**DETAILED USE OF ANIMALS**

## **This section must be completed for each species used.**

(additional Detailed Use of Animals forms can be found at <https://researchintegrity.asu.edu/animals/forms>)

**Common Name:**

**Scientific Name:**

1. **ANIMAL INFORMATION**
2. Is this a threatened or endangered species?

 [ ]  No. Proceed to section I. B.

 [ ]  Yes. Describe why this work must be done on this species and why the project will not have a significant negative impact on the species:

B. Maximum # of animals to be used over the 3-year life of the protocol:

|  |
| --- |
|  |

C. Sex:       Age or Weight Range:

1. Source (e.g., commercial, in-house breeding, captured from wild):
2. List all labs and/or rooms **outside of the ASU centralized vivaria** where youintend to keep or use live animals in connection with the animal use covered under this protocol.  This list is for IACUC information to assure each location is inspected semi-annually.  **Listing rooms here does not assure approval of this space for use**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Building | Room # | Max Length of Stay | Method of Transport | Purpose |
|       |       |       |       |       |

1. If you use DEA-controlled substances, list the location where they are stored (building and room number). If you acquire controlled substances from DACT for same day use, state this. The IACUC is required to inspect all controlled substance storage locations semi-annually.

**II.** **MAJOR CATEGORIES OF USE**

1. Will animals be immunized solely for the production and harvesting of antibodies to be used in vitro rather than as a vaccine study?

[ ]  No. Proceed to section II. B.

[ ]  Yes. Complete the following table.

Injection:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Volume of injectate | Adjuvant | Route | Min. Frequency | Max. # of injections |
|       |       |       |       |       |

Collection: If terminal, check here [ ]  otherwise complete the following.

|  |  |  |  |
| --- | --- | --- | --- |
| Route | Max. Volume | Min. Frequency | Max. # of collections |
|       |       |       |       |

1. Will tissues, blood, or other body fluids be harvested (other than for antibody production)?

[ ]  No. Proceed to section II. C.

[ ]  Yes. Will tissues, blood, or other body fluids be collected post-mortem only?

[ ]  Yes. Proceed to section II.C.

[ ]  No. Complete Appendix 1: Antemortem Specimen Collection.

1. Will animals be food restricted (calorically or specific constituents) other than for surgical procedures?

[ ]  No. Proceed to section II. D.

[ ]  Yes. [note: restriction paradigms exceeding a single 24-hr period must follow the ASU IACUC Standard Institutional Guideline for Food and Water Restriction available at https://researchintegrity.asu.edu/index.php/animals/procedures-library-and-guidelines

1. What are the restriction parameters? Provide scientific justification and include the length of restriction.

2. How will you monitor for negative effects of food restriction (include information on how you will account for animal growth)?

1. Will animals be water restricted?

[ ]  No. Proceed to section II. E.

[ ]  Yes. [note: restriction paradigms exceeding a single 24-hr period must follow the ASU IACUC Standard Institutional Guideline for Food and Water Restriction available at https://researchintegrity.asu.edu/index.php/animals/procedures-library-and-guidelines

1. What are the restriction parameters? Provide scientific justification and include the length of restriction.

2. How will you monitor for negative effects of water restriction (include information on how you will account for animal growth)?

1. Will animals be exposed to trauma, injury, burning, freezing, electric shock, UV radiation, magnetic fields, lasers, loud noise, or other physical agents that might cause distress?

[ ]  No. Proceed to section II. F.

[ ]  Yes. List and justify each exposure.

Provide scientific justification:

1. Will animals be exposed to environmental stress (e.g., non-natural temperature exposure, prolonged physical restraint, forced exercise)?

[ ]  No. Proceed to section II. G.

[ ]  Yes. List and scientifically justify each exposure.

1. Will animals undergo surgery?

[ ]  No. Proceed to section II. H.

[ ]  Yes. Complete Appendix 2: Surgical Procedures.

1. Will any animals have a device (e.g., thermocouple, cannula, electrode) that extends chronically through the skin?

[ ]  No. Proceed to section II. I.

[ ]  Yes. Describe wound management measures to minimize chances of infection around the device where it penetrates the skin:

1. Will individuals of a social species (e.g., most rodents) need to be housed singly at any time?

[ ]  No. Proceed to section II. J.

