

**ANIMAL USE PROTOCOL APPLICATION
COVER FORM**

1. PROJECT TITLE:

2. PRINCIPAL INVESTIGATOR'S NAME:

Address:

Title:

Phone:

FAX:

Institution Affiliation:

Department:

3. PROTOCOL FOR USE OF ANIMALS IN (check one):

Research

Teaching/Training

4A. CO-INVESTIGATORS

Name:

Phone:

4B. OTHER RESEARCH PERSONNEL

Name:

Phone:

5. SPONSORING AGENCY/ORGANIZATION:

Name:

Address:

6. LENGTH OF PROJECT:

Project start date:

7. CHECK ONE OF THE FOLLOWING:

New Study

Continuing Study or Renewal

Previous approval date:

Or RA number:

Noncompetitive renewal without changes (within current approved period)

Revision - include summary

8. WILL HAZARDOUS AGENTS BE USED?: No

Yes

Radioisotopes:

Biological Hazards/Pathogens:

--

Hazardous Chemical or Drugs:

--

Recombinant DNA:

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If yes, identify and state the necessary precautions:

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9. ASSURANCE STATEMENTS FOR FEDERAL REGULATORY AGENCIES

Please check off [X] the appropriate box.

I certify that there is demonstrable evidence that this research will contribute to the future well being of humans and animals, that any discomfort or injury will be limited to that which is unavoidable, and that anesthetics, analgesics and tranquilizing drugs will be used whenever indicated and appropriate to minimize discomfort to the animals. I am aware of current research in my field. The proposed experiments do not unnecessarily duplicate earlier efforts. Painless alternatives to this work either do not exist or would not accomplish my research goals. I further certify that these statements and those that follow are true and that I will seek approval in writing from the Animal Care Committee (ACC) for any changes in the proposed project relative to this application, prior to proceeding with animal experimentation.

I certify that the animal demonstrations and labs is an essential part of a well balanced curriculum. The use of animals has been carefully considered. I have considered the use of alternatives to the proposed procedures which cause more than momentary pain or distress to the animals. The minimum number of animals required to provide the quality of instruction necessary will be used in this course.

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Signature of Principal Investigator/Instructor

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Date

ANIMAL USE PROTOCOL APPLICATION FORM**1. ANIMALS**

List species, strain, sex, weight or age, length of time animals will be kept, and proposed source of animals to be used during the current year only (must complete each year).

	Species/Strain	Sex	Number	Wt/Age	Time(Days)	Source

Additional Years for Animal Use Estimates:

Year 2

	Species/Strain	Sex	Number	Wt/Age	Time(Days)	Source

Year 3

	Species/Strain	Sex	Number	Wt/Age	Time(Days)

Year 4

	Species/Strain	Sex	Number	Wt/Age	Time(Days)

2. ANIMAL USE CATEGORIES

Identify the number of animals that will be used in each of the appropriate categories:

# Animals	Category	Description
	C	Animals that are to experience little or no pain. Anesthetics, analgesics, and/or tranquilizers are not administered. Examples: routine injections, blood sampling or venipuncture, vaccinations, and feeding trials.
	D	Animals that are to experience some pain or stress. Anesthetics, analgesics, and/or tranquilizers will be administered to alleviate pain and/or distress. Examples: survival surgery, including biopsy, and drug or radiation toxicity testing. Occasionally, prolonged physical restraint maybe used in conscious animals. Induction of disease states may fall into this category. By Federal mandate, experiments conducted on anesthetized animals are included even if they are euthanized without ever recovering consciousness.
	E	Animals that are to experience significant but unavoidable pain or stress. Anesthetics, analgesics, and/or tranquilizers will not be administered to alleviate pain and/or distress. A letter justifying the use of such procedures must accompany the submitted protocol. Example: administration of Freund's Adjuvant used in the production of polyclonal antibodies.

3. PERSONNEL QUALIFICATIONS

List all the personnel by name and title who will be handling animals. State the duties of each person, their qualifications and experience for performing these duties (specific course work, training, degrees, # of procedures performed, specific handling of animals, drugs, etc.) Skill training and proficiency demonstration is required PRIOR to animal handling. Attach copies of certificates for all personnel.

Name:

Title:

Skills Needed/Duties:

Qualifications/

Experience:

Courses Taken:

LAS Skill Training and Proficiency Demonstration completed?

No, explain reason below:

Yes, date completed:

Name: Title:

Skills Needed/Duties:

Qualifications/
Experience:

Courses Taken:

LAS Skill Training and Proficiency Demonstration completed?

No, explain reason below: Yes, date completed:

Name: Title:

Skills Needed/Duties:

Qualifications/
Experience:

Courses Taken:

LAS Skill Training and Proficiency Demonstration completed?

