Compare to previous :

Text Style:

Font size: 12

PI :	Mendel, Gregor Sonny
Protocol #	00001655
Status :	Un-Finished
Approved :	/ /
Expires :	/ /
Title :	test

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Protocol Introduction

Federal/Foundation funded?

☑

Internally funded?

☑

Protocol Introduction

Federal/Foundation funded?

☑

Internally funded?

☑

Private/Commercially funded?

☑

Other funding source?

☑

Will you be using tissues from animals not on this protocol?

Yes ◉ No ○

Will you be using human tissues?

Yes ◉ No ○

Will antibodies be specifically generated for this study?

Yes ◉ No ○

Will you be collaborating with an outside institution?

Yes ◉ No ○

Will field studies be conducted?

Yes ◉ No ○

Will animals be housed outside central housing facilities for more than 12 hours?

Yes ◉ No ○

Will animals be moved through public access areas?

Yes ◉ No ○

Will human clinical areas be used

Yes ◉ No ○

Protocol Species Grid

To add a species:

- Click the *Add* button on the bottom of the grid.
- Select the species from the picklist then place check marks in each column as applicable.
- Save the species selection by clicking the *Save* button on the bottom of the grid.
- Then save the page by clicking the *Save* button below the grid.

Species	Breeding?	Procedures?	Restraint?	Surgery?	Drugs?	Haz Agents?	Biohazard (IBC)?	Euthanize?
Mouse	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes

TOC

Protocol Overview

Note that you may click and drag the bottom right corner of any text area to resize it.

Enter title for this Protocol

test

How would you explain to a non-scientist the long term or overall scientific goals and objectives of the proposed

work?

test

How would you explain to a non-scientist the way the proposed animal use might benefit human or animal health, the advancement of knowledge, or the good of society?

test

Please provide a summary of the proposed experiments. The summary should include:

- A clear and concise sequential description of the procedures involving the use of animals that are easily understood by all members of the committee. (The *Guide* p. 25)
- Please use procedure or drug names here and do not include specific experimental details such as the dose of drugs, surgical/procedural description, etc. These details will be provided in other sections of the form.
- For complex experiments, it should be clear to the IACUC the maximum amount of experimental manipulation on a single animal, and the average life experience of an animal enrolled in the study. Flow charts are highly encouraged.

Experimental Summary

test

References

1. U.S. Government Principle II
2. The *Guide* (p. 25)

TOC

Protocol Federal/Foundation Funding List

To add a funding source:

- *Click **Add Funding Source** and complete funding information.*
- *You may add more than one funding source.*

Fund Source	Grant Title	Funded?	End Date	Grant #
National Institutes Of Health	test	Yes	08/21/2021	test

If the funding source is not available in the drop list, contact the IACUC office to have it added.

Fund Source

National Institutes Of Health

Grant Title

test

Currently Funded?

☑

Grant Number

test

PI on Grant (if different than PI on Protocol)

Proposed End Date

08/21/2021

References

1. OLAW FAQ D10
2. NIH Grants Policy Statement (NIH GPS, chapter 4.1.1.2)
3. PHS *Policy* (IV.D.)

TOC

Protocol Internal Funding

Add each Internal source that will supply funding for this work.

Organization	Department	Fund Title	Sponsored Projects #
Research	AO	test	test

Organization/Department

Research AO

Fund Title

test

Sponsored Projects Fund Number

test

Org Name

Research

TOC

Protocol Private/Commercial Funding

Company Name	Fund Title	Due Date
test	test	08/21/2021

State the name of the Private Fund source.

Company Name

test

Private/Commercial Fund Title

test

Proposed End Date

08/21/2021

TOC

Protocol Other Funding

Specify other Funding Source

test

TOC

Animal Tissues Info

If tissues are taken specifically for you from a live animal, please state the assurance number of the institution and the investigator's protocol number.

Will you be using tissues taken from live animals (other than animals on your protocol) specifically for your study?

Yes ◉ No ○

Source Institution's Assurance Number (if applicable)

test

Source Insitution's Protocol Number

test

Reference: OLAW FAQ A3

TOC

Antibodies Source

State the name and assurance number of the facility/institution producing antibodies for use on this Protocol.

Antibodies Source Name

test

Assurance Number (if applicable)

test

Will the Ascites method be used? Note: This procedure is discouraged and requires strong justification. Please provide justification in the Methodology section.

Yes ◉ No ○

References

1. OLAW FAQ A2
2. OPRR Reports - November 17, 1997
3. *Lab Animal* 32(9):33-36, 2003 (5,6)

TOC

Outside Collaboration

Use the attachment section to append Memorandum of Understanding (MOU) agreements.

Company Name	Assurance Number	Protocol Number	Species List
test	test	test	test

Company or Institution Name

test

Assurance Number

test

Protocol Number

test

Provide a brief description of the outside collaboration. Include:
- **Name(s) of any procedure, surgery or hazardous agents used and at which location they were used.**
- **Identify any surgery performed as major or minor and if an animal will undergo a second survival surgical procedure under this protocol.**
- **Include the contact information for the IACUC office at the collaborating institution.**

test

References

1. The *Guide* (p. 15)
2. OLAW FAQ D8
3. NIH Grants Policy Statement on Written Agreements (NIH GPS, Chapter 15.2.1)

TOC

Housing Outside Central Facility

Housing animals outside the central facility for longer than 12 hours requires scientific justification and IACUC approval.

Will any animals be housed outside the central facility for more than 12 hours but less than 24 hours?

Yes ◉ No ○

Location

test

Scientific justification for housing outside for more than 12 hours

test

Will any animals be housed outside the central facility for more than 24 hours?

Yes ◉ No ○

Location

test

Scientific justification for housing outside for more than 24 hours

test

References

1. The *Guide* (p.34)
2. Animal Welfare Act and Regulations (p.13, p.39)
3. OLAW FAQ E1

TOC

Transportation of Animals

Transportation of animals outside the central facility must follow guidelines set by the IACUC.

Will you follow IACUC-approved routes and transportation containment procedures?

Yes ◉ No ○

Describe how animals will be transported.
- **Indicate if common use corridors or elevators will be used and how the risk of exposure to people outside the animal care and use program will be mitigated.**
- **Provide justification for not using IACUC approved route or containment procedures (if applicable).**

test

Reference: The *Guide* (p. 147, 150 and p.107-109)

TOC

Human Clinical Info

Identify the human clinical area and indicate whether approval has been granted.

Human Clinical Location

test

Has location been approved for animal use?

Yes ○ No ◉

How long will they be out for treatment?

test

Where will they be housed after treatment?

test

Reference:Guidelines for Environmental Infection Control in Health-Care Facilities (CDC Recommendations)

TOC

Type of Animal Use

Identify all types of animal use for this protocol.

Which of the following describe the type of animal use proposed in this application? (check all that apply)
Research Type (Basic, Applied, Field)

Applied

Teaching (e.g., instruction, training)

☑

Testing (e.g., toxicology)

☑

Surveillance (e.g., sentinels)?

☑

Other?

☑

Other (Specify)

test

TOC

Field Study

Are Animals Captured or Handled During Study

Yes ◉ No ○

Is International, Federal or State Permit Required

Yes ◉ No ○

Describe the field work. Include:
- **The field study location**
- **Method of capture including mortality rate and clinical criteria for removal from the study or euthanasia (if applicable)**
- **A description of how occupational health concerns have been addressed to ensure the safety of field personnel including the risk of zoonoses.**
- **Attach required permits.**

test

References: The *Guide* (p.32)

TOC

Mouse

Species Information

Complete required fields

USDA Species?

☐

Is this a detrimental species?

◉ ○

Yes No

Age Range of study animals

test

Target weight range

test

Will animals be Specific Pathogen Free?

Yes ◉ No ○

Animal Identification Method

test

Reference: The *Guide* (p. 75)

TOC

Justification for Choice of Species

Justify the choice of species by stating why a species lower on the phylogenic scale is not appropriate.

Justification for choice of species.

test

References

1. U.S. Government Principle III
2. The *Guide* (p. 10)

TOC

Species Source

If you plan to obtain animals from a source other than the central animal procurement office, IACUC approval will be necessary.