[ ]  Yes.

* + 1. What would be the maximum duration that an individual would be singly housed? Provide scientific justification for singly housing for this duration:

* + 1. Singly housed animals should receive additional enrichment. Describe what enrichment will be provided or scientifically justify why additional enrichment cannot be provided:

1. Will animals need any other special husbandry considerations, including but not limited to altering standard cage type, cage change frequencies, housing temperature, or lack of enrichment?

[ ]  No. Proceed to section II. K.

[ ]  Yes. Describe special procedures and provide scientific justification:

1. Will animals be transported off campus (e.g., to/from the field, or between institutions) in a vehicle other than one owned by the DACT?

[ ]  No. Proceed to section II. L.

[ ]  Yes. Describe details (e.g., vehicle to be used, destinations, and driven by whom), read the IACUC *SIG - Off-campus Transport of Animals by Laboratory Personnel*, and complete and submit with this protocol the *Assurance to Abide by the Requirements for Transporting Live Animals*:

1. Will any work be conducted in the field (this includes field experiments or the capture of animals to be used in laboratory experiments)?

[ ]  No. Proceed to section II. M.

[ ]  Yes. Complete Appendix 3: Field Research.

1. Will any animals need to be individually identified?

[ ]  No. Proceed to section III.

[ ]  Yes. Describe the marking technique to be used, why that technique was chosen, how it will be performed, and on what age range of animals?

**III. CHEMICALS AND OTHER POTENTIAL HAZARDS**

*(If you answer yes to any of the following questions, this information may be forwarded to another oversight unit to aid you in assuring safe practices. Approval by these units or additional training may be required prior to using any of these materials)*

1. Will drugs or chemicals be used with animals?

[ ]  No. Proceed to section III. B.

[ ]  Yes. For each drug or chemical, list the agent, dose, route, purpose, and grade in the table below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Agent** | **Dose** | **Route** | **Purpose** | **Frequency** | **Pharmaceutical grade (Y/N)?** | **Is this a DEA controlled substance (Y/N)?** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

1. For each drug or chemical that is not pharmaceutical grade, indicate whether no pharmaceutical grade equivalent exists or provide scientific justification for using the non-pharmaceutical grade product.

1. Does this project involve transgenic, knockout, or knock-in animals?

[ ]  No. Proceed to section III. C.

[ ]  Yes. List the strains, any special care needs, and any expected clinical signs that are associated with the strain. Transgenic animals need to be covered by an IBC disclosure.

1. Does this project involve the use of biohazardous agents in animals (microorganisms, microbial toxins, recombinant DNA)?

[ ]  No. Proceed to section III. D.

[ ]  Yes. List the agent, as well as concentration, dose, and route if applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agent**  | **Concentration** | **Dose** | **Route** | **ADMIN. USE ONLY** |
| **ABSL** | **IBC # if Req’d** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

1. Does this project involve irradiation or the use of radiological material in animals?

[ ]  No. Proceed to section III. E.

[ ]  Yes. List the agent, dose, route, and purpose in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Agent** | **Dose** | **Route** | **Purpose** |
|       |       |       |       |
|       |       |       |       |

1. Provide the date of **Radiation Safety Committee** approval:

1. Describe any health hazards to **researchers** and include a description on how the risk is mitigated or managed:

1. Describe any health hazards to **animals** and include a description on how the risk is mitigated or managed:

**IV. DETRIMENTAL SEQUELAE**

1. Will animals possibly experience clinical signs intentionally or as a possible side effect of the study?

[ ]  No. Proceed to section V.

[ ]  Yes. Complete the following.

|  |  |  |
| --- | --- | --- |
| Possible Clinical Effect | Probability of Occurrence | Treatment |
|       |       |       |

**V. END POINT CRITERIA**

1. What clinical signs will be used as a basis for removal of an animal from the study?

**VI**. **EUTHANASIA**

A. List the primary method of euthanasia:

B. If using a chemical or gas, complete the chart below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agent** | **Dose** | **Route** | **Is this a DEA controlled substance (Y/N)?** | **Secondary method used to confirm euthanasia** |
|       |       |       |       |       |

C. If euthanasia is being done by a physical means (e.g., decapitation, cervical dislocation) without anesthesia, provide scientific justification: