

**Roger Williams University  
Institutional Animal Care and Use Committee (IACUC)**

**Application to Use Live Vertebrate Animals  
in Research and/or Teaching on Campus**

All research projects or classroom activities involving the use of live vertebrate animals must be reviewed and approved by the Institutional Animal Care Committee (IACUC) prior to project initiation and/or animal acquisition. If the study involves field or observation work and will not involve bringing animals into campus facilities, please use the RWU Animal Use Application form that is specific to Observational Studies ([link](#)).

Roger Williams University policy requires that all investigators make an effort to limit the use of vertebrate animals to studies which have scientific merit and/or significant educational value and for which alternative model systems do not exist. For a more complete statement of university policy, please visit the RWU IACUC webpage: <http://departments.rwu.edu/mns/>

All faculty, staff and students preparing to submit a protocol to the IACUC committee must first complete the online training course at <http://www.citiprogram.org>. Please select "Roger Williams University" in the "participating institutions" drop down box. New users will be prompted to create a user name and password. Select the CITI Recommended Learner group for HSR or Lab/Animal Welfare.

This application may be submitted electronically or printed out as hard copy. Electronic submissions will be accepted at [iacuc@rwu.edu](mailto:iacuc@rwu.edu) provided the principal investigator provides an electronic signature or a signed hard copy of the RWU statement of assurance page ([link](#)). For paper submissions, bring the original and 6 copies to the chair of the IACUC committee ([link](#)).

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**ALL INVESTIGATORS MUST SIGN THIS STATEMENT OF ASSURANCE:**

The proposed study involves the use of live vertebrate animals. I understand that as the principal investigator, or course instructor, for the proposed study, I am responsible for:

conducting activities involving live vertebrate animals in accordance with all applicable provisions of the Animal Welfare Act, the U.S. Public Health Service "Guide for the Care and Use of Laboratory Animals", applicable USDA regulations and Roger Williams University policies governing use of vertebrate animals for research or teaching purposes.

ensuring that protocols involving live vertebrate animals are submitted to the University Institutional Animal Care and Use Committee for review and approval **prior to initiating the study.**

reporting any proposed significant changes in the protocol (e.g., change of numbers of animals, change of species, change in investigators etc.).

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

**Project Title:** \_\_\_\_\_

**Animal Species:** \_\_\_\_\_

**Signature of Faculty Investigator:** \_\_\_\_\_

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

**Signature of Student Investigator:** \_\_\_\_\_

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

Copies of Roger Williams University's animal use policies and the U.S.D.A., NIH and other animal use guidelines are available in the IACUC reference library in the Marine and Natural Sciences Building and online from the RWU IACUC website [www.rwu.edu/iacuc](http://www.rwu.edu/iacuc) . Questions regarding the completion of the application form may be directed to a committee member at [iacuc@rwu.edu](mailto:iacuc@rwu.edu)

Protocol Number \_\_\_\_\_ (internal use)  
Date Submitted \_\_\_\_\_

**Faculty Investigator/ Sponsor** \_\_\_\_\_

Home Phone or Cell Phone # \_\_\_\_\_

Campus Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Campus Address: \_\_\_\_\_

**Protocol Type:**     Faculty Research     Student Research  
                          Class Activity         Breeding Colony

**Project Title:** \_\_\_\_\_

**Project Start Date:** \_\_\_\_\_ **Project End Date:** \_\_\_\_\_

**Does this project involve a collaboration with another institution? Y N**  
If yes, attach IACUC approval form from other institution

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**Co-Investigator:** \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Campus Address: \_\_\_\_\_

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**Student Investigator:** \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Local Address: \_\_\_\_\_

Is this research part of a thesis? Y N  
Will you receive academic course credit? Y N  
Will you be paid to work on this project? Y N    If yes, source? \_\_\_\_\_

**Animal Species:**

**Common Name:**

**Permits Required? Y N**

If yes, attach copies of applicable state or federal permits

List permits attached:

**If for an academic class:**

Course Name:

Course Number:

Course Instructor(s):

Semester(s) and year(s) for which approval is sought:

**If for a research project:**

Approximate Start Date:

Approximate End Date:

**ANIMAL CARE AND USE:** *The information requested is required by federal law.*

1. Summarize the purpose of your study. What is the justification for doing this study (how will this study provide a benefit to humans or animals, contribute to our understanding of the animal studied, etc.)

2. Describe in lay terminology the experimental procedures to be performed. Describe all procedures an animal will undergo as part of the protocol.

3. Rationale for using animals for this research?

*Important:* Can alternative models be used in this study to replace or reduce the number of animals used? Why or Why not. It is the investigator's responsibility to seek alternative model organisms, non-animal or non-vertebrate animals when possible.

4. Describe the species or strain of animal you will study; include the appropriateness of the species used and rationale for using this species:

5. How many animals will be used? Justify the number of animals to be used and describe how you are using the fewest number of animals that is statistically and scientifically justifiable. Give a specific example with numbers.

6. Activities involving animals must not unnecessarily duplicate previous experiments. Your signature on this application will provide assurance that the activities of this project remain in compliance with the federal requirement that there must be no unnecessary duplication.

Will your project duplicate previous experiments?    Y        N

If yes, please justify duplication of previous experiments.