Will animals be purchased through the institution's approved office?

Yes ○ No ◉

If not, please identify source

test

References

1. The *Guide* (p. 106)
2. The Animal Welfare Act and Regulations (p. 97)

TOC

Use Locations

Indicate all of the locations where surgeries, procedures and/or euthanasia will be performed.

Location/Building	Room
Cayuse National Primate Research Center	5001

Resource: The *Guide* (p. 134-135)

TOC

Strain Information

Choose a strain from the pick list. If the strain you want is not on the pick list, enter it in the other field.

Strain	Age	Phenotype	Weight
test	test		test

Species Strain

test

Age

test

Phenotype

Weight

test

Reference: The *Guide* (p. 76, p. 21)

TOC

Breeding Information

If breeding mice, strain choice may require written authorization from vendor

Transgenic Flag

Yes ◉ No ○

Breeding Colony Maintenance Yes/No

Yes ◉ No ○

Strain	Generation	Genetic Monitoring?	Breeding Scheme	Sub Line/Strain Designation
test	test	Yes	Breeding Pair	test

References

1. The *Guide* (p. 55-58, p. 76, p.87)
2. OLAW FAQ F10

TOC

Non-Surgical Procedures

Procedure Name	SOP Description	Non-SOP Description
Tissue Biopsy		test

Procedure Name

Tissue Biopsy

Did you select a standard procedure?
If YES, answer this question and click Save. Then select the procedure from the grid and click Edit Procedure. This will allow you to view the details of the SOP and answer the additional questions.

Yes ○ No ◉

Describe the maximum number of times an animal will undergo the procedure and frequency (ex. every two weeks.)

test

Please describe potential adverse outcomes and humane endpoints.

test

Please provide a complete description of the procedure. Include any pre-procedural preparation (ex. anesthesia and monitoring) and post-procedural care.
- Describe if any sedatives, anti-cholinergics, or other medications will be administered prior to anesthetic induction.
- If paralytics will be used, please justify the use and describe your plan for monitoring.

test

TOC

Prolonged Restraint

Add prolonged restraint methods.

Restraint Type	Duration	Rationale
Chronic (> 12 Hours)	test	test

Restraint Type

Chronic (> 12 Hours)

Rationale for this type of prolonged restraint

test

Duration of restraint

test

How is animal acclimated to the restraint device?

test

Reference: The *Guide* (p.29)

TOC

Surgical Procedures

Surgery Type	Recovery Type	Description
Alzet Pump Implant	Recovery	test

Surgery Type

Alzet Pump Implant

Recovery Type

Recovery

Describe pre-op procedures including acclimation period, fasting, procuring baseline information such as body weight, body temp, blood values, etc. as relevant.

test

Describe the surgical attire to be used and surgical site preparation (e.g. incision site).

test

Describe any support and/or anesthetic monitoring equipment that will be used for surgeries.

test

Will any sedatives, anti-cholinergics, or other medications be administered prior to anesthetic induction? If so, describe here.

test

Will paralytics be used for this procedure? If yes please justify the use and describe your plan for monitoring.

test

Provide a complete description of the surgery.

test

Include a plan for monitoring frequency, duration and intervals of post-op analgesia/antibiotics, post-operative monitoring, nursing care, etc.

test

When will sutures, wound clips, or staples be removed?

test

Clinical parameters to be monitored during 1st week after surgery and contingency plans for post-surgical complications (e.g body weights)

test

Will Analgesics be withheld?

Yes ◉ No ○

Please justify the need to withhold analgesics

test

Surgical Locations

PRC:5001

References:

1. The *Guide* (p.115, p. 144, p.117)
2. OLAW FAQ F7, F13
3. Animal Welfare Act and Regulations (p. 59)

TOC

Multiple Major Survival Surgeries

If you are conducting Multiple Major Survival Surgeries on this Species, please fill in the required fields.

Will an animal on this protocol undergo multiple survival surgeries under separate anesthetic events?

