***Lake Superior State University***

*IACUC Use Only*

Received Date: Click or tap to enter a date.

Decision: [ ]  Approve

 [ ]  Approve with modification

 [ ]  Deny

Start date: Click or tap to enter a date.

Expiration date: Click or tap to enter a date.

Approval Number: Click or tap here to enter text.

***Institutional Animal Care and Use Committee***

**Animal Use Proposal (AUP)**

 **for Wildlife Field Studies**

Return the completed form and any necessary permits to the IACUC Chair, iacuc@lssu.edu

**PLEASE SINGLE CLICK ON FILLABLE FIELDS TO TYPE**

1. **Administrative Information**

|  |
| --- |
| Project Title:Click or tap here to enter text. |
| Type of Project: Wildlife Study [ ]  Teaching [ ]  |
| If this application is a continuation of a currently or previously approved AUP, what is the old AUP number?Click or tap here to enter text. |
| AUP approval period cannot exceed 3 years. Start date:Click or tap to enter a date. End date:Click or tap to enter a date. |

|  |  |
| --- | --- |
| Principal Investigator: Click or tap here to enter text. | Work phone: Click or tap here to enter text. |
| Department:Click or tap here to enter text. | Home or cell phone:Click or tap here to enter text. |
| Email:Click or tap here to enter text. | Office location:Click or tap here to enter text. |
| Roles and responsibilities in this study:Click or tap here to enter text. |
| CITI training complete and on file with IACUC:Click or tap here to enter text. |
| Additional training/experience related to this study:Click or tap here to enter text. |

|  |  |
| --- | --- |
| Co-Investigator/Student CI: Click or tap here to enter text. | Work phone: Click or tap here to enter text. |
| Department:Click or tap here to enter text. | Home or cell phone:Click or tap here to enter text. |
| Email:Click or tap here to enter text. |  |
| Roles and responsibilities in this study:Click or tap here to enter text. |
| CITI training complete and on file with IACUC:Click or tap here to enter text. |
| Additional training/experience related to this study:Click or tap here to enter text. |

1. **Project Funding**

|  |
| --- |
|[ ]  **Not Applicable** |
|[ ]  **University Funding** | **Type:** Click or tap here to enter text. |
|[ ]  **External Funding** *(provide info below)* |
|  |  | **Agency** |  **Grant No.** |  **Start Date** |  **End Date** |  **PI** |
|  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |
|  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap here to enter text. |

1. **Project Summary for Lay Person (not to exceed 500 words):**
	1. In **lay language for a non-scientist**, summarize the overall intent/objectives of the study and why the study is important to animal health, the advancement of knowledge, or the good of society (keep it very simple and do not exceed 500 words).

Click or tap here to enter text.

* 1. **Harm/Benefit Analysis**: In 2-3 sentences and using **lay language for a non-scientist**, compare the potential harm to participating animals with the potential benefits of the research for animals and/or the advancement of science.

**Harm:** Click or tap here to enter text.

**Benefit:** Click or tap here to enter text.

1. **Study Objectives**
2. **In scientific language**, provide a description of your proposed research project. If this is a triennial resubmission, include summaries of findings during the previous 3 years of research and how this research will be expanded upon in the next 3 years.

Click or tap here to enter text.

1. List the specific aims or objectives for the project:

Click or tap here to enter text.

1. Detail all experimental procedures that will involve vertebrate animals:

Click or tap here to enter text.

1. Provide an experimental timeline:

Click or tap here to enter text.

1. Provide a list of relevant citations for the project:

Click or tap here to enter text.

1. **Detailed Description of the Use of Animals**
2. Where applicable to your study, provide the information requested
3. **Location of study**

Describe the field site location (i.e. country, state, county, city, address, land owner).

Click or tap here to enter text.

1. **Target species**

List the target species

Click or tap here to enter text.

1. **Field site supervision**

Name the personnel who will be in charge at the field site(s)

Click or tap here to enter text.

1. **Personal protective equipment**

List personal protective equipment and safety procedures specific to projects involving potential exposure of personnel to zoonotic diseases

Click or tap here to enter text.

1. **Animal capture and restraint**

Describe **all capture and restraint methods** including trapping methods to be used, frequency of checking traps, length of time animals will be held in traps, and if food, water and provisions for inclement weather are provided in traps. Describe potential non-target species that may be trapped and their disposition.

Click or tap here to enter text.

1. **Animal immobilization agents**

Describe immobilization agents used and describe precautions taken to protect the animal and investigator.

Click or tap here to enter text.

