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| **INSTRUCTIONS**:1. Complete the **Submission Checklist** located in [Appendix A](#AppendixA) to determine what documents aside from this form are required as part of your application.
2. Please reference the ‘**Guidance for Completing the Application for Initial & *De Novo* IACUC Review**’ available on the UNE IACUC [website](https://www.une.edu/research/integrity/iacuc) for assistance with completing your responses for this application.
3. Submit your completed application along with any required supplemental documentation to iacuc@une.edu for review.

Contact the Office of Research Integrity at iacuc@une.edu for any questions you may have with regard to your proposed research study or the application process.  |

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| Version Date: | Enter date when form is first completed or date when form is last updated  |
| Title of Study: | Enter text |

| 1. **ADMINISTRATIVE INFORMATION**
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| --- |
| **Principal Investigator Name¥**:Enter text | **You are**:[ ]  Faculty[ ]  Staff[ ]  Student[ ]  Other | **Estimated Start Date**: | Enter text |
| **Estimated End Date**: | Enter text |
| **E-Mail**: | Enter text | **UNE Center or College**: | Enter text |
| **Phone #**: | Enter text | **UNE Department**: | Enter text |
|  |
| **Faculty Advisor Name**:Enter text | **E-Mail**:Enter text | **Phone #**:Enter text |
|  |
| 1. **Submission Type**:

[ ]  Initial Submission[ ]  *De Novo* Submission*If De Novo review is requested, please record your IACUC # below:*Enter text | 1. **Funding Type:**

[ ]  Federal *(specify source below)*[ ]  State of Maine *(specify source below)*[ ]  UNE Internal Award[ ]  Other/Private *(specify source below)*[ ]  Not FundedEnter text |
| ¥ | *Per the federal regulations, only one individual can be named as the principal investigator of the study.* |

| 1. **LAY SUMMARY (~300 Words)**
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| **Using *plain* *language that a non-scientist would understand*, briefly explain the objectives of the study and why the study is important to human or animal health, the advancement of knowledge, or the good of society.**Enter text |

| 1. **ANIMAL REQUIREMENTS**
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1. **Please complete the following tables**:

| Common & Scientific Name of Animal*(e.g., Mouse; Mus musculus)* | Strain/Subspecies*(e.g., C57BL6)* | Sex*(e.g., M/F)* | Approximate Age, Weight, or Size of Animal | Total # of Animals Needed for Study |
| --- | --- | --- | --- | --- |
| Enter text | Enter text | Enter text | Enter text | Enter text |
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| Common Name of Animal | Number of *NEW* Animals Planned to be Used Each Year | 3 Year Total # of Animals |
| --- | --- | --- |
| Year 1 | Year 2 | Year 3 |
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| 1. **Specify the specific source(s) of the animal(s) identified in the tables above** *(e.g., name of vendor or investigator and institution name; for field studies indicate the location where animals will be studied and/or captured)*:

Enter text |
| 1. **Does this study involve the use of genetically modified animals?** [ ]  No [ ]  Yes *(answer the questions below)*
2. Has the IBC been contacted or consulted? [ ]  Yes [ ]  No *(explain below)*

Enter text1. Has an IBC tracking # been assigned to this study yet? [ ]  No [ ]  Yes *(indicate IBC # below)*

Enter text1. Describe any phenotypic consequences of the genetic manipulations to the animals, and any special care or monitoring that the animals will require.

Enter text |
| 1. **Specify the primary location(s) where animals will be housed for this study**:

Enter text |
| 1. **Specify the location(s) where non-surgical animal procedures (e.g., behavior testing) will be conducted for this study:**

Enter text |
| 1. **Has the appropriate facility manager (fish or rodent) been consulted to determine if the facility has the resources and capability to support this study?**

[ ]  No [ ]  Yes *(specify date below)***Date of Consult**: Enter text |
| 1. **Will animals be housed in a lab or anywhere else outside the central facility for more than 12 hours?**

[ ]  No [ ]  Yes *(specify UNE building & room # below)*Enter text |

| 1. **RATIONALE FOR ANIMAL USE**
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| **Explain your rationale for animal use, including the reasons why non-animal models cannot be used**:Enter text |

| 1. **SPECIES & STRAIN JUSTIFICATION**
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| **Justify the appropriateness of the animal species and strain(s) selected for this study**:***Note****: The species selected should be the lowest possible on the phylogenetic scale.*Enter text |

| 1. **JUSTIFICATION OF ANIMAL NUMBERS**
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| **Justify the number of animals requested to be used for this study**.* *The number of animals should be the minimum number required to obtain statistically valid results.*
* *Please refer to the ‘****Guidance for Completing the Application for Initial & De Novo IACUC Review****’ (click* [*here*](https://www.une.edu/research/integrity/iacuc)*) for assistance with this section.*