Yes ◉ No ○

List the multiple major survival surgeries an animal will undergo and include:
*** The number of times each surgery will be performed on the animal.**
*** Intervals between surgeries.**
*** Justification for why the surgeries cannot be performed under a single anesthetic event.**
*** Indicate if surgeries will be performed under this protocol only or if surgeries will be performed under more than one protocol.**

test

References

1. The *Guide* (p.30)
2. Animal Welfare Act and Regulations (p.59)

TOC

Veterinary Drug Information

For assistance in determining species-appropriate drugs and dosages, contact one of our veterinarians.

Drug	Type	Dosage	Route of Administration	Frequency	Reason for Administration	Pharma Grade?	Edited
Bupivicaine	Local Anesthetic	Dilute to 0.25%, do not exceed 8 mg/kg total dose	SQ	Initial	test	Yes	Edited

Drug Generic Name

Bupivicaine

Drug Type

Local Anesthetic

Drug Dosage and Volume Administered

Dilute to 0.25%, do not exceed 8 mg/kg total dose

Frequency and Duration of Administration

Initial

Route of Administration

SQ

For what procedures will this drug be used and provide reason for administration?

test

Is this a Pharmaceutical Grade Drug?

Yes ◉ No ○

Please justify the use of this drug and indicate how it is sterilized or determined to be pathogen-free.

test

Reference: The *Guide* (p.115, p. 120-123)

TOC

Experimental Agents

Describe all experimental agents administered to animals.

Agent	Description	Class	Category	Pharma Grade?
Ro	R122	Animal Biosafety Level 1	Bacteria	No

Category

Bacteria

Name of Agent/Material/Compound

R122

Biosafety or Other Committee Number (if applicable)

test

Route of Administration

IM

Other Administration Route

test

Volume and Frequency of Administration

test

Will the hazard be brought into the animal facility?

Yes ◉ No ○

Duration of Hazard in Facility

test

Will the hazard brought into the animal facility be shed or excreted (feces or urine) by animals?

Yes ◉ No ○

What precautionary measures will be taken to protect personnel working with animals after administration (e.g. additional PPE, fume hood, disinfectants, etc.)?

test

Is this a Pharmaceutical Grade Agent?

Yes ○ No ◉

Please justify the use of this agent and indicate how it is sterilized or determined to be pathogen-free.

test

Reference: The *Guide* (p. 17-26, p.73-74, p.136-139, p.148)

TOC

Euthanasia Method Information

AVMA Guidelines for the Euthanasia of Animals: 2013 Edition

Euthanasia Method
Anesthesia & Physical Method

Euthanasia Method

Anesthesia & Physical Method

AVMA Classification

Acceptable

If method is not AVMA acceptable, please provide justification

State the secondary method of euthanasia or assurance of death.

test

Drug	Dosage	Route of Administration
Isoflurane	test	INH

TOC

Humane Use Animal Categories

*The USDA categories marked as required (with a red *) below were determined to be appropriate based on the procedures you reported.*

Please enter the number of animals requested for each of the required categories. The total of the required fields may not exceed your total requested number.

For reference the USDA Categories are defined
B = animal held for breeding and/or not yet used in research
C = no pain or distress
D = alleviated pain or distress
E = unalleviated pain or distress

Species	Type	Description

Mouse	Procedures	Tissue Biopsy
Mouse	Restraints	Chronic (> 12 Hours)
Mouse	Surgery	Alzet Pump Implant

USDA Category	# of Animals
B	0
C	50
D	0
E	0

Justify the numbers of animals to be used.

- **Describe the statistical method (or other method) used to justify the number of animals per group. Federal guidance states that statistical methods must be used in order to justify the number of animals requested.**
- **Describe mortality or exclusion rates if applicable.**
- **Be sure to include breeding colony numbers (production, maintenance, undesired genotypes).**
- **The numbers provided in this section must also match the total amount in the # of animals column above.**

test

References

1. Animal Welfare Act and Animal Welfare Regulations (p. 66, 15)
2. The *Guide* (p.25-26)
3. U.S. Government Principle III
4. OLAW FAQ D7

TOC

Methodology

For each species, ***describe in narrative form all experimental or instructional procedures to be performed on the animals*** *(e.g. blood collection, surgery, behavioral training, administration of substances or test compounds, breeding, tumor induction, etc.). Include the time frames and intervals and describe the procedures in the order in which they will be performed. Include a description of procedures performed on anesthetized animals. All procedures checked on the procedures page should be described below.*

Include the rationale for use of tissues in vitro but do not describe in vitro procedures performed on tissues taken from animals or procedures performed on animals after they are euthanized.

