# Protocol 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**

**PROTOCOL APPROVAL FORM**

Submit completed form electronically to the IACUC at [IACUC@uwyo.edu](mailto:IACUC@uwyo.edu).

**RESEARCH SHALL NOT BEGIN UNTIL THIS FORM IS APPROVED.**

New project \_\_\_\_\_\_\_\_\_\_\_\_ Revised protocol \_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_

(Project will be approved for one year from date of IACUC approval. An annual update form must be submitted annually if project extends beyond one year.)

Title of project:

Project leader(s):

Department(s):

Phone:

Email:

**Proposal Category (**The PI may choose more than one category).

**\*\*Note:** If live animals will only be observed in their natural habitat and the study will not involve an invasive procedure, harm to the animal, or materially alter the behavior of the animal, **an IACUC protocol is not required**. If live animals will only be used for **observational and/or non-invasive** **teaching**, please stop and complete the University [Teaching Protocol Form](http://www.uwyo.edu/research/_files/docs/Information_sheet_for_animals_used_in_teaching.doc).

B \_\_\_\_\_ Live animals will be bred or held for use in teaching, testing, experiments, research, or

surgery, but not yet used for such purposes. **STOP**🡪 If this is all that is involved, please

complete the University [Breeding Colony Form](http://www.uwyo.edu/research/_files/docs/breeding_colony_approval_form%202014.docx).

C \_\_\_\_\_ Live animals will be involved in teaching, research, experiments, sample collection, and/or tests, but the procedures will only involve minimal, momentary, or no pain/distress to the animals and pain relieving drugs will not be used. Includes euthanasia via injection

D \_\_\_\_\_ Live animals will be involved in experiments, teaching, research, surgery or tests and

either some or all of the procedures involve more than minimal and/or momentary pain

or distress to the animal and appropriate anesthetics, analgesics, or tranquilizing drugs

will be used.

E \_\_\_\_\_ Live animals will be involved in experiments, teaching, research, surgery or tests and

either some or all of the procedures involve pain or distress to the animal and

anesthetics, analgesics, and/or tranquilizing drugs will not be used because of the adverse

impact on the affected procedures or results.

**Species Information**

**Animal species** (genus, species, common name) (one species per protocol form-unless procedures are identical):

Number to be used/year: Total animal days/year (# animals x #days):

Number to be used/project: Total animal days/project:

Source of animals:

**Location Information**

Location of animal room: Building/Room number

Location of animal care log book/medical records: Building/Room number

Duration of project: Begin End

**Funding Information**- **(Please note that this section is mandatory)**

Source of Funding (Government agency, Grant, Departmental Funds, etc.):

UW Budget ID/Project Grant number (if applicable):

Name person(s) and/or unit responsible for animal care:

Name: Phone: Email:

1) a. Purpose (*in lay terms*)

b. Scientific objective(s)

1. Potential for use of in vitro systems or computerized models instead of live animals

i. Elaborate on current availability of animal data that could be used to predict outcomes

ii. Elaborate on the uniqueness of the study such that the requirement for live animal

research is necessary

2) Describe all procedures: *Description should allow the IACUC to understand the experimental course of*

*an animal from its entry into the experiment to the endpoint of the study, including euthanasia and animal disposal*.

1. Overview of procedures

(***Reference citations for b-e***)

b. Type and duration of restraint

1. Name and dose of anesthesia and/or tranquilizer (contact attending veterinarian)

d. Surgical procedures

* + 1. pre-operative procedures
    2. aseptic methods to be used: surgical attire
    3. who will perform surgical procedures

* + 1. where will surgical procedures be performed
    2. non-survival/survival surgery
    3. justification if more than one surgical procedure per animal (this includes any procedures performed during their lifetime, not just under this protocol)

1. Post-surgical care
2. Recovery facility

ii. Name, dose, route of administration and regimen for analgesia;

(investigate literature for pain management for species used;

consult attending veterinarian)

3) Justification for species chosen (lowest possible species on phylogenetic scale)

4) ***Statistical*** justification for the specified number of animals [(assistance to determine the appropriate number of animals per treatment)](file:///C:\Users\trnelson\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\69XMV3FD\ESTIMATION%20OF%20THE%20NUMBER%20OF%20ANIMALS%20REQUIRED-IIII.doc)

a. Justification for number of animals per experiment including any statistical and/or power analyses

b. Justification for number of experiments per year (as stated on page 2)

c. Literature cited/reviewed for justification of number of animals proposed

1. Will animals be subjected to euthanasia?
   1. Method of euthanasia
   2. Drug and dosage
   3. If using drugs for euthanasia, describe disposal of animal remains.
   4. If animals will not be euthanized, describe plan for future use or other dispersal.
2. If the proposal category checked is D or E, then the experimental procedures may cause more than momentary or slight pain or distress and the PI must address the following: Provide a written narrative description, including methods and sources used in search, of how it was determined that alternatives to potentially painful or distressful procedures are not available. The Narrative should include at a minimum the following:
   1. A list of the databases (two or more) searched (see below);
   2. The terms used to search for alternatives to **each** painful or distressful procedure;
   3. Whether any alternatives were found and if so a description of each alternative; **and**
   4. If alternatives were found, an explanation of why the alternatives can’t be used in this study.

***Note:*** *The purpose of this search is NOT to explain why the research does not duplicate other work. The purpose of this search is to show that there are no alternatives to the potentially painful or distressful procedures outlined in this protocol.*

Including i: Literature cited; database references must include name of databases searched, the date of the search, period covered, and keywords used. For assistance with literature searches please see: <http://libguides.uwyo.edu/AWA> (which includes a video from a representative of the USDA) or contact the following University of Wyoming Librarians: Kaijsa Calkins at: [kcalkins@uwyo.edu](mailto:kcalkins@uwyo.edu) or David Kruger at: [tseliot@uwyo.edu](mailto:tseliot@uwyo.edu) .

