



# ANIMAL CARE AND USE PROTOCOL FORM

## Oakwood University

For Office Use Only:

OUACUC #: \_\_\_\_\_ Date Received: \_\_\_\_\_

Action Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_

Reason for Rejection: \_\_\_\_\_

*Before completing this form, applicants must carefully review Oakwood University Animal Care and Use Policy, and the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals (see Web Links).*

**Instructions:** Completed form with original signatures plus seven copies must be submitted to the Chair of the Oakwood University Animal Care and Use Committee (OUACUC). Form must be typed or completed in block letters. Oakwood University Animal Care and Use Committee meets twice a year (usually in April & October). If any researcher needs immediate protocol review, the Chair of the OUACUC should be contacted for scheduling a special committee meeting. Allow at least 3 weeks for the review process from the date the request is received.

**Title of the Project:** \_\_\_\_\_  
\_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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

1. **When does the research project using animals start?** \_\_\_\_\_
2. **Anticipated ending date** \_\_\_\_\_
3. **Funding sources** \_\_\_\_\_
4. **Briefly describe the rationale/experimental procedures involving laboratory animals.** (Include all References.)

**5. Animal information:**

- a. Species of animal used in the study \_\_\_\_\_
- b. Sources of animal \_\_\_\_\_
- c. Estimated number of animals to be used \_\_\_\_\_
- d. Age and sex of the animals \_\_\_\_\_

**6. Animal housing and care:**

- a. Location \_\_\_\_\_
- b. Type of cage \_\_\_\_\_
- c. Type of bedding \_\_\_\_\_
- d. Source of water \_\_\_\_\_
- e. Type of diet \_\_\_\_\_
- f. Name of primary animal care personnel \_\_\_\_\_

**7. Rationale for animal use in the proposed study:**

- a. Is there any other alternative to using animals in this project?

\_\_\_\_ Yes; \_\_\_\_ No; If yes, explain

\_\_\_\_\_

- b. How will the proposed study using animals benefit humans or other animals?

**8. Animal Treatment:**

Check yes or no. If yes, please describe.

a. Are there any surgical procedures involved?  Yes  No

Describe \_\_\_\_\_

b. Are there in any hazardous agents used?  es  No

Describe \_\_\_\_\_

c. Are there any anesthetic agents used?  es  No

Describe \_\_\_\_\_

d. Are the animals euthanized?  es  No

Describe \_\_\_\_\_

e. Animal disposal procedure: \_\_\_\_\_

**9. Investigator and Animal Care-giver Training:**

All personnel must be trained on rules and regulations on handling laboratory animals according to the Public Health Service Policy on Humane Care and Use of Laboratory Animals. This policy is available at <http://grants.nih.gov/grants/olaw/references/phspol.htm>  
The primary investigator is responsible for arranging training for all personnel involved in the proposed study using animals.

Name of Trainees	Rules and Regulations*	Date Attended
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* The person named has training/experience in assigned procedures for this protocol.

Name of Trainer: \_\_\_\_\_

**10. Investigator's agreement and assurance for the humane care and use of vertebrate animals:**

By signing this form, we agree to abide by the Oakwood University Animal Care and Use Policy, and the Public Health Service Policy on Humane Care and Use of Laboratory Animals.

We also understand that the principal investigator is responsible for training of all personnel involved in animal care and research in accordance with institutional animal care and use policy and federal/state laws and regulations governing the use of laboratory animals.

**Signature of Principal Investigator**

**Date**

\_\_\_\_\_

\_\_\_\_\_

**Name of PI** \_\_\_\_\_

**Title** \_\_\_\_\_

**Signature of Animal Care Giver**

**Date**

\_\_\_\_\_

\_\_\_\_\_

**Name of Animal Care Giver** \_\_\_\_\_