**Application for IACUC Ethical Clearance**

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| **IACUC Id:** **2023/OR-NSU/IACUC/** |

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| **Type of Application:** |  | **New** |  | **Resubmission** |  | **Renewal** |

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| School SRC/ CTRG Review Code: |  |

**1. Title of Research Project:**

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**2. Principal Investigator:**

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| --- | --- |
| **Name:** |  |
| **Faculty Rank:** |  |
| **Department:** |  |
| **Email:** |  |
| **PABX or Mobile number:** |  |

**3. Co-investigators:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Faculty Rank** | **Email** |
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**4. Project Duration:**

*(Note: Ethics review clearance is effective for a maximum of three calendar years from the date of commencement of research activity as approved by the IACUC.)*

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| Project Start Date: |  |
| Project Completion Date: |  |

**5. Does this project require approvals or permits from any of the following government authorities?** *(Note: If answered “Yes” on any of the above, a copy of all relevant approvals must accompany this application for IACUC review.)*

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| --- | --- | --- | --- | --- |
| Department of Forestry |  | Yes |  | No |
|  |  |  |  |  |
| Department of Natural Resources |  | Yes |  | No |
|  |  |  |  |  |
| Fisheries Permit |  | Yes |  | No |
|  |  |  |  |  |
| Environment |  | Yes |  | No |
|  |  |  |  |  |
| Other (provide detail below) |  | Yes |  | No |

**6. Is the proposed research funded by either internal or external grant in whole or in part?**

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|  | Yes |  | No |

*[If “yes” identify the funding organization, grant ID (whether pending or approved).]*

**7. Does this project involve inter-institutional (including international) collaboration?**

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|  | Yes |  | No |

*(If “yes,” provide names, titles, roles of co-PIs along with identified institutional affiliations.)*

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| **Name** | **Faculty Rank / Title** | **Affiliated Institution/Location** | **Role/Function** |
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**8. Project Research Type:** *(check one--✔-- or more as applicable)*

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|  | Observation Study with minor interference in animal |
|  | Animal unconscious without recovery |
|  | Minor conscious intervention without anesthesia |
|  | Surgery with recovery (*proof of surgical competence of investigator(s) must be attached to the application unless training is included as a separate component of the application*) |
|  | Minor physiological challenge |
|  | Major physiological challenge |
|  | Death as an endpoint (not euthanasia; e.g., LD50 or lethality tests where death as an endpoint was a deliberate planned part of the procedure |
|  | Genetic manipulation |
|  | Minor procedure with anesthesia |

**9. Overview of the Research Activity**

1. Is this project related to previous research work or applications whether internal to NSU or external? *(If so, provide relevant approval information for this prior research, including scientific review and ethics review.)*

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1. In non-technical language to the degree reasonable, outline the research activity, its purpose, and expected benefits.

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1. Methodology (surgical and nonsurgical techniques, all procedures carried out on animals such as sampling, method, frequency, amount, special housing, handling and restrain)

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**10. Animals Requested for the Research**

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| **Common Name** | **Strain** | **Sex** | **Age** | **Year 1** | **Year 2** | **Year 3** | **Date Required** |
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**11. From where will the animals be obtained?**

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**12. Justification for the number of animals requested:**

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**13. Opportunity for the sharing of tissues or animals:**

To reduce animal use, would the animals or their tissues, at the conclusion of your experiment(s), be suitable for use in another project?

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| --- | --- | --- | --- |
|  | Yes |  | No |

If yes, explain which project below.

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**14. Are the animals to be transported off campus prior to/during/after this research activity?**

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| --- | --- | --- | --- |
|  | Yes |  | No |

*(Provide information as to method, type of transport, duration and frequency of transport, along with statement of permits required.)*

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**15. Please detail how each procedure listed above may impact negatively on the animals and how these negative impacts will be minimized.**

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**16. Are there any instances in which a particular animal will be subjected to more than one painful procedure or stressful procedure?**

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|  | Yes |  | No |

*(If “yes” explain below briefly.)*

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**17. Describe the post-operative care that will be provided after any surgical procedure has been performed on the animals.**

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**18. Details of research team’s expertise and pertinent research experience**

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| **Name** | **List the procedure(s) this person will perform in the project** | **Relevant qualifications and expertise** |
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**19. Please provide a detailed timeline flowchart of research activity from start to completion (Appendix 1).**

**20. Please provide a list of compounds and/or microbial agents being used with brief explanation as to their intended use. (Appendix 2)**

**21. Monitoring of Animals**

1. How will the animals be routinely monitored and care for over the duration of the project? Specify the method and frequency of this monitoring activity or care.

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1. Describe what response will be undertaken if a problem is identified with the research animals, including criteria for intervention, treatment, or withdrawal of animals from the project.

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1. Identify any project specific issues:

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**22. Names and contact details of personnel responsible for daily monitoring and care of animals, including for reporting of any emergencies** (including euthanasia)

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**23. What is the *ethical/moral* justification for this proposed research?**

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**24. Please explain why the use of animals, including the animal model chosen, is necessary for this project.**

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**25. Does this project involve experimental studies of un-anesthetized animals that may cause pain or distress and where analgesia will not be used?**

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|  | Yes |  | No |

*(If “yes,” state and justify the end point for the experiment and indicate measures being taken to minimize pain and distress.)*

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**26. Does this project involve prolonged restraint or confinement?**

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|  | Yes |  | No |

*(If “yes,” justify and explain the measures to be taken to minimize pain and distress.)*

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**27. Does this experiment pose any health risk to research investigators, staff involved in handling, monitoring, and/or care, or to other animals in the location of housing or caging?**

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|  | Yes |  | No |

(*If “yes,” explain the risk involved and explain how this risk will be minimized.)*

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**28. Disposal**

(Animals should be sacrificed humanely using the method appropriate for the investigation. If injectable agent(s) is/are to be used, provide details of the particular agent, does and route of injection. The use of cervical dislocation or a blow to the head of animals other than mice is discouraged and approval will require a scientific explanation for such a need.)

**29. Will the animals be sacrificed immediately following the experiment?**

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| --- | --- | --- | --- |
|  | Yes |  | No |

If **yes**, indicate the method to be used

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If **no**, indicate what will be done with the animals

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**30. Any other relevant information**

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**31. Declarations**

Applicant Declaration:

* We, the undersigned, confirm that all members of the research team are familiar with current nationally applicable laws and/or regulations as well as NSU institutional policies and/or regulations governing animal care and use.
* We confirm, further, that we shall conduct this project in accordance with NSU institutional policies on research integrity and policies specific to animal care and use
* We confirm, also, that we shall comply with all other conditions of approval and/or modification of proposed research as stipulated by the NSU Institutional Animal Care and Use Committee (NSU-IACUC).

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| **Name (PI/ Co-PI/ Co-I)** | **Signature** | **Date** |
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*Add additional cells above as needed for additional the principal investigator and co-investigators and members of the research team as identified.*

**Submittal**

When the foregoing proposal document is completed and signatures provided, the entirety of the proposal, including required supporting materials, is to be submitted to the Chairperson of the NSU Institutional Animal Care and Use Committee through the Office of Research-NSU (ADM 625). Send the electronic copy to:

[mostafizur.rahman09@northsouth.edu](mailto:mostafizur.rahman09@northsouth.edu), CC to [rahman.mahbubur@northsouth.edu](mailto:rahman.mahbubur@northsouth.edu)