

ANIMAL PROCEDURE STATEMENT

University of Louisiana at Lafayette – NEW IBERIA RESEARCH CENTER

*Animal Welfare Assurance Identification No. A3029-01*DO NOT INCLUDE PROPRIETARY INFORMATION ON THIS FORM.**Check the boxes of statements that apply to this protocol and provide additional information as required.****SECTION 1: INVESTIGATOR and PROJECT INFORMATION**

	Principal Investigator	Co-Principal Investigator	Study Director
Name			
Organization/Department			
Office Phone			
Emergency (Home) Phone			
Other Phone			
E-mail Address			

Project Title:**Study Title:****Planned Start Date****End Date****SECTION 2: TYPE OF APPLICATION**

- This a new application.**
 This an annual renewal. Previous IACUC No.:

***Note:** The Animal Procedure Statement must be resubmitted for IACUC review on an annual basis, if the research is to continue beyond the twelve-month IACUC approval period.*

SECTION 3: EXPERIMENTAL DESIGN**1. State the Purpose of the Research - What are the objectives?****2. Animal Model**

- This is a **blanket animal procedure statement**. Individual study protocols will be submitted to the IACUC prior to initiation of the study.
- This is **not** a blanket animal procedure statement. All procedures are detailed within this statement.

Animals will be held in

- This is a field study.** Animals will not be held for more than 1 hour.

Please provide the following information about the vertebrate animals in this Animal Procedure Statement.

Use the following definitions for Pain and distress categories

A and B designations are *not* pain and distress categories and are not reported here.**A** are animals covered by the AWA;**B** are the number bred, conditioned or held for use in research, testing, experiments or surgery but not yet used for these purposes.

- C** - Animals upon which teaching, research, experiments, or tests will be conducted involving no pain, distress, or use of pain-relieving drugs. (Animals will suffer no pain or distress greater than that produced by routine injection or venipuncture.)
- D** - Animals upon which experiments, teaching, research, surgery, or tests will be conducted involving accompanying pain or distress to which appropriate anesthetic, analgesic, or tranquilizing drugs will be used.
- E** - Animals upon which teaching, research, surgery, or tests will be conducted **involving accompanying pain or distress** and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would adversely affect the procedures, results or interpretation of teaching, research, experiments, surgery, or tests. **Please use Species 4 column for species not in the drop-down.**

	Species 1	Species 2	Species 3	Species 4
Species Name				
Sex				
Age*				
Weight*				
Pain/Distress Category				
# per Group*				
# of Groups*				
Total # of Animals*				
Studies per Year				
Study Length (in vivo time only)				

* Ranges may be provided.

Note: An explanation of the procedures producing pain or distress in **category E** and the reasons drugs are to be withheld **must be attached**.

Animal usage records must include **accurate account of the number of animals assigned to the C, D, and/or E pain/distress categories**. If, at any time during the conduct of the research, the **pain/distress category distribution changes the IACUC must be notified**. If the distribution changes from the C category to the D and/or E category, or from the D to the E category, the **Animal Procedure Statement must be resubmitted for review**.

3. Consideration of Alternatives to Painful/Distressful Procedures

The Investigator **must** provide a written narrative description of the methods and sources used in consideration of alternatives **for procedures that cause more than momentary or slight pain or distress to the animal(s) (i.e. categories D and E)**. Reference AWA Sec. 13(a)(3)(B), 9 CFR, Part 2, Sec 2.31 (d)(1)(ii) and (e); Sec 2.32 (c)(2) and (5)(ii); see, www.aphis.usda.gov/ac/policy for Animal Welfare Act Policy 12 (12 June 2000) requirements.