Please list the interventions/procedures in chronological order, indicating the time interval between each procedure, and the final disposition of the animals at the end of the experiment. ***All procedures listed in the table on the procedures page must be included.***

Flowcharts or other graphical representation of the methodology can be very helpful. This text box allows for tables, pictures and flowcharts to be created in Esirius or they can be pasted into the text box. It is preferred that all tables, charts, and pictures be inserted in the text box but you may attach the files below if needed. Please contact a member of the IACUC or veterinary staff should you require guidance regarding the information and level of detail that should be provided here.

Species	Type	Description
Mouse	Procedures	Tissue Biopsy
Mouse	Restraints	Chronic (> 12 Hours)
Mouse	Surgery	Alzet Pump Implant

Procedure Description

test

TOC

Unrelieved Pain or Distress

Will animals be subjected to procedures involving unrelieved pain or distress (category E)?

Yes ◉ No ○

Scientific Justification:
Describe the painful or distressful procedure and explain why relief from pain or distress cannot be provided.

test

Humane Endpoints:
Describe how animals will be monitored and the clinical criteria for euthanasia. Include the frequency of monitoring and at what point the animal will be removed from the study or euthanized.

test

References:

1. The *Guide* (p.27, p.120)
2. The Animal Welfare Act and Regulations (p.11)
3. Public Health Service Policy (IV.C.1 and IV.D.1d)
4. International Council for Harmonisation (ICH)

TOC

Reduce, Refine, Replace

REDUCTION of animal use (i.e., modifying the experimental paradigm or performing statistical analysis to allow the use of fewer animals to obtain the needed information).

Please state how the number of animals you have requested is the minimum needed in order to obtain valid scientific conclusions.

test

REFINEMENT of animal use such as modifying manipulations or measurement techniques to reduce the pain and/or distress experienced by the animals as compared to prior techniques, or using less sentient species (e.g., frog instead of mouse, mouse instead of dog).

Please describe why less invasive procedures or procedures which may cause less pain or distress cannot be used.

test

REPLACEMENT of animals with non-animal techniques (e.g., using tissue culture, computer simulations, etc.).

Please describe why non animal models or invertebrate models will not suffice for your study.

test

References:

1. The *Guide* (p.12, p.25-27)
2. OLAW FAQ D7
3. U.S. Government Principle III and IV
4. Animal Welfare Act and Regulations (p.58)

TOC

Adverse Consequences

Are there any adverse consequences expected on this study that have not already been described?

Yes ◉ No ○

test

Reference: The *Guide* (p.28)

TOC

SOP Exemptions

Are you requesting any exceptions to the guide or to IACUC policies?

Yes ◉ No ○

Please describe and provide justification

test

Will Animals be subject to Food and/or Water Restriction?

Yes ◉ No ○

If yes, please describe for how long and reason for fasting

test

Will there be any special husbandry requirements?

Yes ◉ No ○

Please describe

test

References:

1. The *Guide* (p.30-31)
2. OLAW FAQ F19
3. Animal Welfare Act and Regulations (p.11)

TOC

Personnel List

Name all Personnel working on this project. All individuals working with animals are required to attend training provided by the IACUC.

Instructions: To get the green checkmark for this page, please select the PI's name and edit the record to answer additional questions.

Name	Business Role	Phone	Email	Organization	Department	Primary?	Requester?
Mendel, Gregor Sonny	Animal Buyer Staff		cayusedemo+1002@cayuse.com	CRM	CC	No	No

Business Role

Animal Buyer Staff

Start typing the last name of the protocol staff. If the name does not appear for selection, a new account must be created for the protocol staff. Please contact the IACUC office for assistance.