Enter text |

| 1. **DESCRIPTION OF EXPERIMENTAL DESIGN & ANIMAL PROCEDURES**
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| **Briefly explain the experimental design and specify all animal procedures***.* * *To the degree possible, this section should be written in plain language that a non-scientist would understand.*
* *The description should allow the IACUC to understand the experimental course of an animal from its entry into the experiment to the endpoint of the study.*
* *If sequential events are involved in the study, the sequence of events, time intervals, collective pain category, etc. should be clearly described.*
* *The appropriate USDA pain category must be documented for each animal procedure described in this section.*
* *Please refer to the ‘****Guidance for Completing the Application for Initial & De Novo IACUC Review****’ (click* [*here*](https://www.une.edu/research/integrity/iacuc)*) for assistance with this section.*

***Note****: In lieu of providing details within this section, the experimental design and animal procedures may be summarized within a separate* ***Word*** *document to accompany this application.* Enter text |

| 1. **TRANSPORTATION OF ANIMALS**
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| 1. **Will animals be transported on public roads, waterways, or out of state?**

[ ]  No [ ]  Yes *(describe efforts to comply with USDA regulations below)*Enter text |
| 1. **Will the study require animals to be transported between rooms or buildings (e.g., behavior testing) at UNE?**

[ ]  No [ ]  Yes *(describe the method, schedule, and route of transportation below)*Enter text |
| 1. **Will animals be permanently moved from their original housing location to a different location within UNE?**

[ ]  No [ ]  Yes *(enter the date the facility manager (fish or rodent) was consulted below)***Date of Consult**: Enter text |

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| 1. **PAIN & DISTRESS CLASSIFICATION & CONSIDERATION OF ALTERNATIVE PROCEDURES**
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| 1. **Do any study procedures fall under USDA category D or E?** [ ]  No [ ]  Yes *(answer the questions below)*

***Category D****: Procedures involving pain or distress to animals are appropriately relieved with anesthetics, analgesics, an/or tranquilizer drugs or other methods for relieving pain or distress.* ***Category E****: Procedures involving pain or distress or potential pain and distress to animals that are* ***NOT*** *relieved with anesthetics, analgesics and/or tranquilizer drugs or other methods for relieving pain or distress.* 1. Describe your consideration of alternatives and your determination that alternative procedures are not available or cannot be used. *Alternatives include methods that refine existing tests by minimizing animal distress, reduce the number of animals necessary for an experiment, or replace whole-animal use with in vitro or other tests.*

Enter text1. If your study involves USDA category D procedures, are all drugs (e.g., anesthetics, analgesics, sedatives, tranquilizers) that will be used to relieve pain or distress outlined in ‘***Supplemental Form D: Use of Biological Materials, Chemicals, Drugs, Hazardous Agents, or Other Substances in Animal Studies***’?

[ ]  N/A [ ]  Yes [ ]  No1. If your study involves USDA category E procedures, provide a scientific justification to explain why the use of anesthetics, analgesics, sedatives, or tranquilizers cannot be used to relieve pain or distress in animals.

Enter text1. List the databases that were searched to determine if alternatives exist to procedures that cause pain or distress in animals, and provide the date range of the search and keywords used in the search.

***Note****: At least two reference sources must be listed, and the date range should include the past 5-10 years.* Enter text1. For procedures involving USDA category D or E activities, the UNE attending veterinarian, Dr. Arthur Lage, MUST be consulted prior to submitting this application. *Dr. Lage can be contacted at* *artlage123@gmail.com* *or (617) 699-2256.*

**Date of Veterinary Consult**: Enter text  |

| 1. **METHOD OF EUTHANASIA OR DISPOSITION OF ANIMALS AT END OF STUDY**
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| 1. **Describe the proposed primary (and secondary as applicable) method(s) of euthanasia**:

*If a chemical agent is used, specify the dosage and route of administration.*Enter text |
| 1. **Is the described method of euthanasia recommended by the AVMA guidelines for the euthanasia of animals** (click [here](https://www.avma.org/resources-tools/avma-policies/avma-guidelines-euthanasia-animals))**?**

[ ]  Yes [ ]  No *(provide a scientific justification below why this method must be used)*Enter text |
| 1. **Describe how animal death will be confirmed following euthanasia:**

