

**INVESTIGATOR - RETAIN THIS PAGE, DO NOT SUBMIT WITH PROTOCOL**

If an animal user discovers or experiences a break-in, or any other crisis situation, he/she should contact the University Police Department (UPD) immediately. A representative of UPD will immediately contact the Office of Media Relations (OMR) and the Office of Sponsored Programs (OSP).

The OMR director is responsible for coordinating all communications relating to the incident.

Other institutions that have experienced crisis incidents are unanimous in recommending that individuals or groups of investigators should never be put in a defensive position before the media or any other inquiring person(s). Consequently, the University asks that investigators let only designated spokespersons represent the University and the targeted investigator(s). If contacted, the investigator(s) is/are asked to read VERBATIM from the attached statement.

An investigator should refer all requests for information or lab tours to OMR.

**Important Phone Numbers**

<b>University of Houston Police Dept.</b>	<b>(713) 743-3333</b>
<b>Office of Media Relations</b>	<b>(713) 743-8150</b>
<b>Office of Grants and Contracts</b>	<b>(713) 743-9222</b>
<b>UHCL Police Dept.</b>	<b>(281) 283-2222</b>
<b>UHCL Office of Communication</b>	<b>(281) 283-2026</b>
<b>UHCL Office of Sponsored Programs</b>	<b>(281) 283-3015</b>

## **GENERAL STATEMENT ON THE USE OF ANIMALS**

We believe that the use of living animals in properly designed research experiments is both ethical and obligatory to protect people and animals from diseases and defects. All animals used in our research are acquired from proper sources in compliance with local, state, and federal laws and guidelines and are housed and cared for in accordance with all appropriate laws and guidelines.

While at the University, the animals are provided with the best possible care and treatment and are under the care of a veterinarian trained in Laboratory Animal Medicine.

Our experimental protocols and program for animal care and use have been reviewed and approved by the University's Institutional Animal Care and Use Committee. We subscribe and adhere to the concept and practice of the humane treatment of research animals, using only the minimum numbers necessary to answer the research questions. Special care is always taken in all behavioral and

surgical procedures to avoid any pain or discomfort to the animals. Also, all animals are cared for and handled with respect.

ADMINISTRATIVE INFORMATION SHEET

NOTE: DO NOT SHOW ANY PERSONNEL NAMES OR ROOM NUMBERS ON THE FORM ENTITLED "APPLICATION FOR USE OF LABORATORY ANIMALS AND FACILITIES"

(1) Principal Investigator/Instructor Phone Number Fax
Email Emergency Contact Number
Department / Campus address

(2) Animals will be used for Instruction Research
a. If used for instruction: Course No. /Semester Fall
b. If used for research: Sponsoring Agency(ies)
UH Budget No.(s), if any
If proposal(s), List titles(s) and submission deadline(s)

(3) Show the name(s) and extension(s) of each person (including the PI) working with the animals. Indicate the date(s) of the most recent training session for each individual. Titles should describe project assignment and not necessarily academic appointment.

Table with 5 columns: NAME AND TITLE, PHONE NUMBER, TRAINING DATE, ADD, DELETE. It contains 6 rows of blank lines for data entry.

(4) Preferred location for animal housing: [ ] S&R2 [ ] Optometry [ ] Pharmacy/TMC [ ] Clear Lake
(5) Location where animal use will take place:
(6) Animals kept over 12 hours outside housing area? [ ] YES [ ] NO
If yes, give location and reason.

(7) If animals will be housed any place other than in animal care facilities during or following exposure to a hazardous agent, note the Location:

\*I certify that the use of all animals involved in this project will be carried out within the provisions of the Animal Welfare Act, the Guide for Care and Use of Laboratory Animals, the PHS Policy on Humane Care and Use of Animals, the University of Houston Policy on Care and Use of Animals and related animal welfare rules and regulations as issued by state and/or federal agencies.

