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**Institutional Animal Care and Use Committee (IACUC) Protocol**

**Review Checklist**

**Protocol Information**

IACUC Protocol #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

PI / Course Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Project / Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Review Decision**

\_\_\_\_ Approved \_\_\_\_ Modifications required to secure approval \_\_\_\_ Not approved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Designated Reviewer (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IACUC REVIEW CHECKLIST | YES | NO | N/A | Comments |
| Section B. *Animal Requirements* of Form is filled out in its entirety |  |  |  |  |
| C. Transportation | YES | NO | N/A | Comments |
| Plan for transportation is clear |  |  |  |  |
| Assurance is given that transportation plans comply with all state, federal and international regulations |  |  |  |  |
| D. Study Objectives | YES | NO | N/A | Comments |
| Hypothesis is given |  |  |  |  |
| Brief description of study in lay terms is given |  |  |  |  |
| E. Rationale for Animal Use | YES | NO | N/A | Comments |
| Explanations of why it is necessary to use animal models for proposed study are given |  |  |  |  |
| Appropriateness of the selected species is justified |  |  |  |  |
| Number of animals to be used is justified |  |  |  |  |
| F. Experimental Design and Animal Procedures | YES | NO | N/A | Comments |
| Experimental Design is clearly explained |  |  |  |  |
| All procedures to be employed in the study are explained in detail |  |  |  |  |
| G. Pain/Distress Classification and Consideration of Alternatives | YES | NO | N/A | Comments |
| Expected pain and distress classifications based on the USDA definitions are stated |  |  |  |  |
| Description of consideration of alternatives and determination that none are available are given |  |  |  |  |
| H. Anesthesia, Analgesia, Tranquilizers | YES | NO | N/A | Comments |
| All Anesthesia, analgesia, tranquilizers and other pain management are described |  |  |  |  |
| I. Euthanasia, Animal Disposition | YES | NO | N/A | Comments |
| Method of Euthanasia including dosage range and route of administration are described |  |  |  |  |
| Method described is consistent with AVMA guidelines |  |  |  |  |
| Method of carcass disposal is described |  |  |  |  |
| Assurance is given that method of carcass disposal complies with all city, county, state and federal regulations |  |  |  |  |
| J. Hazardous Agents | YES | NO | N/A | Comments |
| Biosafety level per CDC standards is stated |  |  |  |  |
| Additional safety considerations are described and do not involve hazardous agents |  |  |  |  |
| K. Biological Materials | YES | NO | N/A | Comments |
| Section K of the Form is filled out in its entirety and initialed |  |  |  |  |
| L. Genetically Engineered Animals | YES | NO | N/A | Comments |
| Any anticipated phenotypic consequences are described |  |  |  |  |
| Any special care or monitoring required is described |  |  |  |  |
| M. Field Studies | YES | NO | N/A | Comments |
| Field studies are described including observation, interactions, and disturbances |  |  |  |  |
| Assurance is given that all plans are in compliance with state, federal and international regulations |  |  |  |  |
| N. Special Requirements | YES | NO | N/A | Comments |
| Any special housing, equipment or care are described |  |  |  |  |
| Any deviation from standards in “The Guide for the Care and Use of Laboratory Animals” is explained and justified |  |  |  |  |
| O. Principle Investigator Certifications | YES | NO | N/A | Comments |
| Section O. has been read, understood and signed and dated by primary investigators |  |  |  |  |

**Notes:**