



## NSU Institutional Animal Care and Use Committee (IACUC)

### Detailed Reviewer Template for IACUC Protocol Review

IACUC Review Code: 2020/OR-NSU/IACUC-No. \_\_\_\_\_

<b>Introduction, Specific Aims, and Background</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Are the specific aims of the proposed research clearly specified?			
Are there adequate preliminary data to justify the research?			
Is there appropriate scientific justification for this research protocol?			
<b>Government Approvals/Permits Required</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Department of Forestry			
Department of Natural Resources			
Fisheries Permit			
Environment			
Other (specify):			
<b>Internal and/or External Funding</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Internal Funding (source/amount identified)			
External/extramural Funding (source/amount identified)			
<b>The Project involves Inter-institutional Collaboration</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
If yes, relevant information provided			
<b>Project Research Type</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Observation study with minor interference in animal			
Animal unconscious without recovery			
Minor conscious intervention without euthanasia			
Surgery with recovery			
If surgery with recovery, documentation of investigator's competence is included			
Minor physiological challenge			
Major physiological challenge			
Death as an endpoint (not euthanasia, death a deliberately planned part of the procedure)			
Genetic manipulation			
Minor procedure with euthanasia			
<b>Research Protocol Procedures</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Are the rationale and details of the research procedures accurately described and acceptable? Including: <ul style="list-style-type: none"> <li>• Non-surgical techniques (capture/restraint; frequency of sample collection)</li> <li>• Surgical techniques (including administered substances—technical name; toxicity; route; dose; action; frequency;</li> <li>• All procedures (sampling method; frequency; amount; special housing; handling/restraint)</li> <li>• Detail is provided how procedures may impact negatively on the animals and how these impacts may be minimized</li> <li>• The animal(s) will be subjected to more than one painful or stressful procedure (explanation provided)</li> <li>• Post-operative care is described and adequate</li> <li>• Proposed routine monitoring and care of animals adequate for duration of project</li> <li>• The research involves prolonged restraint or confinement</li> </ul>			

<b>Criteria for intervention, treatment, or withdrawal of animals are adequate</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>The experiment(s) pose health risk to investigators and/or staff handling, monitoring, or caring for the animals in use</b>			
<ul style="list-style-type: none"> <li>• <b>If yes, investigators have explained adequately how the risk will be minimized</b></li> <li>• <b>The proposed methods of minimizing health risk are reasonably acceptable</b></li> </ul>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>Project Specific Issues are Identified</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>Detailed Timeline flowchart of research activity from start to completion is provided</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Are the individuals performing the procedures appropriately educated (have requisite educational qualifications and technical training)?			
Is the location/facility of where the procedure(s) will be performed acceptable?			
<b>Animals requested for the research are specified</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Pertinent information as to Common Name, Strain, Sex, Age, Years of use, Date required, Source of procurement provided			
Justification for the number of animals requested is provided and reasonable			
Names/contact details of personnel responsible for daily care/monitoring of animals, including reporting of any emergencies, are provided			
<b>Ethical/Moral Justification Statement is provided and reasonably acceptable</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>Reasonably applicable alternatives (i.e., method(s) without use of animals) have been described and there is scientific justification for the proposed use of the identified animal(s)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>The proposed research is a repeat of research performed at NSU or elsewhere</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>Appropriate applicant declarations are provided and attested with signature of Principal Investigator(s) and Co-investigators</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>

IACUC Reviewer Name: \_\_\_\_\_ Member Status: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_