

New Application ( ) Renewal ( ) (Original IACUC No. \_\_\_\_\_) IACUC Project No. \_\_\_\_\_

APPLICATION FOR THE CARE AND USE OF  
LABORATORY ANIMALS AT MARSHALL UNIVERSITY

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Campus Phone No.: \_\_\_\_\_  
Co-Investigator: \_\_\_\_\_ Title: \_\_\_\_\_ Department: \_\_\_\_\_  
Co-Investigator: \_\_\_\_\_ Title: \_\_\_\_\_ Department: \_\_\_\_\_

Title of Project/Course: APPLICATION TO ESTABLISH AND/OR MAINTAIN A BREEDING COLONY

Type of Activity: Breeding ( )

Date of Project Period (limited to 3 years): \_\_\_\_\_

Funding Source: Internal \_\_\_\_\_ External \_\_\_\_\_ Agency \_\_\_\_\_

1. OVERVIEW AND RATIONALE OF PROTOCOL: The following information is required to assist the committee with evaluating the appropriateness of the animal model and procedures to be used. All questions must be answered. **Abstracts from grant application forms are not acceptable. In the following space, provide a paragraph, telling in lay terms what you plan to do in this project. Be concise and respond in language understandable to a non-scientist. This summary should indicate that this will provide a breeding colony of rodents that exemplify a model of the condition you are studying.**

A. State:

- 1) the rationale for establishing and maintaining a breeding colony. Include an explanation as to why animals from commercial sources were not appropriate.
- 2) the justification for the number of animals required to establish/maintain the colony.

B. Describe how animals are to be used in this protocol, noting the general experimental design and all animal procedures to be conducted. Include specifics of special diet(s); injections-dosage(s), route(s) of administration, and material(s) injected/infused; collection of any fluid from the animal-the amount and frequency of collection; the administration of anesthetics, analgesics, or tranquilizers-route(s) of administration, frequency and dosages; any surgical procedures-non-survival or survival and post operative care; any special procedures; and information on what is to be done with tissues once removed from the animal. In short, everything that is done with an animal as part of this protocol must be described. For surgeries, please complete Surgical Procedures section. For hazardous agents, please complete Hazardous Agents section.

**Experimental work under this protocol is limited to genotypic characterization. If genotyping will be done, please provide details (N/A if not applicable).**

2. BREEDING COLONY SPECIES AND NUMBERS

List species to be bred and indicate the number of breeders required. Provide estimates for the numbers of offspring expected and their disposition.

SPECIES	STRAIN	# OF BREEDERS		EXPECTED # OF OFFSPRING	ESTIMATED # OF OFFSPRING TO BE USED FOR THIS PROTOCOL	ESTIMATED # OF OFFSPRING TO BE TRANSFERRED TO ANOTHER PROTOCOL	ESTIMATED # OF OFFSPRING TO BE EUTHANIZED WITHOUT USE
		Male	Female				

3. DISPOSITION OF BREEDERS AND UNNEEDED OFFSPRING

A. Retired Breeders

Euthanasia according to protocol (include age animals are to be culled)

Used in experiments; please explain (provide protocol number and title animals will be transferred to):

Other; please explain:

B. Offspring not required for this protocol

Transfer to MU protocol # \_\_\_\_\_ Held by PI (name) \_\_\_\_\_

Euthanasia; please explain why these animals cannot be used for a protocol or by another MU PI.

4. BREEDING PLAN

A. The breeding method will be (check all that apply):

Outbred

Inbred

Monogamous\* (single male & female in a cage)

Harem (single male & multiple females). Please indicate which of the following will apply

Males will be removed once females are confirmed pregnant.

Females will not be re-bred until offspring are weaned.

**Individual pregnant females will be moved to new cages prior to delivery of offspring.** This was mandatory upon the release of the 8<sup>th</sup> edition of the Guide for the Care and Use of Laboratory Animals

**\* If not removing male after seven (7) days of pairing, check daily for the second litter while the female is nursing the first litter.**

B. Normally weaning of rodents will occur at 28 days

Weaning at 28 days: Yes ( ) No ( )\*

\* If No, please justify the need for deviating from this weaning period, including specifying the age at which weaning will occur.

5. EUTHANASIA: Techniques for euthanasia shall follow current guidelines established by the latest AVMA Guidelines on Euthanasia. Other methods must be specifically reviewed and approved by the IACUC.

SPECIES	METHOD	DOSE (mg/kg body wt)	ROUTE

6.

NAMES OF INVESTIGATORS, TECHNICIANS, AND OTHERS HANDLING ANIMALS AT THE TIME OF APPLICATION (This list will be updated annually)	EXPERIENCE WITH THIS ANIMAL MODEL (Yrs)	MU TELEPHONE	EMERGENCY TELEPHONE

7. Specific location where animal research/teaching will be conducted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. a. Please describe the record-keeping system that will be used and how **breeding of the colony is recorded (a sample record-keeping sheet would be helpful)**:

b. Who will be responsible for maintaining these records?  
\_\_\_\_\_  
\_\_\_\_\_

c. ***This applies to ALL breeding colonies of conventional and genetically engineered animals.***

The record-keeping system used to document **health surveillance and maintenance** of these animals will require

( ) No special care. Recordkeeping will consist of standard observation records.

- ( ) Special care; the attached recordkeeping sheet will be used (attach record).
- ( ) Special care; the recordkeeping is defined by the following detailed description.

9. OUTSIDE STUDY AREAS: Will animals be held in study areas outside of animal facility for more than 12 hours? Yes\_\_ No\_\_ If yes, list building and room number. \_\_\_\_\_

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10. Outline any special requirements for caging, lighting, environmental control, diet, etc.

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ASSURANCE FOR THE HUMANE CARE AND USE OF ANIMALS  
FOR TEACHING AND RESEARCH

The information included in this IACUC application is accurate to the best of my knowledge. All personnel listed recognize their responsibility in complying with university policies governing the care and use of animals.

All the experiments, described in this application, involving live animals will be performed under my supervision or that of another qualified scientist. Technicians involved have been trained in proper procedures in animal handling, administration of anesthetics, analgesics, and euthanasia as described.

The following signatures signify assurance that the individual(s) will comply with the protocol described herein. **Any changes in the above protocol must receive approval of the IACUC prior to implementation.**

\_\_\_\_\_  
Principal Investigator                      Date  
(signature)

\_\_\_\_\_  
Department Chairperson                      Date  
or Authorized Individual  
(signature)

\_\_\_\_\_  
Date Original Application Received

\_\_\_\_\_  
Date Original Application Reviewed

Recommendations of IACUC \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Revised Application Received

\_\_\_\_\_  
Designated Reviewer                      Date  
(signature)

\_\_\_\_\_  
Final Approval Date

\_\_\_\_\_  
Chairperson IACUC                      Date