No, explain reason below: Yes, date completed:

Name: Title:

Skills Needed/Duties:

Qualifications/
Experience:

Courses Taken:

LAS Skill Training and Proficiency Demonstration completed?

No, explain reason below:

Yes, date completed:

4. EXPERIMENTAL DESIGN AND ANIMAL PROCEDURES

- (1) Describe in detail all procedures to be used on animals and state the parameters to be assessed.
- (2) List all dosages of drugs, anesthetics, analgesics, and chemicals that will be used, and the routes of administration.(e.g. SC, IP, IM, etc.)
- (3) If applicable, describe in detail the additional steps taken to reduce pain and/or distress to animals.

A. Pre-Experimental Procedures:

B. Experimental Procedures:

C. Post-Experimental Procedures or Euthanasia:

In case of injury to the animal or problems occur where the animal(s) may unexpectedly not respond normally, it is the investigator's responsibility to contact the Program Veterinarian for emergency treatment or euthanasia.

D. Injections (drugs, infectious agents, adjuvants, etc.) Indicate dose, site, volume, and schedules:

E. Blood draws (volume, frequency, sites and methodology):

F. Radiation (dosage and schedule):

G. Methods and length of time restraint (eg. restraint chairs, collars, stanchions, etc) Describe and justify the use of any restraint devices:

H. Animal identification methods (eg. ear tags, tattoos, collar, cage cards, etc.):

I. Nonsurvival surgical procedures:

J. Other procedures (eg. survival studies, tail or other biopsies, etc.):

5. SURVIVAL SURGERY

If your study involves survival surgery, complete the following

A. Describe the surgical procedure(s). Include aseptic methods to be used.

B. Who will perform the surgery ? (They must be included in the Personnel Qualifications section.)

C. Describe post-operative care & procedures required. Who will be responsible?

D. Has major survival surgery been performed on any animal prior to inclusion on this study? If yes, explain and justify the repeat surgery.

E. Will more than one major survival surgery be performed on an animal while on this study? If yes, explain and justify the repeat surgery.

6. ANESTHESIA, ANALGESIA, TRANQUILIZATION

Specify the anesthetics, analgesics, sedative or tranquilizers that will be used. Include the name, dosage, route, frequency, monitoring methods and person(s) responsible.

7. EUTHANASIA AND DISPOSITION OF ANIMALS

Explain the proposed method of euthanasia. If a chemical agent is used, specify the dosage and route.

Explain the disposition of animals.

8. Annual consultation with the Program Veterinarian on all protocols using vertebrate animals is required.

Program Veterinarian was consulted on (date):

9. **FACILITIES**

A. Will the work that uses the live animal be done at The Queen's Medical Center?

No

Yes, provide building and room # :

B. Will animals need to be housed?

No

Yes, state where and person(s) responsible.

10. **Is this application being reviewed by other Animal Care Committees?**

No

Yes, Documentation of approval for this protocol from other committees may be required. Please provide their location, address and telephone/fax number.

Location:

Address:

Telephone/Fax numbers

**ANIMAL USE PROTOCOL APPLICATION
FEDERAL ASSURANCES**

1. In lay terms, summarize the rationale for the use of animals as opposed to an invitro or model system.

2. Why have you selected these species?

3. Why is this number of animals required?

If applicable, list the numbers of animals in the control and each treatment group of the experimental design.

4. REFERENCE SOURCES FOR RESEARCH

- A. Why is this work necessary? State, in narrative form, the database sources consulted to determine the deficiency or non-existence of earlier efforts for this research, or the necessity for the duplication of earlier efforts (e.g. Medline, Toxline, AWIC). Include keywords used and the date ranges of searches.

- B. State, in narrative form, the database sources (e.g. Medline, Toxline, AWIC) consulted to determine the necessity to

use these procedures that cause more than momentary pain and/or distress to the animal (Animal Use Categories B and C). Include keywords used and date ranges of searches. Are there alternative procedures or methods in that can be used or substituted to alleviate pain and/or distress to the animal?

5. **ABSTRACT** or for teaching/training sessions, a description of the course, its purpose and standards must be outlined.

End of Form 3

**QMC-Specific Research Application
Research Project Budget Summary - Animal Use**

PRINCIPAL INVESTIGATOR:

PROJECT TITLE:

Personnel Cost (i.e., Research Associate, Lab Tech, Student, Clerical, Statistician)

Title:

Hourly wage @ \$	<input type="text"/>	/hour for	<input type="text"/>	hours/week	<input type="text"/>	weeks or months + benefits (33%)	<input type="text"/>	=	<input type="text"/>
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Title:

Hourly wage @ \$	<input type="text"/>	/hour for	<input type="text"/>	hours/week	<input type="text"/>	weeks or months + benefits (33%)	<input type="text"/>	=	<input type="text"/>
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Title:

Hourly wage @ \$	<input type="text"/>	/hour for	<input type="text"/>	hours/week	<input type="text"/>	weeks or months + benefits (33%)	<input type="text"/>	=	<input type="text"/>
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Title:

Hourly wage @ \$	<input type="text"/>	/hour for	<input type="text"/>	hours/week	<input type="text"/>	weeks or months + benefits (33%)	<input type="text"/>	=	<input type="text"/>
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Title:

Hourly wage @ \$	<input type="text"/>	/hour for	<input type="text"/>	hours/week	<input type="text"/>	weeks or months + benefits (33%)	<input type="text"/>	=	<input type="text"/>
------------------	----------------------	-----------	----------------------	------------	----------------------	----------------------------------	----------------------	---	----------------------

Title:

Hourly wage @ \$	<input type="text"/>	/hour for	<input type="text"/>	hours/week	<input type="text"/>	weeks or months + benefits (33%)	<input type="text"/>	=	<input type="text"/>
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Total Personnel Cost:

Consultant/Contractor Service Cost

Consultant Name: Total Fee:

Contracted Total Fee:

Service:

Total Consultant Cost:

Equipment Cost

Item #1

Vendor:

Catalog

#/Model:

Quoted Cost:

Tax:

Shipping:

Total Cost of Item #1:

(Use Additional Equipment Form and attach to Budget Summary if more equipment is projected.)

Total from Additional Equipment Budget Form:

Total Equipment Cost:

Supply Cost

Item #1

Vendor:

Catalog #:

Quoted Cost per Item: x =

Tax:

Shipping:

Total Cost of Item #1:

(Use Additional Supply Form and attach to Budget Summary if more supplies are projected.)

Total from Additional Supply Budget Form:

Total Supply Cost:

Travel Cost

Conference/Travel Cost

Total Travel Cost:

Ancillary Procedure Cost

(e.g. Laboratory tests, other diagnostic tests)

Procedure #1

Procedure Name:

Cost per Test: x =

Total Cost Procedure #1:

(Use Additional Procedure Form and attach to Budget Summary if more procedures are projected.)

Total from Additional Procedure Budget Form:

Total Procedure Cost:

Other Costs

In Kind Cost

(Provision of resources already present - equipment, space, supplies, or personnel etc. that will be used for this study at no extra cost.)

Indirect Cost

0.28 x \$
 Total Cost of Project

Total Indirect Cost:

TOTAL BUDGET COST:

Cost per Animal Budget Form

Per Animal Cost

Animal

Supply Cost:	
Procedure Cost:	
Other Cost:	

Total Cost per Animal:

Total Animal Cost

Total # of animals projected for research study:		x		=	
			Cost per animal		

Total Cost:

QMC-Specific Research Application
Additional Equipment Budget Form - Animal Use
 (Copy this form if additional equipment is budgeted.)

Additional Equipment Cost

Item # :

Vendor:

Catalog #/Model:

Quoted Cost:

Tax:

Shipping:

Total Cost of Item :

Item # :

Vendor:

Catalog #/Model:

Quoted Cost:

Tax:

Shipping:

Total Cost of Item :

Item # :

Vendor:

Catalog #/Model:

Quoted Cost:

Tax:

Shipping:

Total Cost of Item :

Item # :

Vendor:

Catalog #/Model:

Quoted Cost:

Tax:

Shipping:

Total Cost of Item :

Item # :

Vendor:

Catalog #/Model:

Quoted Cost:

Tax:

Shipping:

Total Cost of Item :

Item
:

Vendor:

Catalog #/Model:

Quoted Cost:

Tax:

Shipping:

Total Cost of Item :

Total Equipment Cost this page:

End of FORM 4b

**QMC-Specific Research Application
Additional Supply Budget Form - Animal Use**
(Copy this form if additional supplies are budgeted.)

Additional Supply Cost

Item # :

Vendor:

Catalog #:

Quoted Cost per Item:	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Tax:	<input type="text"/>				
Shipping:	<input type="text"/>				
Total Cost of Item:				<input type="text"/>	

Item # :

Vendor:

Catalog #:

Quoted Cost per Item:	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Tax:	<input type="text"/>				
Shipping:	<input type="text"/>				
Total Cost of Item:				<input type="text"/>	

Item # :

Vendor:

Catalog #:

Quoted Cost per Item:	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Tax:	<input type="text"/>				
Shipping:	<input type="text"/>				
Total Cost of Item:				<input type="text"/>	

Item # :

Vendor:

Catalog #:

Quoted Cost per Item:	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Tax:	<input type="text"/>				
Shipping:	<input type="text"/>				
Total Cost of Item:				<input type="text"/>	

Item # :

Vendor:

Catalog #:

Quoted Cost per Item:	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Tax:	<input type="text"/>				
Shipping:	<input type="text"/>				
Total Cost of Item:				<input type="text"/>	

Tax:
Shipping:
Total Cost of Item:

Item # :

Vendor:
Catalog #:

Quoted Cost per Item: x =

Tax:
Shipping:
Total Cost of Item:

Total Supply Cost this page:

QMC-Specific Research Application
Additional Procedure Budget Form - Animal Use
 (Copy this form if additional procedures are budgeted.)

