permission so long as they originate from the landowners e-mail address.
- b) Larger studies where many sites are used, typically for only one visit, do not require advanced permission but do require the landowner to sign a brief form indicating permission to do the study on that location has been granted. Permission forms should include the general purpose of the visit, the length of time on the property (distinguishing short visits from a day, a week, a month etc), and what, if anything will be taken (i.e., samples).
- c) Permission letters, forms, and e-mails should be kept on file by the responsible faculty member for no less than 5 years after the study ends.
- d) IACUC will require advanced written permission for use of Federal and State Lands where specimens will be gathered and for private lands where the study will last for more than 3 days or involve more than 3 visits.

If required, based on the criteria above, please attach a copy of the permission letter for research on public/private lands.

ANSWER ALL PARTS OF QUESTION 17 IF THE ANIMALS WILL BE SUBJECTED TO PAIN OR STRESS BEYOND ORDINARY HANDLING OR SIMPLE INJECTIONS.

17. The following questions are intended to assess pain, stress, or discomfort to the animals. Check and answer as necessary.

a) **PAIN**--Does proposed use involve pain to the animal? YES\* NO

\*If YES, describe analgesics or anesthetics to be used and how often administered. If none are to be used, describe why and proposed methods to alleviate or control pain.

b) **STRESS**--Does proposed use involve unusual stress to the animal?

YES\* NO

\*If YES, explain the type of stress, reason for stress, and methods to minimize discomfort to animals.

c) **RESTRAINT**--Does proposed use involve restraint of animals beyond normal caging or housing? YES\* NO

\*If YES, explain the type and period of restraint and what measures will be taken to minimize stress or discomfort to animals.

d) **SURGERY**--Does proposed use involve surgical procedures? YES\* NO

\*If YES, Please answer the following questions:

1) Describe surgical procedure(s) which will be used:

2) Anesthetic used (if none, justify):

3) Analgesic or tranquilizer used and frequency of administration (if none, justify):

4) Site of surgical facility: Building Room

5) Qualifications of personnel performing surgery:

6) Post-surgical care recovery site: Building Room

7) Describe post-surgical care procedures:

8) Personnel responsible for post surgical care:

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#### ANSWER THESE QUESTIONS FOR ALL PROTOCOLS

18. Have alternatives to using animals, or a lower species of animals, for this project been fully considered? YES NO

Comment:

19. Describe what will be done with animals upon termination of project:

20. If animal is terminated during or after project, describe method of euthanasia and method of disposal:

21. Will diet and housing be such as to maintain animals in good health?

YES      NO\*

\*If NO, explain:

22. Will the animal(s) present hazards to personnel caring for them? (i.e. infectious agents, toxic chemicals, carcinogens, radioactivity, serious bites or clawing).

**Note: if this is a protocol for the field collection of animals please make sure you have considered pathogens with which it would be reasonable to expect any researcher to come in contact.**

YES\*      NO

\*If YES, please give details of type of hazard and precautions to be taken in handling and disposal of animals:

23. Are all persons involved in the project adequately trained in the use of this species? YES      NO\*

\*If NO, indicate the training that will be taken before research is started to insure adequate skill:

24. Does this work duplicate work already being conducted at UNK or elsewhere?

YES\* NO

\*If yes, indicate why this duplication is necessary.

25. If an animal becomes distressed or diseased during its use, describe the steps taken to remove the animal from the study or if it will be euthanized.

26. **PROTOCOL** Give a brief clear description of exactly how animals will be used, including such information as how the number and species were determined, special diets or housing requirements, and length of individual experiments.

As project director, I acknowledge that I am familiar with the guidelines for animal care and use of the University of Nebraska at Kearney and the PHS and will notify the IACUC of any changes in protocol or unanticipated results of the project that may be harmful to the welfare of the animals. I understand that faculty members are always responsible for projects, including student projects. My typed name below coupled with sending the proposal from my UNK e-mail account substitutes for my signature.

Date

FACULTY Signature