SHSU Institutional Animal Care and Use Committee (IACUC) Protocol Review Checklist

| Protocol Information | Date: | | | | |
|--|--------|---------|--------|----------|----------------|
| IACUC Protocol #: | | | | | |
| PI / Course Director: | | | | | |
| Title of Project / Course: | | | | | |
| Reviewed By: | | | | | |
| Boylow Decision | | | | | |
| Review Decision | | | | | |
| Approved Modifications required t | o secu | ire app | oroval | | _ Not approved |
| Signature of Designated Reviewer (if applicable) | Date | | | | |
| Signature of Chair or Acting Chair | Date | | | | |
| I. General Information | Yes | No | N/A | Comments | |
| C. Certifications and Assurances - PI has signed Form C assuring : | | | | | |
| Proposed activities do not unnecessarily duplicate previously reported research. | | | | | |
| 2. Medical care will be available when necessary and provided by a qualified veterinarian. | | | | | |
| II. Animal Requirements | | | | | |
| A. Animal Species Table | | | | | |
| Species of animals is noted, as well as USDA pain classification, number of animals to be used, and source of animals. | | | | | |
| The number of animals requested is reasonable to attain the goals of | | | | | |
| the study. | | | | | |
| B. Housing | | | | | |
| Animal living conditions are appropriate for their species and contribute to their health and comfort. The housing, feeding, and non- | | | | | |
| medical care of the animals is directed by the attending veterinarian or | | | | | |
| other scientist trained and experienced in the proper care, handling, | | | | | |
| and use of the species. III. Objectives and Justification | | | | | |
| A. Study Objectives | | | | | |
| The purpose of the study and the objectives are clear. It is explained | | | | | |
| why the study is important to human or animal health, the | | | | | |
| advancement of knowledge, or the good of society. | | | | | |
| B. Rationale for Animal Use There is a rationale for involving animals and a justification of the | | | | | |
| There is a rationale for involving animals and a justification of the appropriateness of the species selected and the number of animals to | | | | | |
| be used. | | | | | |
| IV. Protocol Description | | | | | |
| A. Animal Procedures | | | | | |
| Description of animal use procedures is complete. | | | | | |
| 2. Procedures which may produce pain, distress, or discomfort | | | | | |
| to the animals are described, as are steps taken to minimize the discomfort. | | | | | |
| All of the necessary Attachments have been completed | | | | | |
| B. Euthanasia and Disposition of Animals | | | | | |
| Method of euthanasia is described and is approved by the AVMA | | | | | |
| Panel on Euthanasia. Any AVMA deviations have been justified for | | | | | |
| scientific reasons. There is a description of the method used to ensure death. Method of carcass disposal is indicated and appropriate. | | | | | |
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| Personnel Information | Yes | No | N/A | Comments |
|--|--|----|----------|----------|
| Personnel conducting procedures on the species being maintained or | | | | |
| studied are appropriately qualified and trained in those procedures. | | | | |
| Both required IACUC training components have been completed. | | | | |
| Pain & Distress | | | | |
| 1. Consideration of Alternatives | | | | |
| PI has considered alternatives to procedures that may cause more than momentary or slight pain or distress, and has provided a | | | | |
| description of the methods and sources used to determine that | | | | |
| alternatives were not available. If alternatives are available, scientific | | | | |
| justification has been given for why their use in not appropriate. | | | | |
| 2. Pain / Distress Relief | | | | |
| Procedures that may cause more than momentary or slight pain or | | | | |
| distress to the animals will be performed with appropriate sedatives, | | | | |
| analgesics, or anesthetics. The agent(s), dosage, route of | | | | |
| administration, and frequency are listed. Any use of non-drug distress | | | | |
| relief is described. | | | | |
| 3. Withholding of Pain / Distress Relief | | | | |
| Withholding of pain relief agents is justified for scientific reasons in | | | | |
| writing, and will continue for only the necessary period of time. | | | | |
| 4. Monitoring of Pain / Distress | | | | |
| Pain and distress monitoring procedures are described. Animals that | | | | |
| will experience severe or chronic pain or distress that cannot be | | | | |
| relieved will be painlessly euthanized during or at the end of the procedure. | | | | |
| 5. Veterinary Planning & Consultation | | | | |
| PI consulted a veterinarian in the planning of the protocol. | | | | |
| Surgery | | | | |
| Procedures and Pre-operative Care | | | | |
| Surgical and pre-operative care Surgical and pre-operative procedures and monitoring and supportive | | | | |
| care during surgery are described and appropriate. Aseptic methods | | | | |
| are utilized (including gloves, masks, sterile instruments, and aseptic | | | | |
| techniques). | | | | |
| 2. Location of Surgery | | | | |
| Location where surgery is to be performed is an approved site. | | | | |
| 3. Survival Surgery – Post-operative Care | | | | |
| Post-operative care, frequency of observation, and responsible | | | | |
| individual are described and appropriate. Procedures are described for | | | | |
| management of post-operative complications after hours, on | | | | |
| weekends, and holidays. | | | | |
| 4. Multiple Survival Surgeries | | | | |
| No more than one major operative procedure will be performed on any | | | | |
| animal unless it has been justified and is appropriate. | | | | |
| Wildlife Studies | | | | |
| 1. Field Sites | | | | |
| Location(s) of field sites are given. Temporary holding facilities are | | | | |
| described, if used. 2. Capture and Handling Methods | | | 1 | |
| Methods of animal capture and handling are described. Expected | | | | |
| mortality rate is given. Precautions taken to ensure the safety of the | | | | |
| animals and personnel are sufficient and appropriate. | | | | |
| 3. Permits | | | | |
| If permits are required, agency name and permit # are listed or | | | | |
| indicated "pending". | | | 1 | |
| 4. Transportation | | | | |
| Transportation of animals conforms to all institutional guidelines and | | | | |
| federal regulations. | <u> </u> | | <u> </u> | |
| Instructional Protocols | | | | |
| Instructor has indicated choice of student training option. | | | | |
| 2. Training option has been documented and is included in the course | <u> </u> | | 1 | |
| syllabus. | <u> </u> | | <u> </u> | |
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