Additional Ancillary Procedure Cost

(e.g. Laboratory tests, other diagnostic tests)

Procedure # :

Procedure Name:

Cost per Test: x =

Total Cost Procedure:

Procedure # :

Procedure Name:

Cost per Test: x =

Total Cost Procedure:

Procedure # :

Procedure Name:

Cost per Test: x =

Total Cost Procedure:

Procedure # :

Procedure Name:

Cost per Test: x =

Total Cost Procedure:

Procedure # :

Procedure Name:

Cost per Test: x =

Total Cost Procedure:

Procedure # :

Procedure Name:

Cost per Test: x =

Total Cost Procedure:

Procedure # :

Procedure Name:

Cost per Test: x =

Total Cost Procedure:

Procedure # :

Procedure Name:

Cost per Test: x =

Total Cost Procedure:

Procedure :

#

Procedure Name:

Cost per Test: x =

Total Cost Procedure:

Procedure :

#

Procedure Name:

Cost per Test: x =

Total Cost Procedure:

Total Procedure Cost this page:

End of FORM 4d

**QMC-Specific Research
Significant Financial Interest Disclosure Form for all Potential/Actual
Conflicts of Interest - Animal Use**

To enable The Queen’s Medical Center to monitor all potential and actual conflicts of interest, please answer each of the following questions to the best of your ability.

This disclosure statement is mandatory and requires that you disclose all potential and actual conflicts of interest even if they are questionable. The Queen’s Medical Center reserves the right to make the final determination with regard to all potential and actual conflicts of interest.

Principal Investigator:

Project Title

Before checking boxes and printing descriptions on this form, please make a separate photocopy of it for each Business and review definitions in Investigator Significant Financial Interest Disclosure Policy.

Section A

Have you directly or indirectly accepted any compensation or benefit (regardless of monetary amount) from a Business which relates, in any way, to your professional activities on behalf of The Queen’s Medical Center?

Yes (1)

No (2)

If YES, did this compensation or benefit constitute a Significant Financial Interest in the Business (> \$10,000 or 5% equity)?

If NO, skip to 26 below.

Yes (1a)

If YES, please fill out a separate form for each Business.

No (1b)

If NO, please briefly describe the compensation or benefit in Section E below, and confirm whether this was received in accordance with QMC Investigator Significant Financial Interest Disclosure Policy.

(3) Business Name:
Address:

Section B

Your Significant Financial Interest in this Business (check each applicable box and describe at 24 below):

(4) Salary (5) Consulting Fees (6) Honoraria

(7) Compensation for services on Boards of Directors/Advisors

(8) Equity Interest (9) Intellectual property interests

(10) Other items of value:

Section C

Your QMC activities that might relate to the activities of the Business (check each applicable box and describe at 24 below:

- (11) Research (including Clinical or Basic Research)
- (12) Clinical care including referral of patients and specimens
- (13) Make or influence administrative or supervisory decisions regarding purchasing by, or contracting on behalf of, QMC
- (14) Service on body with jurisdiction to review activities of the Business (e.g., committee of NIH, FDA, or other governmental agencies, private professional or regulatory body or private insurer)

Section D

Range of your total Significant Financial Interest in the Business (in thousands of dollars):

	5-15	16-25	26-50	>50
Income/Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(15)	(16)	(17)	(18)
	YES	NO	Not Sure	
Publicly Traded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	(19)	(20)	(21)	
	YES	NO		
For Profit	<input type="checkbox"/>	<input type="checkbox"/>		
	(22)	(23)		

Section E

Please print any descriptions (24) or questions (25) on blank lines below and reference each to an above number (use additional pages if needed).

I acknowledge that I have been provided with a copy of QMC’s Investigator Significant Financial Interest Policy and agree to comply with its terms. I have answered fully and to the best of my ability circumstances related to Significant Financial Interest in a Business. I agree that I shall notify the Office of Research Administration immediately to complete an additional form to update any changes in my circumstances. I understand that my failure to provide and/or update this Disclosure Statement in a timely, complete and accurate manner may subject me to disciplinary action, which may include severance of my professional relationship with QMC.

(26) Signature

Date