Enter text |
| 1. **Describe the method of carcass storage/disposal:**

Enter text |

| 1. **SPECIAL CONCERNS OR REQUIREMENTS OF THE STUDY**
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| 1. **Describe any special housing, equipment, animal care or any departures from the** [***Guide***](https://olaw.nih.gov/resources/publications/guide-care-2011.htm):

*For example, special caging, water, feed, waste disposal, environmental enrichment, etc.*Enter text |
| 1. **Describe the contingency plan if a pregnant animal is unexpectedly procured for the study**:

*For example, will any special husbandry procedures need to be employed? What will happen to the offspring – will they be kept or euthanized? If offspring will be euthanized, does the method of euthanasia differ from what is described in Section J above?* Enter text |
| 1. **Will this study involve the use of fish?** [ ]  No [ ]  Yes *(answer the questions below)*
2. What is the appropriate stocking density (fish/gallon) for the intended species and the maximum potential stocking density for this study? Please include at least one citation or reference in your response below.

Enter text1. Will more than one species to be housed in the same environment together? [ ]  No [ ]  Yes *(explain below)*

If ‘Yes’, please provide at least one citation or reference that justifies the species being housed together. If no such citation or reference exists, explain how the husbandry of each species allows them to be housed together (e.g., water quality parameters, wild population habitat, predation, etc.). Enter text1. Specify what water quality parameters will be measured, how often, and the appropriate range for each parameter and each species. Please include at least one citation or reference in your response below.

***Note****: Examples of water quality parameters include dissolved oxygen, temperature, pH, salinity, ammonia,* *conductivity, nitrite, alkalinity, phosphorous, nitrate, etc.*Enter text1. Were the applicable items above discussed with the Fish Facility Manager prior to submitting this application?

[ ]  No *(explain below)* [ ]  Yes *(specify date of consult below)*Enter text |
| 1. **Will this study involve the use of rodents?** [ ]  No [ ]  Yes *(answer the questions below)*
2. Will you be using equipment ***and*** space within the UNE Behavior Core? [ ]  No [ ]  Yes *(see note below)*
3. Will you be using space only (no equipment) within the UNE Behavior Core? [ ]  No [ ]  Yes *(see note below)*
4. Will you need assistance from any personnel from the UNE Behavior Core? [ ]  No [ ]  Yes *(see note below)*

If you answered ‘Yes’ to any of the above questions, you must consult with the Behavior Core ([BehaviorCore@une.edu](https://une1.sharepoint.com/sites/InstitutionalReviewBoard-IRBAdministration/Shared%20Documents/IRB%20Administration/Document%20Control/Revision%20History/RES-F-011/BehaviorCore%40une.edu)) ***before*** submitting your application for IACUC review. **Date of Behavior Core Consult**: Enter text |
| 1. **Is this a field study involving free-living wildlife in their natural habitat?** [ ]  No [ ]  Yes *(explain below)*
2. Describe how wild animals will be observed:

Enter text1. Will there be any interactions between researcher(s) and wild animals? [ ]  No [ ]  Yes *(explain below)*

Enter text1. Will wild animals be disturbed or affected? [ ]  No [ ]  Yes *(explain below)*

Enter text1. Are there any special procedures anticipated for this study that are **NOT** described in ***Section G***?

[ ]  No [ ]  Yes *(explain below)*Enter text1. Specify if federal, state, and/or local permits are required, whether they have been obtained, and indicate their expiration date(s):

Enter text |

**Appendix A: Submission Checklist**

| REQUIRED SUPPLEMENTAL DOCUMENTATION *(as applicable to your study type)* | Yes | N/A |
| --- | --- | --- |
| 1 | Supplemental Form A: Study Team Training & Qualification Summary **[Required]** |[ ]   |
| 2 | Supplemental Form B: Principal Investigator Certification **[Required]*** *If the PI is a student, the document must also be signed by the respective Faculty Advisor*
 |[ ]   |
| 3 | Supplemental Form C: Animal Surgical Procedures |[ ] [ ]
| 4 | Supplemental Form D: Use of Biological Materials, Chemicals, Drugs, Hazardous Agents, or Other Substances in Animal Studies |[ ] [ ]
| 5 | A summary of the experimental design and animal procedures in a stand-alone **Word** document *(if details are NOT documented within Section G of this application)* |[ ] [ ]
| 6 | Attach a copy of any IACUC-approved laboratory SOPs that have been referenced within this application or within any required supplemental forms |[ ] [ ]
| 7 | Fish Procurement Form (supplier or wild fish) |[ ] [ ]
| 8 | Copy of applicable federal, state, and/or local permits obtained for field studies |[ ] [ ]

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| **Applicant Remarks:** |
| Enter text |