APPENDIX D

To be filled by IACUC ADMIN OFFICER

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Received By**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

UNIVERSITY OF THE PHILIPPINES MANILA

OFFICE OF THE VICE-CHANCELLOR FOR RESEARCH

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| INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE  ANIMAL USE PROTOCOL |

**REMINDERS TO PROPONENTS:**

1. Draft of the animal protocol **must be submitted for pre-review not less than 2 weeks prior to the IACUC monthly meeting** (every 2nd Monday of the month). This is to allow ample time for the Chair to pre-review the protocol and the proponent to make satisfactory updates and revisions. A soft copy of the draft should also be e-mailed to the secretariat at upm.iacuc.nih@gmail.com.

2.As the pre-review will also serve as a form of consultation, it will be conducted simultaneous to the processing of papers with RGAO (Proponent may attach the draft of the protocol when submitting papers to RGAO).

3.The Chair, thru the secretariat, will advise the proponent if the protocol is approved for committee review. Only then will the proponent make 9 copies of the protocol for submission to the secretariat.

4. Copies of the protocol for committe review should be submitted to the IACUC secretariat the last Friday prior to monthly meeting, otherwise it will be scheduled on the next montlhy meeting.

5.Protocols should satisfy all the following requirements before being included in the list of protocols for review by the committee:

a. Endorsement for review from the REB/RGAO indicating proposal is registered with RGAO.

b. Protocols should have undergone pre-review with the required revisions accepted and approved by the Chair

c. 9 copies submitted to the secretariat the last friday prior to the monthly meeting

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| **A. Research Project Title** | | | | | | | | | | | | | | | | |
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| **B. Principal Investigator and Co-investigators**  *(Name of principal proponent and co-investigators, designation/ title and affiliate institution)* | | | | | | | | | | | | | | | | |
| **Name of Principal Proponent/**  **Co-investigators** | | | **Designation / Title** | **Institution/ (Affiliation)** | | | | | **Email address and phone number (mobile and landline)** | | | | | **Qualification**  **(degree(s) training experience)** | | |
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| **C. PURPOSE OF STUDY** | | | | | | | | | | | | | | | | |
|  |  | **For research,** (select type/s) | | |  | Basic |  | Applied | |  | Epidemiological |  | Wildlife | |  | Others  \_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **For teaching** | | | | | | | | | | | | | | |
| **D. STUDY Objectives** | | | | | | | | | | | | | | | | |
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| **E. Research Project Duration** *specify start and end of study (month/year)* | | | | | | | | | | | | | | | | |
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| **F. Background and significance of the procedure or research** | | | | | | | | | | | | | | | | |
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| **G. Description of Methodologies/ Experimental Design** | | | | | | | | | | | | | | | | |
| 1. Animals species and strain/breed | | | | | | | | | | | | | | | | |
| **2. Source of animals** | | | | | | | | | | | | | | | | |
| **3. Location where animals will be housed and scientific procedures will be conducted** | | | | | | | | | | | | | | | | |
| 4. Reason/basis for selecting animal species | | | | | | | | | | | | | | | | |
| 5. Sex, age and number of animals | | | | | | | | | | | | | | | | |
| 6. Quarantine and/or acclimatization or conditioning process | | | | | | | | | | | | | | | | |
| 7. Animal housing and animal care procedures | | | | | | | | | | | | | | | | |
| 7.1 *describe primary enclosure (caging) to include cage dimensions and material, number of animals per cage, type of beddings used* | | | | | | | | | | | | | | | | |
| 7.2 *describe cleaning method and frequency of cleaning of primary enclosure* | | | | | | | | | | | | | | | | |
| 7.3 *describe provisions for maintenance of room temperature, humidity, ventilation and lighting* | | | | | | | | | | | | | | | | |
| 7.4 *describe provisions for feeds and water* | | | | | | | | | | | | | | | | |
| 8. Experimental or animal manipulation methods - list down and describe all methods that will be done in a live animal and attach schematic diagram of study design | | | | | | | | | | | | | | | | |
| *8.1 list of animal manipulation methods in the study to include detailed description of procedure* | | | | | | | | | | | | | | | | |
| 8.2 list of materials (drugs, extracts,bacteria, etc.) that will be given/introduced to the animal to include description of route of administration, frequency, volume, and method of restraint | | | | | | | | | | | | | | | | |
| 8.3 list of hazardous materials (chemical, biological, radioactive, etc.) that will be used in the study. For each indicate the potential hazards and threats to human, animal, and environmental health, routes of exposure and specify plans and procedures to mitigate the risks posed by the hazard identified. | | | | | | | | | | | | | | | | |
| 8.4 list of specimen or biological agent (blood, urine, etc.) to be collected from a living animal to include description of collection method, frequency, volume, site of collection and method of restraint | | | | | | | | | | | | | | | | |
| *8.5 description of use of anesthetics to include name of drug, dosage, and route of administration* | | | | | | | | | | | | | | | | |
| *8.6 Surgical procedures (type and purpose)* | | | | | | | | | | | | | | | | |
| 9. Plans on what to do with the animals after the study/scientific procedure. | | | | | | | | | | | | | | | | |
| H. Is there a non-animal model applicable for the procedure/study? If so, please provide the reasons for not using it. | | | | | | | | | | | | | | | | |
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| I. Indicate the names and qualifications of all personnel who will be responsible for conducting the procedures -specify who will conduct/supervise for every procedure indicated in the protocol | | | | | | | | | | | | | | | | |
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| J. REFERENCES - include literature used as guide for animal care and use | | | | | | | | | | | | | | | | |
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**DECLARATION BY THE RESPONSIBLE PERSON:**

I ACCEPT RESPONSIBILITY FOR ASSURING THAT THE PROCEDURES/ STUDY WILL BE CONDUCTED IN ACCORDANCE WITH THE APPROVED PROTOCOL.

I ASSURE THAT ALL PERSONNEL WHO USE THIS PROTOCOL AND WORK WITH ANIMALS HAVE RECEIVED APPROPRIATE TRAINING/ INSTRUCTIONS IN PROCEDURAL AND HANDLING TECHNIQUES, AND ON ANIMAL WELFARE CONSIDERATIONS.

I AGREE TO OBTAIN WRITTEN APPROVAL FROM THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE PRIOR TO MAKING ANY CHANGES AFFECTING MY PROTOCOL. I ALSO AGREE TO PROMPTLY NOTIFY THE IACUC IN WRITING OF ANY EMERGENT PROBLEMS THAT MAY ARISE IN THE COURSE OF THIS STUDY, INCLUDING THE OCCURRENCE OF ADVERSE SIDE EFFECTS.

Signature of Investigator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Noted by Technical Review Board/Committee of College/Department/Unit

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Noted by the IACUC Chair

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_