USDA supports the performance of a database search to demonstrate compliance with the requirement, although other methods may be appropriate in some circumstances. One search source is the Animal Welfare Information Center (AWIC); e-mail awic@nal.usda.gov, see web site at <http://www.nal.usda.gov/awic>. A written narrative for federally-mandated animal testing needs only to include a citation of the controlling agency’s regulation and guidance documents. **When a database search is used the narrative must include:**

- 1. name of the database(s) searched –
- 2. date of the search –
- 3. period covered by the search –
- 4. key words and/or the search strategy used –

4. **Justify the Use of This Species.**

Please explain the experimental requirements that necessitate the use of this species.

Literature references and/or *in vitro* data support this experimental design and species selection (i.e., is this an established animal model).

EXPLAIN and/or PROVIDE LITERATURE REFERENCE:

5. **Provide Information About Previous Research on this Topic.**

NOT APPLICABLE, research will be performed.

This research has been conducted using other species of animals.

List these animal species and indicate any adverse reactions or toxicity observed.

If this study proposes the use of a **threatened species**, provide specific toxicity **data from studies conducted in lower species of animals including the species used, route and frequency of test material administration, dose concentration and vehicle description**

List the measures taken to assure that this work does not unnecessarily duplicate previous work.

6. **Justify the Numbers of Animals.**

What experimental requirements necessitate use of the quantity of animals proposed? Provide an explanation and justification for the **number of animals per study group, the number of groups per study, and the total number of animals** as requested.

If the proposed number of animals per group is the minimum required to obtain statistically significant data, indicate if this is based on:

Supporting Historical Data Published Literature Biometric Analysis

The proposed numbers of animals per group dictated by regulatory requirements.

Note: If it is necessary to exceed the total number of animals approved by the IACUC, an addendum justifying the need to increase animal use must be submitted to the IACUC Chairperson, prior to the

conduct of the research.

7. **Describe Rest Periods.** **NOT APPLICABLE. This is not a blanket.**

If this is a blanket with multiple studies (see Section 3, Item 2) complete the following:

- a) The duration of rest periods between studies is
- b) The animals will be allowed to return to social housing **FOR THE DURATION** of the rest period. If not, then please provide justification.
- c) Please provide the number of studies conducted on an individual animal.
- d) Study animals will be active in other research programs.
Please **EXPLAIN**:

8. **Consideration of Non-animal Models.**

- Similar data can be obtained by mathematical models, computer simulation, *in vitro* biological methods or other non-animal alternatives. Please, **EXPLAIN**.

9. **Animal Research Protocol**

Provide a **CONCISE DESCRIPTION** of the animal research plan in sequential order. Do not attach research publications or detailed procedures excerpted from grant applications or SOPs in lieu of a succinct description of the research protocol. **DO NOT INCLUDE PROPRIETARY INFORMATION.**

Describe materials and procedures

Agents administered

Dose, Volume, Route, Frequency

Tissue, blood or fluid collection:

Volume, Route, Frequency

Note: Non-terminal blood collection volumes (ml) should not exceed guidelines; maximum blood collection will be determined on a case-by-case basis.

Procedures, including surgeries

Type, Site preparation, potential adverse effects

Schedule of observations during and after

Steps to alleviate adverse effects

SECTION 4: OPPORTUNITY FOR NONHUMAN PRIMATE ENVIRONMENTAL ENRICHMENT PROGRAMS (Check all that apply.)

- NOT APPLICABLE, study does not use non-human primates.**
- Non-human primates in this study will participate in the facility’s environmental enrichment program. IF NOT, EXPLAIN.**
- Non-human primates in this study **may be pair-housed**, either full contact or grooming access.**
- Non-human primates in this study **may be group-housed**.**
- Non-human primates in this study will NOT be pair- or group-housed. For single housing, please provide**

SCIENTIFIC justification related to the study objectives.

SECTION 5: ANESTHETICS, ANALGESICS, TRANQUILIZERS

- 1. List the pain relieving agents used (tranquilizers, analgesics, anesthetic) for each procedure.

Procedure	Drug	Dose	Route	Frequency

- 2. The methods utilized for chimpanzee sedations will be performed in compliance with NIRC SOP C-48-02 in that alternative IM delivery methods will be considered.
 Not Applicable
- 3. Paralyzing agents will be used. Describe usage (include drug, dose, route and frequency).

NOTE: Paralyzing agents "must" be used with the benefit of anesthesia.

SECTION 6: PHYSICAL RESTRAINT NOT APPLICABLE

- 1. Animals will be CONFINED FOR LONGER THAN ONE HOUR to an area less than the USDA or NIH standards for housing. If YES, complete numbers 2 through 8, below.
- 2. Justify the use of restraint.
- 3. Describe the device, including dimensions.
- 4. State the duration of restraint (include length of intervals, number of intervals, rest periods between intervals).
- 5. Describe the preconditioning method(s) used.
- 6. List the procedures performed while the animal is confined.
- 7. List the criteria used to evaluate the animals well-being and the frequency of observations.
- 8. Pain-relieving agents will be used while the animal is restrained.
(If YES, list agent, dose, route and frequency in Section 5, Anesthetic, Analgesics, Tranquilizers.)

SECTION 7: SURGICAL PROCEDURES (complete for survival surgery only) NOT APPLICABLE

- 1. Sterile surgical techniques and equipment will be used.
- 2. Describe post-surgical care (include frequency of examinations, supportive therapy used, criteria used to assess pain, and long-term care).

3. Location of surgery-

4. Location of post-surgical recovery-

5. Pain-relieving agents will be used pre- or post-operatively.
 (If YES, list agent, dose, route and frequency in Section 5, Anesthetics, Analgesics, Tranquilizers.)

6. The animal will undergo multiple survival procedures. If YES, please justify.

SECTION 8: BIOHAZARDOUS AGENTS

NOT APPLICABLE

1. Potentially hazardous agents will be used.
 It is UNKNOWN if the agents are potentially hazardous.

2. If YES or UNKNOWN, specify agent or hazard, and quantity.

Agent/Hazard Class	Quantity
<input type="checkbox"/> Pathogen (Bacterial, Viral, Fungal)	
<input type="checkbox"/> Cell or tumor line	
<input type="checkbox"/> Recombinant DNA	
<input type="checkbox"/> Viral Vector (attenuated or otherwise)	
<input type="checkbox"/> Toxin	
<input type="checkbox"/> Chemical carcinogen/mutagen	
<input type="checkbox"/> Radioisotope	
<input type="checkbox"/> Hazard unknown	
<input type="checkbox"/> Other	

3. If YES, list precautions to be used.

SECTION 9: EUTHANASIA - A euthanasia agent **MUST BE** specified for all studies, even if death is not an intended endpoint.

Agent	Dose	Route

SECTION 10: PERSONNEL

List all personnel performing animal procedures: (include summer interns and temporary employees). If known NIRC personnel will be responsible for specific procedures, please identify them.

Name	Work Phone	Emergency Phone	Non-Surgical	Surgical	Post-Op Care	Euthanasia
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name	Work Phone	Emergency Phone	Non-Surgical	Surgical	Post-Op Care	Euthanasia
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

All personnel have the experience or training necessary to perform the procedures.

(A statement of experience and training must be on file at NIRC. Outside sponsors and technicians intending to perform animal procedures must provide a current curriculum vitae or other evidence of experience and training.)

SECTION 11: ASSURANCE STATEMENT

As the principal investigator, I acknowledge responsibility for the conduct of these procedures with animals. I hereby certify that the information provided is correct and reflects the procedures approved by the Committee and conform to NIRC standard operating procedures. I will submit a revised animal procedure statement and obtain IACUC approval prior to making changes in the procedures as approved by the IACUC. [Note: Submission of the APS by the PI in the form of electronic mail is taken as evidence of this Assurance.]

Signature of Principal Investigator

Signature of Study Director

Name of Principal Investigator

Name of Study Director

Date

Date

-END OF PROCEDURE STATEMENT-

This space may be used, if additional comments are necessary