\*I am aware that the Institutional Animal Care and Use Committee (IACUC) may make periodic inspections of all labs in which animals are used. I will permit unannounced inspections and observations of my animals and surgical techniques by a UH veterinarian or other representative of the IACUC.

\*I am aware that the IACUC is empowered to stop any objectionable procedure or project. Where procedures have caused severe distress to an animal which cannot be alleviated, UH staff veterinarians are authorized to humanely euthanize that animal. I understand that every attempt will be made to contact me before any action is taken.

\*I certify that the above statements are true and that I will make written notification to the IACUC of any changes in the proposed project prior to proceeding with any animal experiment.

\*I understand that I cannot start this project until I have received approval from the IACUC.

SIGNATURE of Principal Investigator or Instructor
("Per" signature not accepted)
Application (4,05)

DATE

**PROTOCOL NO.**

**UNIVERSITY OF HOUSTON  
APPLICATION FOR USE OF LABORATORY ANIMALS AND FACILITIES  
ANIMAL USE PROTOCOL REVIEW**

This form is to be completed IN FULL FOR ALL research projects and/or teaching activities using vertebrate animals, regardless of whether or not I am a UH faculty member, the source of funds or location where animals are to be housed. For assistance in completing this form contact the Institutional Animal Care and Use Committee (ACO) Office, Ext. 39199. The decision of the Institutional Animal Care and Use Committee will be sent to the investigator in writing.

**INSTRUCTIONS: SUBMIT THE TYPED ORIGINAL AND 12 COPIES along with any necessary documentation (i.e., appropriate sections of grant proposal, class/laboratory procedures, etc.) to the Animal Care Operations (ACO) office, Room 10 SR II. The animal use protocol is reviewed by the Director, Animal Care Operations and is reviewed and approved by the Institutional Animal Care and Use Committee in fulfillment of requirements of the Animal Welfare Act. Therefore, this application form must be filled out completely to assure expeditious review by the Committee. **THE ACO OFFICE MUST BE NOTIFIED OF ANY CHANGES IN THE APPROVED PROTOCOL BEFORE THEY ARE INITIATED.** If separate sheets of paper are used, items and answers must be clearly labeled. Once approved, all protocols must be renewed at least annually. To prevent delay in the review process all questions must be answered.**

(1) Project Title: \_\_\_\_\_

(2) Investigator's Lay Summary of the Project. **THIS IS RESTRICTED TO 100-150 WORDS** and should include the following: (a) hypothesis; (b) Total number and types of animals to be used over what period of time; (c) significance of the project. **THIS SUMMARY SHOULD BE WRITTEN IN LAY LANGUAGE AND BE APPROPRIATE FOR RELEASE TO THE NEWS MEDIA.**

(3) List 3-5 keywords

(4) Husbandry Requirements: If anything other than routine care and equipment is required, note below. If more than one species is to be used, indicate which will require special husbandry. Your selection(s) must be justified.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Wire bottom cages;     | <input type="checkbox"/> Individual housing;                 | <input type="checkbox"/> Special diet;    |
| <input type="checkbox"/> Metabolism cages;      | <input type="checkbox"/> Treated water;                      | <input type="checkbox"/> Unique lighting; |
| <input type="checkbox"/> Filter tops;           | <input type="checkbox"/> Autoclaved feed, bedding and cages; |   |
| <input type="checkbox"/> Other (Please explain) |  |   |

(5) Environmental Enrichment and Exercise: This is required by the Animal Welfare Act. Non-human primates must be given opportunities to exercise and enjoy environmental enrichment (games, various toys, different fruits, foods). If this will impact adversely on your research to the point that it will ruin the experiment, you must justify your claim.

(6) Dogs must receive exercise if housed singly, depending on the size of the enclosure, or be housed in compatible groups as part of their care. If this will impact adversely on your research to the point that it will interfere with your study, you must justify the non-exercise aspect.

(7) Rationale: State the overall rationale and significance of this project.

(8) Animal Model(s): Complete the following, listing each species, strain, stock or breed separately. If you plan to use more than one species/strain you must supply this information for each species/strain. (Use the next application page for more than one animal model.)

Species: \_\_\_\_\_

Strain, Stock or Breed: \_\_\_\_\_

Source: \_\_\_\_\_

Age and/or Size: \_\_\_\_\_

Sex:  MALE  FEMALE;

Number of animals housed per day:

High:

Average:

Number of days each animal will be housed:

High:

Average:

Rationale for species selection

Maximum number of animals required	YR1	YR2	YR3	TOTAL
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(9) Will the protocol call for any of the following?

a. Use of muscle-paralyzing drugs without anesthesia

YES

NO

b. Long-term (4 hours or longer) restraint (chemical and/or physical)

c. Creation or maintenance of a painful or uncomfortable condition

d. Feed and/or water deprivation

If yes to any of the above you must explain and justify.

(10) Does the protocol prohibit the use of anesthetics and/or analgesics for the conduct of painful procedures?  YES  NO

If yes, explain and justify below. Attach documentation when available. Note: Painful procedures are considered to be those which cause more pain than that associated with routine injections or blood withdrawal. Foot pad injections and cardiac punctures are painful.

Application (4,05)

(11) The Animal Welfare Act requires that each registered animal facility submit an annual report on animal usage. In

In addition to total numbers of animals used, the report must identify numbers of animals used in various categories relating to pain or distress. To make it possible for this report to be filed, please provide the following information. Give either actual numbers of animals or the percentage of animals to be used in each category (please indicate whether your answer is in actual numbers or percentage). Provide information for each species of animal named in this animal use request. (Use the next additional application page NO. 11 if more than one species).

<u>Species</u>	<u>Number or percent of animals used in research experiments, tests, or teaching involving no pain distress. (N)</u>	<u>Number or percent of animals used in research experiments, tests, or teaching where appropriate or anesthetic, analgesic, or tranquilizer drugs will be administered to avoid pain or distress. (D)</u>	<u>Number or percent of animals used in research experiments, tests, or teaching involving pain or distress without administration of appropriate anesthetic, analgesic, or tranquilizer drugs. (P)</u>
_____	_____	_____	_____

If a number or percentage is in the last column, Appendix "A" must be completed. It must accompany the annual USDA report (APHIS FORM 7023)

(12) Restraint: Will physical restraint devices be used?  YES  NO

If yes, describe the type of restraint and indicate the frequency and length of time the animal will be restrained. Provision must be made for exercise within the 12 hour period if animals are restrained longer than 12 hours

(13) Alternative Methods: If alternative models (other than vertebrate animals) exist, explain the reason for not using these models. If no alternatives exist, please furnish a brief explanation. "No alternatives" is not an acceptable explanation. The database (AGRICOLA) of the National Agriculture Library **must** be searched for alternative methodology.

Databases Searched  
 Search Period Covered  
 Key Words Used

DATE SEARCHED:

Results of search. Short synopsis of results of search(es).

(14) Duplication of Research: A statement as to whether the instruction/research being conducted is/is not duplicative of other instruction/research as revealed by a detailed perusal of the literature. If duplication of instruction/research efforts is indicated, a statement of justification is required.

(15) Describe the procedures that will be followed in detail. For non-surgical animal procedures list all invasive procedures and potentially stressful non-invasive procedures. (Examples: IM injections, foot pad injections, venapuncture, cardiac punctures, behavioral training.) Note each species if more than one species is included. For all surgical procedures indicate whether or not the animal will survive the surgery (i.e. is the surgery to be acute), methods used to insure sterility of survival surgery in vertebrates the anesthetic agent(s) and doses and routes used, the anticipated post-operative survival time, post-operative care (including required analgesic(s) and their doses), whether or not survival surgery will be performed more than once on a single animal and who should be contacted in case of emergency. (If necessary, continue on one additional page. If more than one page is needed, please justify this need.)

(16) Data Analysis plan: Include the proposed calculations and statistical procedures to be used and how the numbers of animals to be used were determined

(17) Indicate the qualifications of the person(s) - who will perform/monitor each procedure, including invasive procedures, such as the administration of anesthesia. Each position should show either enrollment in or completion of the UH Animal course; or comparable experience. List experience with each species and procedures to be used. Where associates lack experience with the experimental methods and/or procedures proposed, a statement detailing the strict supervision of the individual must be included.

(18) Tissue/fluid collection: Will you be extracting any tissues/fluids (i.e. blood, urine, bile) from the animals that are to survive?  YES  NO

If yes, provide the following information, (Use an additional page NO.18 if more than one fluid is to be collected)

Type of tissues/fluid:

Amount extracted/collected:

Frequency of collection:

Total amount collected:

Method of Collection:

(19) Drug or reagent administration: Will you be administering drugs, reagents including adjuvants or dry substance other than the anesthetics or analgesics described previously to these animals?  YES  NO  
If yes, provide the following for each substance. (Use additional application page if necessary.)

(a) Substance:

Dose:

Route:

Frequency:

Post administration complications:

(b) Is agent hazardous (e.g. radioisotope, chemical carcinogen or viable microbiological agent)?  YES  NO

(c) If yes, is animal expected to survive exposure?  YES  NO

(d) Dates(s) of the appropriate safety committee approval(s). NOTE: IACUC approval will not be issued until these approvals are obtained.

Check those that apply and indicate date of approval:

- |   |      |
|---|------|
| <input type="checkbox"/> Biohazards                   | Date |
| <input type="checkbox"/> Radiation safety             | Date |
| <input type="checkbox"/> Chemical / Carcinogen Safety | Date |
| <input type="checkbox"/> Recombinant DNA              | Date |

(e) Degree of health hazard to humans (mark "X" for the most appropriate number).

<input type="checkbox"/>	Low	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	High	<input type="checkbox"/>		
1		2		3		4		5

(f) Length of time that animals and/or their environment must be considered hazardous:

(19) Continued

(g) Maximum number of exposed animals that will be maintained at any one time:

(h) What decontamination procedures will be required for equipment, personnel and housing areas?

(i) How will contaminated animals, feed, bedding and disposable supplies be handled?

(j) If an infectious agent is involved, specify therapy for the treatment of infected animals or humans, as well as preventative measures available for each.

(20) Euthanasia: List method(s) of euthanasia to be used for each species.

**APPENDIX "A"**

DATE

THIS REPORT TO ACCOMPANY FORM 7023 TO SUPPORT ANY RESPONSE SHOWN IN FAR RIGHT-HAND COLUMN, QUESTION (11) (ANIMALS SUBJECTED TO UNALLEVIATED PAIN OR DISTRESS)

PROJECT TITLE:

PROTOCOL NUMBER:

NUMBER AND SPECIES OF ANIMALS LISTED IN FAR, RIGHT-HAND COLUMN.

SPECIES:	NUMBER:

BRIEF DESCRIPTION OF PROJECT:

EXPLANATION OF UNRELIEVED PAIN OR DISTRESS:

SIGNATURE OF PRINCIPAL INVESTIGATOR:

**ADDITIONAL APPLICATION PAGE - SUBMIT AS NECESSARY**  
**Question #8 Continued - Animal Model(s)**

Animal Model(s)

Species:

Strain, Stock or Breed:

Source:

Age and/or Size:

Sex:  MALE  FEMALE

(Check if applicable):

CONDITIONED:  NON-CONDITIONED:

Number of animals housed per day:

High: Average:

Number of days each animal will be housed:

High: Average:

Rationale for species selection:

Maximum number of animals required	YR1	YR2	YR3	TOTAL
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Animal Model(s)

Species:

Strain, Stock or Breed:

Source:

Age and/or Size:

Sex:  MALE  FEMALE

(Check if applicable):

CONDITIONED:  NON-CONDITIONED:

Number of animals housed per day:

High: Average:

Number of days each animal will be housed:

High: Average:

Rationale for species selection:

Maximum number of animals required	<input type="checkbox"/> YR1	<input type="checkbox"/> YR2	<input type="checkbox"/> YR3	TOTAL
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**ADDITIONAL APPLICATION PAGE - SUBMIT AS NECESSARY**  
**Question #11 continued - PAIN or DISTRESS**

<u>Species</u>	<u>Number or percent</u> of animals used in research experiments, tests, or teaching involving no pain or distress. (N)	<u>Number or percent</u> of animals used in research experiments, tests, or teaching where appropriate anesthetic, analgesic, or tranquilizer drugs will be administered to avoid pain or distress. (D)	<u>Number or percent</u> of animals used in research experiments, tests, or teaching involving pain or distress without administration of appropriate anesthetic, analgesic, or tranquilizer drugs. (P)
<u>Species</u>	<u>Number or percent</u> of animals used in research experiments, tests, or teaching involving no pain or distress. (N)	<u>Number or percent</u> of animals used in research experiments, tests, or teaching where appropriate anesthetic, analgesic, or tranquilizer drugs will be administered to avoid pain or distress. (D)	<u>Number or percent</u> of animals used in research experiments, tests, or teaching involving pain or distress without administration of appropriate anesthetic, analgesic, or tranquilizer drugs. (P)
<u>Species</u>	<u>Number or percent</u> of animals used in research experiments, tests, or teaching involving no pain or distress. (N)	<u>Number or percent</u> of animals used in research experiments, tests, or teaching where appropriate anesthetic, analgesic, or tranquilizer drugs will be administered to avoid pain or distress. (D)	<u>Number or percent</u> of animals used in research experiments, tests, or teaching involving pain or distress without administration of appropriate anesthetic, analgesic, or tranquilizer drugs. (P)

**ADDITIONAL APPLICATION PAGE - SUBMIT AS NECESSARY**  
**Question #18 - Tissue/Fluid Collection**

**Tissue/Fluid collection: Continued**

Type of tissues/fluid:	Amount extracted/collected:
Frequency of collection:	Total amount collected:
Method of collection:	

**Tissue/Fluid collection: Continued**

Type of tissues/fluid:	Amount extracted/collected:
Frequency of collection:	Total amount collected:
Method of collection:	

**Tissue/Fluid collection: Continued**

Type of tissues/fluid:	Amount extracted/collected:
Frequency of collection:	Total amount collected:
Method of collection:	

**Tissue/Fluid collection: Continued**

Type of tissues/fluid:	Amount extracted/collected:
Frequency of collection:	Total amount collected:
Method of collection:	

**ADDITIONAL APPLICATION PAGE - SUBMIT AS NECESSARY**  
**Question #19 - Drug or Reagent Administration**

(19) Drug or reagent administration: Continued

(a) Substance:

Dose:

Route:

Frequency:

(b) Substance:

Dose:

Route:

Frequency:

Post administration complications:

Post administration complications:

(c) Is agent hazardous (i.e. radioisotope, chemical carcinogen or viable microbiological agent)?  YES  NO

(d) If yes, is animal expected to survive exposure?  YES  NO

(e) Dates(s) of the appropriate safety committee approval(s). NOTE: IACUC approval will not be issued until these approvals are obtained.

Check those that apply and indicate date of approval:

Biohazards

Date

Radiation safety

Date

Carcinogen Safety

Date

(f) Degree of health hazard to humans (mark "X" for the most appropriate number).

Low

Moderate

High

1

2

3

4

5

(g) Length of time that animals and/or their environment must be considered hazardous:

(h) Maximum number of exposed animals that will be maintained at any one time:

(i) What decontamination procedures will be required for equipment, personnel and housing areas?

(j) How will contaminated animals, feed, bedding and disposable supplies be handled?

(k) If an infectious agent is involved, specify therapy for the treatment of infected animals or humans, as well as preventative measures available for each.