1. **Animal identification and tracking methods**

Describe details of ear tagging, tattoos, collars, etc. and include potential long term effects of the device used on the animal

Click or tap here to enter text.

1. **Non-invasive manipulations**

Describe **non-invasive manipulations such as weighing and measuring** and the type and duration of restraint necessary

Click or tap here to enter text.

1. **Injections**

Describe injection method, injected material, injection site, volume, frequency, needle size, etc.

Click or tap here to enter text.

1. **Anesthesia**

Briefly describe here and provide complete details in Part 6 - anesthesia table.

Click or tap here to enter text.

1. **Blood collection and tissue collection**

Describe volume, frequency, collection site, needle size, protective equipment, methodology, etc.

Click or tap here to enter text.

1. **Non-pharmaceutical grade compounds**

List any non-pharmaceutical grade drugs, biologics, or reagents that will be administered to animals and provide a scientific justification for their use and describe methods that will be used to ensure appropriate preparation and administration (*e.g. Avertin*).

Click or tap here to enter text.

1. **Survival surgery**

Describe surgery in detail

Click or tap here to enter text.

1. **Animal pain or distress (also see Part 9 of form)**

Describe any anticipated adverse effects on animals.

Click or tap here to enter text.

1. **Detecting pain, distress or failing health**

Describe the physical parameters used to determine pain or distress. Provide details of monitoring the animals during capture, handling and post release.

Click or tap here to enter text.

1. **Animals transported from the field to a housing facility or different location**

Describe how the animals be transported from the field: caging, food, water, etc. Describe where will they be housed and under what conditions. Who will be responsible for their husbandry and health monitoring? How long will they be held in captivity and what will happen to them at the end of the study?

Click or tap here to enter text.

1. **Collaborating State or wildlife agencies**

List any State or wildlife agencies collaborating on this research and their level of involvement. If they are primarily responsible for animal handling and care, include documentation of their level of training and the procedures which they will follow for animal care

Click or tap here to enter text.

1. **Other procedures or relevant information**

Describe any other procedures or information relevant to this AUP

Click or tap here to enter text.

1. **Tissues collected after euthanasia**

List tissues to be harvested following euthanasia

Click or tap here to enter text.

1. **Historical animal injury and mortality**

Describe historical animal morbidity and mortality rates associated with your capture and animal handling methods**.** If expected historical morbidity and mortality are significant, please describe methods that will be utilized to ameliorate these effects.

Click or tap here to enter text.

1. **Euthanasia (also see Part 10 of form)**

Briefly describe the method of euthanasia. You should always list a contingency plan for euthanasia in the unlikely event that serious injury or illness should occur to an animal in remote field conditions. Specify your plan for providing veterinary care or humane euthanasia and for final disposition of the animal.

Click or tap here to enter text.

1. Briefly describe any additional information that is important for understanding how the animals are to be used in the course of the study.

Click or tap here to enter text.

1. **Anesthetics, Medical Treatments and Euthanasia Agents**
2. Specify in the table below any drug you may use to anesthetize, provide medical treatment (analgesics, antibiotics, NSAIDs, etc.) and/or euthanize research animals. Where anesthetic combinations are called for, list each drug separately.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reason for Use** | **Drug** | **Dose** | **Route** | **Expected Duration****of Drug Effects** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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*Note: Expired drugs are not approved for use in survival procedures performed on live vertebrate animals. Only medical grade drugs should be used unless they are unavailable, or scientific justification is provided for use of non-medical grade drugs*.

1. List who will administer the anesthesia/euthanasia agents and the qualifications of each person listed.

Click or tap here to enter text.

1. Name the veterinarian of record if it will not be the LSSU Attending Veterinarian.

Click or tap here to enter text.

1. **Animals**

Complete a separate column for each species to be used. Please include all information that applies to the animals you propose to use in this proposal.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  **A** |  **B** |  **C** |
| Species (common name) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Gender | M [ ]  Both [ ] F [ ]  | M [ ]  Both [ ] F [ ]  | M [ ]  Both [ ] F [ ]  |
| Age categories | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Number of animals/year | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  **D** |  **E** |  **F** |
| Species (common name) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Gender | M [ ]  Both [ ] F [ ]  | M [ ]  Both [ ] F [ ]  | M [ ]  Both [ ] F [ ]  |
| Age categories | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Number of animals/year | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Justification for Animal Use**
2. List the procedures and number of animals to be used in the table below.

|  |  |
| --- | --- |
| **Procedure** | **Animals/Year** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

1. State your rationale for the animal numbers to be used for each procedure. If you use statistics to justify the number of animals to be used, please briefly describe the power analysis, input parameters and output.

