Request for Review of Research/Teaching Protocols Institutional Animal Care and Use Committee

University of Nebraska at Kearney, Kearney, NE 68849

Fo	r Office Use: IACUC #			
ΙA	CUC Action: Approved Returned for Modification Rejected Rejected			
Da	ite: Signature:			
	Send completed form and other necessary documents to unkiacuc@unk.edu			
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 students are working on the project, name(s) of student(s):			
3.	 Have you completed the online CITI training and the Health Screener? Provide the CITI expiration date for all involved (MM/DD/YY): 			
4.	Date submitted (must be at least 2 weeks prior to proposed start date):			
5.	Indicate project types (check at least one box on line "a" and at least one box on line "b"): a) Undergraduate			
	b) Research Classroom protocol Experiential learning			
6.	New Protocol Change in Protocol #			
7.	Protocol or Course Title (Course Title for classroom protocols only):			
8.	Provide a lay summary of the study (<300 words, plain English, avoid jargon):			

9.	 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) 			
10.	a) Proposed start date (MM/DD/YY) of project or revised protocolb) Proposed end date (MM/DD/YY) of project or revised protocol (max 3 years from submission date)			
11.	Animal Species to be	used:		
	Vertebrate Species	Maximum number		Actual number used since last review
12. 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 or along with the proposal.			and in toda driain	
C	O I understand that it is my responsibility to ensure that I have <u>all</u> the necessary state and federal permits <u>before</u> conducting this research.			
	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* O NO O			cies in the proposed
C	O I am aware of the federally threatened and/or endangered species in the proposed study area and will take the steps needed to avoid disturbing those species.			

	and/or endangered species in the proposed study area.
IF A	AN ON CAMPUS/LABORATORY STUDY PLEASE PROVIDE:
13.	a) Animal Housing Location: b) Animal Use Location (if different from housing site):
14.	Source(s) of Animals:
IF A	A FIELD OR OFF CAMPUS STUDY PLEASE PROVIDE:
15.	Location of study:
16.	Indicate if study site is: private ownership O public lands O
17.	PERMISSIONS:
	Please click to buttons to confirm you have read the policy for obtaining permission from private landowners:
С	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.
С	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).
С	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.
	SWER ALL PARTS OF QUESTION 18 IF THE ANIMALS WILL BE SUBJECTED TO IN OR STRESS BEYOND ORDINARY HANDLING OR SIMPLE INJECTIONS.
18.	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* \int NO \infty

	administered. If none are to be used, describe why and proposed methods to alleviate or control pain.
b)	STRESSDoes 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)	RESTRAINTDoes proposed use involve restraint of animals beyond normal caging or housing? YES* \(\int NO \(\int\)\) *If YES, explain the type and period of restraint and what measures will be taken to minimize stress or discomfort to animals.
d)	SURGERYDoes proposed use involve surgical procedures? YES* NO \(\circ\) *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)

*If YES, describe analgesics or anesthetics to be used and how often

	4) Site of surgical facility:	Building	Room
	5) Qualifications of persor	nnel performing surgery:	
	6) Post-surgical care reco	very site: Building	Room
	7) Describe post-surgical	care procedures:	
	9) Dargannal ragnansible	for poot ourgical care:	
	8) Personnel responsible	ioi post-surgical care.	
ANSWER THESE QUESTIONS FOR ALL PROTOCOLS			
bee	19. Have alternatives to using animals, or a lower species of animals, for this project been fully considered? YES NO Comment:		
20. Des	cribe what will be done wit	rh animals upon termination of բ	project:
	nimal is terminated during hod of disposal:	or after project, describe metho	od of euthanasia and

22.	Will diet and housing be such as to maintain animals in good health? YES NO* *If NO, explain:
23.	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* ONOO *If YES, please give details of type of hazard and precautions to be taken in handling and disposal of animals:
24.	Are all persons involved in the project adequately trained in the use of this species? YES ONO* O *If NO, indicate the training that will be taken before research is started to insure adequate skill:
25.	Does this work duplicate work already being conducted at UNK or elsewhere? YES*_NO_ *If yes, indicate why this duplication is necessary.

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

27. **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