**ANIMAL INVENTORY** -- Complete for each species under consideration. Use the USDA pain/distress category definitions as stated below:

**Species #1:**

Pain/distress category:  
Total # of animals to be used in project:  
Source of Animals:  
Initial date of animal use:  
Location of animal housing:  
How long will animals be housed?  
Location of use:

**Species #2:**

Pain/distress category:  
Total # of animals to be used in project:  
Source of Animals:  
Initial date of animal use:  
Location of animal housing:  
How long will animals be housed?  
Location of use:

**Pain/Distress Category: USDA definitions.**

Category 1	Experiments involving use of plants, bacteria, protozoa, or invertebrate animal species. <b>NO IACUC REVIEW REQUIRED.</b>
Category 2	Animal use activities which involve no pain or distress. Routine procedures, e.g.: injections, blood sampling, physical examinations fall into this category.
Category 3	Animal use activities which involve accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs are used. Procedures of a nature that would generally call for the use of anesthetics, analgesics, or tranquilizers in human beings fall into this category. Food and water deprivation beyond what is necessary for normal veterinary surgery falls into this category. If you have animals in this category, you must complete sections A and B below.
Category 4	Animal use activities which involve accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were not used. If you have animals in this category you must complete section B below.
Category 5	Animal use activities which involve only breeding, conditioning, or holding.

## ANIMAL INVENTORY SECTION A:

**Will you use Anesthetics, Analgesics or Tranquilizers? Y N**

If No, go to Section B

If Yes, complete the following.

Drug:

Dose (conc. and quantity):

Route of Administration (method and location for injections):

Criteria for assessing level of Anesthesia attained:

Person(s) administering drug:

Qualifications of administrator:

## ANIMAL INVENTORY SECTION B:

**Will you perform painful or distressful procedures (with or without anesthesia, analgesia, tranquilizers)? Y N**

If No, go to Section C.

If Yes, complete the following:

### **Search for Alternatives:**

Federal regulations require that all investigators provide a narrative describing the rationale for using animals and methods (including specific sources) used to determine that alternatives to the use of animals and to procedures that cause more than momentary pain and distress have been considered. The USDA requires that you specify **two or more databases** that have been used with appropriate keywords or search strategy ([www.nal.usda.gov/awic/alternatives/searches/searches.htm](http://www.nal.usda.gov/awic/alternatives/searches/searches.htm) ).

To meet these requirements at RWU, **two databases** must be searched for: (a) alternatives to the use of animals and (b) alternatives to procedures that cause more than momentary pain or distress (Category 2 and 3 studies, only).

Examples of databases include: Biological Abstracts, Medline/PubMed, CRIS, and the Animal Welfare Information Center (AWIC). Websites that may be helpful include: <http://altweb.jhsph.edu>, [www.nal.usda.gov/awic/](http://www.nal.usda.gov/awic/), <http://agricola.nal.usda.gov/>, and <http://gateway.nlm.nih.gov/> .

**This recent search must reflect your attempt to achieve the 3 R's:**  
**Refinement** – alternative techniques or procedures to minimize potential pain, distress, or discomfort to those animals which must be used,  
**Reduction** – alternatives or methods which allow you to minimize the number of animals used to obtain significant results,  
**Replacement** – alternatives to the use of live animals for this research

Provide in the space below the 2 databases searched, keywords and date of search, 1-5 references and a brief paragraph explaining the relevance to the proposed project. If listing consultation with experts, list names and qualifications.

**ANIMAL INVENTORY SECTION C:**

**Will this study include acites production of antibodies? Y N**

If NO, go to section D

If YES, please attach the IACUC Assurance number for the investigators performing this activity. At the present time, acites production may not be performed at RWU facilities.

**ANIMAL INVENTORY SECTION D:**

**Will this study involve the administration of**

**Pathogenic or viable organisms Y N**

**Toxic chemicals Y N**

**Carcinogens Y N**

**Other biological materials Y N**

If no, go to Section E.

If yes to any of the above conditions, complete the following:

Agent:

Number of animals to be treated:

Route of Administration (method and location for injections):

Name(s) of personnel administering agent:

Qualifications of administrator

State the precautions to be taken to protect people and animals in the environment:

State the effects of this agent on the experimental animal and the steps that will be taken to minimize distress or alleviate pain produced:

State the procedure for disposal of treated animals:

**ANIMAL INVENTORY SECTION E:**

**Will this study involve surgery on live animals? Y N**

If no, go to Section F

If yes, complete the following:

Briefly describe the surgical procedure, including method for analgesia/ anesthesia:

Personnel performing surgery:

Qualifications of person performing surgery:

Number of animals treated:

Where will surgery be performed? Will sterile equipment be required?:

Will animals survive surgery? Y N

If yes, describe post-op care, post-op pain relief, criteria for assessing recovery, criteria for determining whether analgesics or euthanasia is indicated, and the person responsible for making these decisions:

#### **ANIMAL INVENTORY SECTION F:**

##### **What will be the final disposition of the animals used in this study?**

- returned unharmed to breeding/housing location
- experimental outcome is death
- animals must be sacrificed:  
method of euthanasia: \_\_\_\_\_  
agency recommending euthanasia method of  
choice: \_\_\_\_\_

**PERSONNEL QUALIFICATIONS:** complete for all individuals involved

Individual:

Role on project:

Degree(s):

Date completed online animal research training:

Brief outline of relevant experience:

Individual:

Role on project:

Degree(s):

Date completed online animal research training:

Brief outline of relevant experience:

**Roger Williams University  
Institutional Animal Care and Use Committee (IACUC)**

**New Application Review Status Sheet**

Protocol Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Primary Review Date: \_\_\_\_\_

Secondary Review Date: \_\_\_\_\_

**Investigator:**

**Project Title:**

**IACUC Committee Recommendation:**

- Approved
- Resubmit with Revisions (see comments attached)
- Rejected (see comments attached)

**Signature of IACUC Committee Chair:** \_\_\_\_\_

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**APPROVED PROJECT SIGNATURE PAGE**

Committee-Approved Protocols must acquire the following signatures before investigators proceed with the approved study:

**Chair, IACUC :** \_\_\_\_\_

**CAO, Roger Williams University:** \_\_\_\_\_