**Breeding Colony Approval Form**

 **FOR IACUC USE**

**Protocol #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Approved for period (one year maximum)

 Approved \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Copy to PI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Copy to Animal Care Worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*DHHS/NIH/OLAW ASSURANCE D16-00135 (#A-3216-01)*

EFFECTIVE: 04/05/2022 – 3/31/2026

**UNIVERSITY of WYOMING**

**INSTITUTIONAL ANIMAL CARE and USE COMMITTEE**

**BREEDING COLONY APPROVAL FORM**

**New Colony:** \_\_\_\_\_\_\_\_ **Changed Colony:** \_\_\_\_\_\_\_\_\_ **Updated Colony:**\_\_\_\_\_\_\_\_

 **INDIVIDUAL RESPONSIBLE FOR COLONY MAINTENANCE**

|  |  |
| --- | --- |
| Name:  | Department:  |
| Work Phone #:  | Emergency Phone (after hours) #:  |
| Email: Date: **LOCATION** Location of animal room: Building/Room number  Location of animal care log book/medical records: Building/Room number**FUNDING** Sponsoring agency (if applicable): UW Budget ID/Project Grant number (if applicable): **SPECIES INFORMATION** Animal species (genus, species, common name): Number to be used/year: Total animal days/year (# animals x #days):  Number to be used/project: Total animal days/project: Source of animals: |

|  |
| --- |
| Describe the responsible individual’s training and experience as it relates colony maintenance and breeding of animals: |
|  |

**OTHER RESEARCH PERSONNEL INVOLVED IN MAINTAINING THE COLONY**

|  |  |
| --- | --- |
| Name:  | Email Address:  |
| Name:  | Email Address:  |
| Name: | Email Address:  |

|  |
| --- |
| Describe their training and experience as it relates colony maintenance and breeding of animals: |
|  |

**A. Please provide the following information about the breeding colony after you have reviewed the IACUC Policies and Procedure Manual:**

|  |
| --- |
| 1. Provide a scientific justification for establishing and maintaining a breeding colony of animals at the University:

*NOTE: Cost savings alone is not a valid justification for maintaining a breeding colony.*  |
|  |
| 1. Describe any variations from standard husbandry, care or housing required by the breeding colony:
 |
|  |
| 1. Describe the breeding scheme that will be used (monogamous pairs, harem, etc.):
 |
|  |
| 1. Describe how overcrowding of breeding cages will be avoided, particularly when harem-breeding schemes are used (e.g., females are separated when visibly pregnant):
 |
|  |
| 1. Indicate the age at which animals are weaned.
 |
|  |
| 1. Indicate with an “**X**” in the bracket **[ ]** how the animals will be genotyped:
 |
| **Sample type:****[ ]** Tail clip **[ ]** Blood sample--Describe the collection procedure:  **[ ]** Other (describe):  |
| **Age of animals when sample is taken:****[ ]** 0-14 days**[ ]** 14 days – 20 days (pre-weaning)**[ ]** 21 days (weaning)**[ ]** 22 days and older (adult post-weaning) |
| **Method of anesthesia** (required for animals genotyped at or above weaning age):  |
| **Method of identification:****[ ]** PCR**[ ]** Southern**[ ]** Coat color **[ ]** Other (describe):  |
| 1. Describe how the health and maintenance of the colony is managed and recorded. Include a brief description of the record-keeping procedures that will be used to track pedigree, breeding performance, number of animals produced by the colony, etc.:
 |
|  |
| 1. Describe any known or expected phenotypes (behavioral, anatomical or physiological) of animals produced in the colony. If the phenotype may adversely affect the health and welfare of the animals, describe how animals will be monitored and treated for pain, distress and discomfort:
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|  |
| 1. Indicate with an “**X**” in the bracket **[ ]** how animals in the breeding colony will be individually identified:
 |
| **[ ]** Ear notch**[ ]** Ear tag**[ ]** Tattoo**[ ]** Microchip implant**[ ]** Cage card only**[ ]** Other (describe): NOTE: *Toe clipping as a method of identification requires a scientific justification; less invasive methods are strongly recommended.* |
| 1. Indicate whether breeder animals will receive any experimental or therapeutic drugs, ovulation agents or in-utero therapies or therapeutics. List the agent, dosage and frequency of administration if applicable:
 |
|  |
| 1. Indicate how excess or unused animals produced in the colony (i.e.: animals with the wrong genotype, retired breeders, animals not needed for the research) will be euthanized:
 |
|  |

**B. List in the table below the number of animals needed to establish the colony, including founder animals, wild-type strains needed for backcrossing, etc. Please be aware that only one species may be listed per breeding colony approval form. If multiples species are involved, please list each species on its own form.**

*NOTE: If this is a renewal application for an existing colony, please list the breeder animals that you currently have in your colony.*

|  |  |
| --- | --- |
| **SPECIES AND STRAIN** | **TOTAL # OF ANIMALS**  |
| *EXAMPLE: Mouse Balb/c* | *EXAMPLE: 100* |
|  |  |
|  |  |
|  |  |
|  |  |

**C. Estimate the approximate number of animals that will be produced in the colony and retained as replacement breeding animals during the three-year protocol period. Please be aware that only one species may be listed per breeding colony approval form. If multiples species are involved, please list each species on its own form.**

|  |  |
| --- | --- |
| **SPECIES AND STRAIN** | **TOTAL # OF ANIMALS**  |
|  |  |

**D. Estimate the approximate number of animals that will be produced in the colony but not used for research purposes or retained as breeders (e.g., culled littermates, wrong genotype). Provide a brief explanation of why they will not be used, and describe what will be done to minimize this number.**

|  |  |
| --- | --- |
| **Approximate number not used:** |  |
| **Explanation of why they will not be used:** |  |
| **What will be done to minimize this number:** |  |

***Principal Investigator Assurance****: "I have received a copy of the* [*NIH Guide for the Care and Use of Laboratory Animals*](http://www.nap.edu/readingroom/books/labrats/) *and/or The Guide for the Care and Use of Agricultural Animals in Agricultural Research and Teaching and will provide for the care, use and treatment of the animals used for the purpose described above accordingly..* ***I WILL INFORM THE ATTENDING VETERINARIAN (DAVID EVERTSON 745-7341) OR BACKUP VETERINARIAN ON STAFF AT ALPINE ANIMAL VETERINARY CLINIC IMMEDIATELY IF ANY PROBLEMS OCCUR, INCLUDING UNANTICIPATED PAIN OR DISTRESS, INJURY, MORBIDITY OR MORTALITY.*** *I will submit a revised protocol for IACUC approval before making any significant deviations from the approved colony discussed above. I will submit an annual update for IACUC approval for continuation of this colony if the colony extends beyond one year. I assure the IACUC that all persons involved in the care and use of animals related to this protocol have received the appropriate training and are qualified to perform the procedures described above."*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REVIEWED AND APPROVED:

 Principal Investigator .……………….Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterinary Officer ………………… Date

ACTION BY THE ANIMAL CARE AND USE COMMITTEE: APPROVED  DISAPPROVED 