Mendel, Gregor Sonny

Organization Department

CRM CC

Email

cayusedemo+1002@cayuse.com

Office Phone

Cell Phone

Alternate Phone

(503) 212-1000

Home Phone

(503) 212-1000

Pager

Primary Contact?

☐

Copy Primary Contact on all Emails

☐

Occupational Health Risk Category

Low

Will person be handling animal species?

Yes ◉ No ○

Species Name	Type	Procedure Description
Mouse	Agents	R122
Mouse	Drugs	Bupivicaine
Mouse	Euthanasia	Anesthesia & Physical Method
Mouse	Procedures	Tissue Biopsy
Mouse	Restraints	Chronic (> 12 Hours)
Mouse	Surgery	Alzet Pump Implant

Degrees

test

Experience and Qualifications

test

Training Event	Description	Type	Date Certified	Training ID	Certification Flag	Date Completed
Essentials for IACUC Members	This CITI online course is for IACUC Members, Chairs and Coordinators.	CITI	/ /	1235	No	/ /
Initial/3 Year Occupational Health Screening	All ACF users must participate in the Institutional Occupational Health program. All users will receive an initial full screening and then receive a full screening again at 3 years. Each year each user must submit an updated Occupational Health Annual Update form.	Occupational Health Requirement	/ /	2461	No	/ /
Introduction to Animal Research	This is a brief 30 minute introduction into what animal research is and the local, State and Federal guidelines that	Lecture	/ /	54657	No	/ /

	govern it.					
Mouse Anesthesia Training	Mandatory training for all users that will place mice under anesthesia. Please allot 90 minutes for this session.	Hands on Training	/ /	8634	No	/ /
Mouse Euthanasia Training	This is a mandatory 30 minute training for all new ACF users that will be performing standard euthanasia practices in mice. This training does not apply to neonates.	Hands on Training	/ /	31	No	/ /
Mouse Handling	This is a mandatory hands on training session to teach and verify that all new ACF mouse users can properly handle mice.	Hands on Training	/ /	MH101	No	/ /
Occupational Health and Safety for Animal Handlers	Short Course to explain occupational health hazards to animal users	CITI	/ /	1236	No	/ /
Vivarium Orientation	A one time facility orientation for all users new to the Institution that will be using animals. All users must have completed their Occupational Health screening. Please bring a signed copy of your Vivarium Access form to provide to the trainer. During orientation you will be escorted to security and granted access to appropriate areas of the vivarium. Please wear closed toe shoes. The vivarium is a SCENT FREE space.	Orientation	/ /	38464	No	/ /
Working with IACUC-Investigators, Staff and Students	CITI online course required for all animal users listed on a protocol. and ACF staff.	CITI	/ /	1234	No	/ /

References:

1. The Guide (p.15)
2. U.S. Government Principles VII and VIII
3. Health Research Extention Act of 1985 (Sec.495(c)(1)(B))
4. Public Health Service Policy (IV.A.1.g and IV.C.1.f)
5. OLAW FAQ G1

TOC

Databases Searched

USDA Policies state that alternative searches are required for all animal use Protocols causing pain or distress to animal subjects.

Details of the search must include keywords used, years covered, and databases searched.

Did you record any animals in pain level D or E on the USDA Categories page?

Yes No

Databases searched (at least two required)

test

Please list all Keywords, Boolean operators and search strategies for each potentially painful procedure.

test

Consultation with colleagues (include name, qualifications, etc.)

test

If applicable, Site any journals used in search

test

If applicable, list any relevant scientific meetings (seminars, focus groups, etc.) that you attended

test

Based on your literature searched please describe the potential alternatives to painful procedures that were found and state why they are not appropriate for your study.

test

Date search conducted

08/20/2021

Number of years covered in search

3

References:

1. The *Guide* (p.12, p.25-27)
2. OLAW FAQ D7
3. U.S. Government Principle III and IV
4. Animal Welfare Act and Regulations (p.58)

TOC

Research Endpoints

List clinical parameters that would lead to early euthanasia in any of the procedures described in this protocol

test

Reference: The *Guide* (p.27)

TOC

Protocol Attachments

The following is a list of all attachments listed on this Protocol

TOC