ANIMAL USE PROTUCUL				
<b>⊠</b> Adelphi	University		Course Number (if a	applicable):
to aid the investig Committee. All we be approved by the as it forms the bas	n developed by the C gator in preparing an ork involving the use on the Committee before it is for review and app paribed on pages 9 -1	n animal use desc of vertebrate anima ts initiation. The inforoval. This form m	ription for review a ls, including teachin ormation in this form	nd approval be the g and training, must must be completed
LIVE (Sects. I,	II, and III)			
PRESERVED (	(Sects. I and III)			
I. Application Inf	ormation:			
A. P.I./Ins	tructor:			
B. P.I.'s/Iı	nstructor's Title:			
C. Departi	ment: B	Bldg./Room No.:		
	s being used ne categories in Appo	endix 1, list the pain	and distress level fo	or each species you
A. Description				
Species				
Total # of this species				
Pain/Distress Level				

For use by Committee Only

Protocol Number Approval Date:

# **Experimental Design**

E. Persons using animals:
F. What is the purpose of using these animals?
G. 1. How did you determine that alternate non-animals cannot be used?
2. How did you decide that the study is not an unnecessary duplicate of any other study?
H. How did you decide on the number of animals needed?
I. Application is:  New - research Teaching/Training Non-competing renewal without significant changes  # Non-competing renewal with changes previous  # Competing Renewal - previous # Program Project/Center Revision - previous # Resubmission - previous # Different granting agency with identical animal use previous # Salary award Fellowship
I. Granting Agency: J.  II. Animal Use (Live Research only) A. Check animal (Actual procedures must be described in detail in your attached "Summary of Animal Use".)  euthanasia only breeding: receipt of timed pregnant females and parturition on site following experimental manipulation non-survival surgery
survival surgery

rabbit antibody production (see subform A)
mouse monoclonal antibody production (see subform B)
transgenic or knockout mouse production
other potentially uncomfortable or painful procedures: induced polyarthritis

R	le e	necial	housing	or caging	required?
D.	12.2	peciai	nousing	or caging	requirear

(Special Housing such as metabolic caging, solitary caging reversed light cycle Yes No

**C.** Will animals be held outside the animal facility for more than 12 hours? (If animals are to be housed outside the central facilities for more than 12 hours, justification must be included in your Summary of Animal Use.)

Yes No Location\_Room

#### D. Animal Feed

(Other, i.e., specially prepared diets, powered diet, liquid diet.)

Standard Other(specify):

#### E. Will food or water be limited?

(If food or water is to be restricted as a component of the study, a justification and the procedure and your method for monitoring the animals must be included in the Summary of Animal Use.)

Food restriction

Yes No Duration

Water restriction

Yes No Duration

### F. Will drugs or other materials be added to drinking water?

(Note any expected side effects.)

Yes
(list name(s), dose, duration)
No

## G. Check if any of the following agents will be used in or on animals:

(Use of Hazardous Agents requires approval by the Safety Department.)

radioisotope Type:

. chemical agent

irradiation device

		human materia	al	Type:						
anima	ls? Type:_P	drugs, reage	ve. F	Proteins an	d Pepti	ides (se	ee below	)		
	-	ion of entire proc ce, dose, route a			include	d in the	e Summa	ry of Ani	mal Use,	including
		you be extracti mortem?	ing a	ny fluids (i	i.e., blo	ood, ur	ine, asc	ites fluid	d) from a	nimals
	Yes		No							
		Fluid, type, am Summary of Anir			/ and	collecti	on meth	od mus	t be des	cribed in
	L. How	often will anim	nals l	oe monitor	ed and	d by wl	hom?			
		ators are expec ds and holidays.		o monitor e	xperim	ental a	nimals a	t least da	aily, includ	gnik
	K. Surgi	ical Procedure		Yes		No				
	in prepar	an to perform su ring this section. ing surgical prod	Ase	parate cop						
	1. Spec	cies								
	Gallus g	allus domesticu	s (Ch	nicken)						
	S	Survival		Non-Survi	ival					
		nd brief descripure/Laboratory		•						
		tion of O.R. or p Surgeon:	oroce	dure room:						
		hetist: 6. Anesth Give drug does,			stratior	and fr	eguencv	.)		

infectious agent

	None			
	Pre-anesthetic:			
	None			
	st-Operative Care (Describe how animal used.)	s are monitored and care	ed for post-operatively.	Identify al
8 Pe	erson responsible for pos	st-op care:		
	Phone No.:			
9. Du	ration of survival after su	urgery:		
III. Persona	al Qualifications			
(The person this protocol.  B. List all pe	) ersonnel handling anim	: s responsible for all perso  nals, their position and ease indicate who will be	qualifications/experie	ence.
<u>Name</u>	<u>Position</u>	Qualification/Ex		,,
	<u>Sı</u>	ummary of Animal Care		
Description of	of Proposed Animal Use			
A) Ar	nimal Numbers, Specie	s and Characterization,	and Experimental Me	ethods
В)	Animal Experimental	l Methods and Euthanas	sia Justification:	
C)	Justification of Anim	ial Use and Teaching Ra	ationale:	

D)	veterinary Care:
E)	Description of Procedures for Minimizing Discomfort, Distress, Pain and Injury
F)	Euthanasia Method; Considering Experimental Alternatives:

References: