

Protocol # \_\_\_\_\_ (to be assigned by IACUC) \_\_\_\_\_

Approval Date: \_\_\_\_\_

IWU-IACUC FORM  
INFORMATION FOR REVIEW OF ACTIVITIES INVOLVING ANIMALS

This form must be completed by all persons using live, vertebrate animals for teaching and/or research. The form must be completed and submitted at least two weeks prior to the date on which you plan to begin using the animals. Animals may not be purchased and activities involving animals may not begin until you have received written notification that the protocol has been approved by the IACUC. This condition also applies to expired protocols - activities involving animals in expired protocols must stop immediately until the protocol has been submitted and approved by IACUC for renewal.

Please submit **BOTH** a single signed paper copy of this protocol to the Administrative Record Keeper (Cressie Volz, cvolz@iwu.edu) and an electronic copy (preferably in Microsoft Word format) to iacuc@iwu.edu for electronic distribution to the Chair (Joe Williams) and the committee. Incomplete or improperly completed forms will be returned unreviewed, resulting in a delay for approval. If you have any questions, please feel free to contact the IACUC chair (556-3006; jwilliam@iwu.edu).

Project Title:

Principal Investigator:

Department:

Telephone:

Funding Agency:

Approximate date protocol will be in effect:

Is this a renewal of a previous protocol?

If yes, have you had any unintended negative consequences while the protocol has been active?

If yes, have you made any changes to the protocol?

Who will order the animals?

Which animal care unit will house and maintain animals?

Who will track the usage of the animals once they are given to the PI, including the final number of animals used in the experiment?

Check each of the following which is applicable:

\_\_\_\_\_ I: Animals used in this project will not experience any discomfort, pain, deprivation, or prolonged restraints.  
A brief summary of procedures is attached.

\_\_\_\_\_ II: Animals will experience those events listed in item I (above). However, I have exercised reasonable, commonly accepted scientific practices in evaluating literature sources to determine that alternatives to these practices are not available. A detailed summary of these procedures is attached. A list of databases searched (to determine alternatives) and keywords used is also attached.

\_\_\_\_\_ III: Surgery will be performed.

Where will surgery be performed?

Who will maintain surgical records?

Who will provide and monitor postsurgical recovery?

\_\_\_\_\_ IV: Anesthetic and/or analgesic drugs will be used.  
List drugs and dosage:

List species of animals to be used, and number of animals of each species. Justify the use of this species, and justify the number of animals used (use additional sheet if necessary):

Describe method of euthanasia to be employed (use additional sheet if necessary):

Describe the training which has been or will be given to personnel working on this project (including the P.I.) to ensure that they are capable of performing the procedures described in this protocol (Use additional sheets as necessary):

Assurance Statements: The following statements MUST be signed by the principal investigator:

“I have carefully reviewed the relevant literature, and have studied standard laboratory procedures for this type of research. I hereby stipulate that the procedures described in this protocol do not represent unnecessary duplication of previous activities and/or experimentation.”

Signature of Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

“All information provided in this protocol is true to the best of my knowledge. I understand that Illinois Wesleyan University is bound under Federal law to insure that all activities involving live, vertebrate animals are covered by an approved protocol. I understand that, by submitting this protocol, I agree to follow the procedures herein, and I understand that any changes to my procedures must first be approved by the IACUC committee. I further understand that failure to adhere to the procedures described in this protocol can result in temporary or permanent suspension of animal use privileges.”

Signature of Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

“I acknowledge that by September 15, I will provide the IACUC Committee with a report detailing animal losses and/or complications for protocols in effect the previous academic year.”

Signature of Principal Investigator \_\_\_\_\_

Date \_\_\_\_\_