**For IACUC Use: Protocol #\_\_\_\_\_\_\_\_\_\_ Date Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Albion College**

**Animal Care and Use Committee (IACUC)**

**ANIMAL USE PROTOCOL**

**COVER SHEET - Page 1 of 2**

*Please print or type. Available in Word format from* [*www.albion.edu/research/policies-and-compliance/institutional-animal-care-and-use-committee*](http://www.albion.edu/research/policies-and-compliance/institutional-animal-care-and-use-committee)*.*

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPT. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXT.\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TITLE OF PROTOCOL:**

**ANIMAL SPECIFICATIONS: 🞎Research Teaching**

 **Species\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age/Size \_**\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **No. Males \_\_\_\_\_\_ No. Females \_\_**\_\_**\_\_\_\_ Source \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROJECTED DURATION OF PROJECT \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PROPOSAL CHECKLIST (***Please read attached Guidelines and Instructions before preparing your proposal. Include all items listed below and attach this sheet to the top of your protocol.)*

1. 1. Brief Project Description
2. 2. Project Design and Methodology
3. 2.1. Purpose and objectives
4. 2.2. Rationale for choice of animal species; alternative methods explored
5. 2.3. Rationale for numbers of animals
6. 2.4. Duplication of research or instructional use? \_\_\_\_yes \_\_\_\_ no If yes, justify.
7. 2.5. Detailed description (use flow charts if necessary) of project and use of the animals
8. 2.6. Competency in techniques to be used in the protocol.
9. 2.7. Procedures to minimize pain/distress

*Important Note: Literature search now required in certain circumstances. See Instructions, page 2.*

1. 2.8. If animal subjects may become ill
2. 3. Animal Maintenance
3. 3.1. Location and duration of housing
4. 3.2. Special Requirements/Instructions
5. 4. Other investigators or students who will be performing procedures and their levels of expertise
6. 5. External funding sources
7. 6. Investigator’s Assurances (Cover Sheet - Page 2)

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Signature of Principal Investigator Date

*Submit protocol with the cover sheet to members of the IACUC via e-mail and one signed hard copy to the Office of Academic Affairs.*