And/Or ii: personal communications

* 1. **A minimum of two databases must be searched.**
     1. Database 1:
     2. Database 2:
     3. Please add additional databases as necessary

*Please refer to [Animal Welfare Act 9CFR Section 2.31 (d) (1) (ii)](http://www.nal.usda.gov/awic/legislat/awabrief.htm)*

1. Explain why this research does not involve unnecessary duplication of previous research or experiments

For assistance with literature searches please see: <http://libguides.uwyo.edu/AWA> (which includes a video from a representative of the USDA) or contact the following University of Wyoming Librarians: Kaijsa Calkins at: [kcalkins@uwyo.edu](mailto:kcalkins@uwyo.edu) or David Kruger at: [tseliot@uwyo.edu](mailto:tseliot@uwyo.edu) .

* 1. Please indicate range of search (i.e. 4/4/2010 - 4/4/2018), name of databases, keywords used, and number of responses. **A minimum of two databases must be searched.**
     1. Database 1:
     2. Database 2:
     3. Please add additional databases as necessary
  2. Discuss relevant literature to justify why unnecessary duplication of previous research is not involved. The written narrative in this section should include at a minimum the following information:
     1. A list of the databases (two or more) searched (see above);
     2. The terms used to search;
     3. Whether any similar research was found and if so a description of that research; and
     4. If similar research was found, an explanation of why this research is so different or why additional research is needed on the same topic that this research does not unnecessarily duplicate research that has already been done.

*Please refer to [Animal Welfare Act 9CFR Section 2.31 (d) (1) (iii)](http://www.nal.usda.gov/awic/legislat/awabrief.htm)*

1. Training/experience documentation: Federal regulations require appropriate training and experience for all personnel involved in the care and use of animals. An up-to-date "Verification of Training for Animal Work" form must be on file in the Research Office for *each* person, including the P.I., involved in the care and use of animals to be used in this protocol.

Please list specific experience and/or qualifications of each animal care worker necessary to perform the specific techniques and procedures described in this protocol (such as surgery and euthanasia) on the following "Verification of Training for Animal Work" form:

**UNIVERSITY OF WYOMING**

**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

**VERIFICATION OF TRAINING FOR ANIMAL WORK**

THIS SECTION MUST BE COMPLETED BEFORE YOUR PROPOSAL CAN BE APPROVED

COPY, PASTE, AND COMPLETE THIS FORM FOR EACH RESEARCHER AND ASSISTANT

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Species to be used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Procedures conducted with animals (i.e. types of surgery, routine husbandry, feeding trials, euthanasia, etc.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Formal training in animal care and management for species indicated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE attach copies, if any, of training certificates (CITI, etc.) or other documentation of formal animal care training completed and forward copies of training certificates or documentation completed in the future.**

**I certify that animals under my care will be cared for according to accepted animal husbandry practices, the NIH Guide for Care and Uses of Laboratory Animals, and the Animal Welfare Act. Animals used for research and instruction will be cared for as dictated in the animal care and use protocol approved by the Institutional Animal Care and Use Committee and according to the Program of Veterinary Care on file. ANY PROBLEMS ENCOUNTERED AND QUESTIONS REGARDING THE CARE OF ANIMALS WILL BE IMMEDIATELY REPORTED AND WILL BE RESOLVED IN CONSULTATION WITH THE UNIVERSITY’S ATTENDING VETERINARIAN, Dr. David Evertson @ 745-7341.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Employee Date Signature of Supervisor Date

(required for students and staff, not for PI)

***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 use procedures which will avoid or minimize discomfort, distress and pain to animals used in my research. I have considered alternatives to procedures that may cause more than momentary slight pain or distress to the animals. These studies do not unnecessarily duplicate previous experiments.* ***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 project procedures occurs. I will submit an annual update for IACUC approval for continuation if this project extends beyond one year. If it is decided to end the study, I will inform the IACUC of that decision using the Closure Form. 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."*

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

Principal Investigator .…………….Date

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

Attending Vet …………………….. Date

ACTION BY THE ANIMAL CARE AND USE COMMITTEE: APPROVED  DISAPPROVED 

**Occupational Health Program Information**

As a researcher named on an animal protocol and to ensure your health and welfare while conducting research at the University of Wyoming, you are being offered the opportunity to participate in the University of Wyoming’s Occupational Health Program. The University has contracted with occupational health specialists of University of Colorado Health Occupational Health to review the health evaluations for a cost of $55.  If you would like to take advantage of this opportunity please complete the ***Baseline Health Questionnaire found at*** <http://www.uwyo.edu/research/compliance/animal-care/> under the “Additional Resources” heading to fill out the baseline health questionnaire and risk assessment.

Once completed, submit to Occupational Health Services, UCHealth by email [OHSNorth@uchealth.org](mailto:OHSNorth@uchealth.org), or Fax: 970-297-6598.

They will then provide you and the Safety Office with a Physician Evaluation Report. The Physician Evaluation Report lets you and the Safety Office know whether there are any medical conditions that may affect you in your current position.  The report does not provide any medical information to UW, just whether follow-up is recommended.  If the report recommends further medical follow-up, you will be referred to a physician.

Should you have questions on this program or process please contact one of the Safety Specialists at either 307-766-3203 or 766-2723.  A common question asked has been whether UW personnel must complete the form with date of birth, social security number, and mother’s first name.  UCHealth Occupational Health must have the date of your birth on the form.  Your social security number and mother’s name helps confirm identity in the medical record, but are optional if UW personnel are uncomfortable supplying this information to them.