

Investigator Information

Principal Investigator	
Protocol Application Number	
Document Type	
PI	
Primary Role	
Department	
Preferred Contact Method (Phone, Email, Cell, etc.)	
Cell Phone	
Office Phone	
Office Location	
Lab Phone	
Lab Location	
Email	

Protocol Title

Scientific Title

Enter title for this protocol

Lay Summary

<p>Briefly state the rationale for each of your major projects (e.g. grants) in LAY LANGUAGE (i.e., minimal scientific terms, define all acronyms).</p> <p>How would you explain to a non-scientist the way the proposed animal use might benefit human or animal health, the advancement of knowledge, or the good of society?</p>

Justifications and Alternatives

<p>Justify the general use of animals. State why animals must be used in this study rather than using a non-animal model (such as computer modeling).</p>

Funding Sources

Protocol Funding

External Funding Agency	
Internal or Departmental Funding	

Submit an Application for a New Protocol

Other	
No Funding	

Location of Animal Research

Will animal research work be conducted:	
Offsite (other institution or facility)?	
Field Research?	

Collaboration

Will you be collaborating with an outside company or institution?	
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External Antibody Production

Will antibodies be produced by an external source?	
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Hazardous Material Use

Will you be using materials potentially hazardous to staff or animals?	
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Occupational Health Information

Risk Category	
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Hazardous Use Info

Will Biohazardous Materials Be Used?		If "Yes" to the left question, Please provide Institutional Biosafety Committee # (provide approval # or indicate 'pending'). If "No", indicate "N/A"	
Will Radioactive Isotope Be Used?		If "Yes" to the left question, please provide Radioactive Isotope License # (provide approval # or indicate 'pending'). If "No", please indicate 'N/A'.	
Will Hazardous Chemical Be Used?			

Will Controlled Substances Be Used?		Do you have a Controlled Substance Permit	
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Animal Use

Type of Activity

Protocol Type of Animal Use

Research (Behavioral, Neuro, Toxicology, Infectious, Stem Cell, etc.)	
Pilot (up to 10 animals for 1 year) Study	
Instructional or Training	
Breeding	
Holding/Boarding or Sentinels	
Tissue Sharing	
Other (Specify)	

Housing Outside Central Facility

Use of Human Clinical Areas

Will animals be imaged or treated in Human Clinical areas?	
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Transportation of Animals

Will you be moving animals in public areas?
<input type="checkbox"/>
Please indicate that you will adhere to the <u>GSU IACUC Animal Transportation Policy</u> by checking the box below and indicating "N/A" in the subsequent text box. Otherwise, do not check the box below and then provide a response in the subsequent textbox.
<input type="checkbox"/>
If method of transportation will differ from the DAR approved transportation guidelines described above, please describe how animals will be transported (Describe cage or container, vehicle, stabilization of container in vehicle, driver, etc.).
<input type="text"/>

Animal Type

Species	# Requested	Age	Weight	SPF	ID Method

Type of Animal Information

Type of Animal Name	
Age Range (specify units)	
Weight Range (specify units)	
Total number of animals requested for three years	
Breed, Strain or Stock (If applicable)	

Type of Animal Activities

Will pharmaceuticals (e.g. anesthetics, analgesics, sedatives, anti-inflammatory, etc.) be administered to this type of animal? Please note that the administration of test substances as well as biological, chemical, and radiological hazards are addressed elsewhere.	
Will animals be euthanized?	
If not, what will be done with animals after the experiment or project is completed?	
Will non-surgical procedures (e.g. behavioral observations and testing, blood collection, etc.) be performed?	
Will surgeries be performed?	
Will animals be restrained? (Physical or Chemical)	
Will Hazardous Materials be used?	

Justification For Number Requested

Species Name	
Please justify the number of animals requested?	

Attachments List

File Spec	Description	Created
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Justification For Choice of Species

Species Name	
Please state why the species you are requesting should be used. In doing so, please address if a less sentient species can be used (for example, if non-human primate is proposed, can a rodent model be used instead, etc).	

Species Source

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Will animals be ordered by DAR?	
If not, please provide rationale	
Animal Vendor source	

Environmental Enrichment

Can animals be group housed by DAR for enrichment?	
If no, what is the justification?	
Can animals be provided environmental enrichment by DAR? See enrichment options link above.	
If no, what is the justification for withholding enrichment? Further, If only a specific type of enrichment is allowable, please so indicate here.	

Housing Location

Species Name	
Select	Facility Name

Animal Use Narrative

Species Use Narrative
Describe expected adverse consequences, if any, that the animals may experience as a result of the procedures described in this protocol. Examples of expected adverse consequences include lethargy, loss of appetite, pain, organ failure, abscessation, paralysis, etc.
Describe <u>the humane endpoint criteria</u> to be applied and the frequency of monitoring for these humane endpoints.
Provide a brief statement to confirm that proposed activities involving animals do not duplicate previous experiments unnecessarily.

Animal Tissues

Will animal tissues or parts be obtained from an external source?	
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Personnel List

Name	Role	Phone	Email Id	Organization	Department	Temporary Contacts	Primary Contact	Requestor	Copy on All Email

Personnel Information

Name	
Role	
Organization/Department	
Campus	
Cell Phone	
Office Phone	
Office Location	
Lab Phone	
Lab Location	
Fax	
Email	
Card Access ID	

Submit an Application for a New Protocol

This is a Primary Contact on this Protocol	
Include Primary Contact on all E-mail Correspondence	
This is the Requestor on this Protocol	
Experience and Qualifications	
Will this person be handling animals? If yes, please answer the questions below.	
Will this person be performing animal procedures?	
Will this person be performing surgeries?	
Will this person be restraining animals?	
Will this person be administering pharmaceuticals?	
Will person be handling controlled substances?	
Will this person be handling/exposed to Hazardous Materials?	
Will this person be euthanizing animals?	
Has this person completed the required on-line training? Click here for species-specific training requirement.	
Species Name	

Databases Searched

Databases Searched	
Keywords or search strategy used	
Search results	
Date of Search	//
Specify the time period covered by the search	
Database Searched	
Keywords or search strategy used	
Search results	
Date of Search	//
Specify the time period covered by the search	
Database Searched	
Keywords or search strategy used	
Search results	
Date of Search	//
Specify the time period covered by the search	