Click or tap here to enter text.

1. **Experimental Stress and Pain**
	1. Indicate the appropriate pain and distress category(ies) and the number of animals in each. Sums should equal the total animals from Part 8 above.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  **Pain and Distress Category  (based on USDA categories)** |

|  |  |
| --- | --- |
|  Number of animals per year |  |
|  Year 1 |  Year 2 |  Year 3 |  TOTALS |

 |
| Pain and distress category **C** – minimal, transient, or no pain or distress | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Pain and distress category **D1** – pain or distress relieved by appropriate measures | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Pain and distress category **E1, 2** - unrelieved pain or distress | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

***1, 2****For* ***category D or E animals****, the results of a* ***targeted literature*** *search* ***for alternatives to painful and distressful procedures*** *must be provided below and you will be requested to provide detailed search results.*

* + 1. List a minimum of 2 databases consulted:

i. Click or tap here to enter text.

ii. Click or tap here to enter text.

Additional databases:Click or tap here to enter text.

* + 1. Date of search:Click or tap here to enter text.
		2. Years covered by search:Click or tap here to enter text.
		3. Key words or search strategies used (e.g., analgesics, reduce pain, non-invasive, training):

Click or tap here to enter text.

* + 1. Provide a brief summary of your search results:

Click or tap here to enter text.

***2****For* ***category E*** *animals, a scientific justification is required to explain why anesthetics, analgesics, sedatives or tranquilizers during and/or following painful or distressful procedures will not be used.*

Click or tap here to enter text.

1. **Euthanasia and Final Disposition of Animals**
2. If animals **will not** be euthanized, check (XX) disposition:

[ ]  Return to wild

[ ]  Other, explain: Click or tap here to enter text.

1. If animals **will be** euthanized:
2. Provide scientific justification for decapitation or cervical dislocation without anesthesia

Click or tap here to enter text.

1. Who will be responsible for carrying out the final disposition of the animals?

Click or tap here to enter text.

1. Where will the final disposition take place?

Click or tap here to enter text.

1. **Use of Drug Enforcement Agency (DEA) Regulated Controlled Substances**

**Note:** By signing this animal use proposal (AUP) you agree to abide by all LSSU policies and procedures for use of controlled substances. Unauthorized use of DEA controlled substances may result in suspension of the AUP.

1. Will this project involve any DEA controlled substances? **Yes** [ ]  **No** [ ]
2. If you answered **YES**:
3. The PI or the veterinarian of record will have a valid DEA controlled substance registration BEFORE use of controlled substances under this AUP, [www.deadiversion.usdoj.gov/webforms/](https://www.deadiversion.usdoj.gov/webforms/)
4. Provide name on DEA controlled substance registration and registration number.

Click or tap here to enter text.

1. **Federal, State and/or International Permits**
	1. Are federal, state or international permits required? **Yes** [ ]  **No** [ ]
	2. Attach copies of all permits as an email attachment. **NOTE: It is unlawful to begin work until all federal or state permits required for your research have been issued.**
	3. List all permits

Federal Permits

Agency Type of Permit Permit Number

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

State Permits

Agency Type of Permit Permit Number

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

International Permits

Agency Type of Permit Permit Number

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Principal Investigator’s Statement**

check [**X**] each box:

[ ]  I agree the statements made in this AUP are accurate and complete.

[ ]  I agree animal usage in this AUP does not unnecessarily duplicate previous experiments.

[ ]  I agree to inform the IACUC in writing of any emergent problems. I further agree not to proceed with the project until the problems have been resolved.

[ ]  I agree not to make changes to procedures involving animals without submitting a written amendment to the IACUC and will not undertake such changes until the IACUC has reviewed and approved them.

[ ]  I agree not to take the media to the field without prior approval by the IACUC.

[ ]  I agree that all photographs and videotapes of research animals and/or personnel will be for documentation of my research and for scientific purposes.

[ ]  I agree is my responsibility to ensure that every person assigned to this AUP is appropriately trained.

[ ]  I agree it is my responsibility to ensure that every person assigned to this AUP has read and understands the AUP and their role in the project.

[ ]  I agree that work on the procedures described in this AUP will not commence until I receive notice of approval from the IACUC.

[ ]  I agree to keep a copy of this AUP and all subsequent correspondence.

**Name of Principal Investigator**: Click or tap here to enter text. **Date**:Click or tap to enter a date.

**Note**: I AM AWARE THAT ELECTRONIC SUBMISSION OF THIS FORM FROM MY COMPUTER CONSTITUTES MY SIGNATURE.