

**APPLICATION FOR USE OF
ANIMALS IN RESEARCH, TEACHING, AND SERVICE**

Louisiana Tech University Institutional Animal Care and Use Committee (IACUC)

IACUC Committee Contact: Dr. Xuan Liu Phone: 318-257-5206 or e-mail: xliu@latech.edu

SEE "INSTRUCTIONS TO APPLICANT FOR INSTRUCTIONS FOR HOW TO COMPLETE THIS FORM"

In order to use vertebrate animals in research or instruction at Louisiana Tech University, you must have the approval of the Institutional Animal Care and Use Committee. Please complete this questionnaire. After submission, your proposal will be reviewed. You will receive notice of approval or recommendations for changes required for approval.

All applicants must:

1. Read the Policies and Procedures statements #'s 7109 and 7117 concerning animal use in research, teaching, and service at Louisiana Tech University.
2. Consult the La Tech website under University Research, Resources and Information, forms to obtain specific information.
3. If the animals are to be housed in the Animal Care Facility, review your needs with the Facility Director, Dr. Xuan Liu, in order to schedule facility, use, and prepare a budget for the project prior to submitting this application.
4. Complete, in addition to this form, those required by other Institutional Review Board (IRB) committees, if this project involves the use of biohazardous agents, radionuclides, or the use of human subjects.
5. Have available any permits or licenses that are required, such as those required for purchase of herbicides, pesticides, euthanizing agents, the performance of certain diagnostic procedures (if for a fee), or for the import, export, transport, and/or release into the environment of any of these agents.
6. Answer all applicable questions in this application. Incomplete applications will be returned. Submit an electronic copy to xliu@latech.edu.

SECTION 1: GENERAL INFORMATION (Section 1 must be completed by all applicants)

APPLICATION DATE:			
PROJECT TITLE:			
COORDINATOR NAME:			
JOB TITLE:			
DEPARTMENT:		CAMPUS BOX:	
EMAIL:		4-DIGIT PHONE:	
IF NOT AN EMPLOYEE OF LOUISIANA TECH	ORGANIZATION	MAILING ADDRESS	TELEPHONE NUMBER

PURPOSE OF PROJECT:	<input type="checkbox"/> Research <input type="checkbox"/> Instruction <input type="checkbox"/> Service <input type="checkbox"/> Maintenance		
PROJECT TITLE:			
FUNDING SOURCE/SPONSOR:		ANTICIPATED START/COMPLETION DATES:	

Your signatures will assure that:

1. All information provided in this application is correct to the best of your knowledge.
2. This protocol will be carried out in accordance with the Animal Welfare Act, the NIH Guide for the Care and Use of Laboratory Animals, all applicable federal and state laws and regulations and all Louisiana Tech University policies and applicable regulations pertaining to the care and use of laboratory animals.
3. You have considered alternative animal models and procedures that might reduce the pain and stress associated with this protocol and that this work does not represent unnecessary duplication of previous work.
4. All personnel who work with animals in this protocol have or will have appropriate training in the approved procedures prior to independent work with the animals. New personnel will be identified and trained prior to working with the animals.
5. Approval from the IACUC must be obtained for any change to an approved protocol by submission of an amendment form:
 - a. For the addition of a new animal species to the protocol, the increase in number of animals used, or the increase in the number of procedures performed on individual animals.
 - b. For performing procedures not approved in this application.
 - c. For changing approved procedures in any way that might increase the pain or USDA distress category, or that might otherwise be a significant departure from this application.
 - d. For allowing other investigators to use these animals in other protocols or using these animals in any other of your IACUC approved protocols.

Principle User CWID# Signature Date

Budget Unit Head CWID# Signature Date

I. Information for the IACUC

A. Description of the proposed experiment or laboratory exercise. Attach all relevant pages from the grant proposal, laboratory exercise, or protocol description. Include literature review and citations:

B. Statement supporting the need to use animals in the proposed research or teaching exercise:

C. Provide a brief description of the methods used on the animals. Include specific steps taken to minimize pain and suffering.

D. Does the research require surgery? yes no

If yes, what anesthetic will be used, in what dosage? If this is not an anesthetic used normally, justify its use.

E. Will animals be killed at the conclusion of the research? yes no

If yes, describe the method of euthanasia to be used?

If no, what will be done with the animals?

F. Are pathogens or hazardous substances associated with this research? yes no

If yes, fill out the forms for the Biosafety and Radionuclide Institutional Review Committee form.

If no university animal care facilities are required, skip to section IV. If animals are to be housed at Louisiana Tech, you must meet with the Animal Facility Director, Dr. Xuan Liu, (318-257-5206), or email: xliu@latech.edu for assistance in completing sections II and III.

II. Animals and Facilities Required:

A. Species and strain required: ____

B. Commercial supplier: _

C. Number of animals required and length of time in facility:

1. Initial number ____ ; Age/Size: Initial _____; Maximum _____

2. Type of housing required: __Ventilated shoe box_____

3. Maximum number of animals in the facility at any time: __ _____

4. Date of initiation is ____ _; Date of termination is _

PLEASE NOTE! If the above dates change, please notify the Facility Director. Every effort will be made to schedule your changes. The sooner you request a schedule modification, the more likely it can be accommodated.

D. Date of Grant Notification or date when funds will be committed:

E. Special requirements: If any of the following apply, please explain in the space provided.

1. Veterinary care

2. Work or storage space

3. Surgical space

4. Access to the facility other than weekdays 8 am-5 pm.

5. Do you want the facility personnel to perform any procedure other than

feeding, watering, and cleaning the cages of your animals? If so, please describe the procedure in detail and estimate the number of hours per day required. You may attach an additional sheet.

III. **Costs:** To complete this section you must meet with the Animal Facility Director (318-257- 5206)

A. Total number of animals to be housed _____

B. Number of days each animal will be housed _____

C. Number of Animal Days (A X B) _____

D. Cost for 1 animal/day X animal days __ = _____

E. List Special Services Requested of facility personnel:

Cost/hour _____ X Hours needed _____ = _____

F. Cost of Animals (if supplied by Tech, see cost sheet)

Species, Sex, and Age of Animals

Cost per animal (see cost sheet) _____ X number needed _____ = _____

G. Special supplies (list with price)

Total cost of special supplies = _____

H. Special equipment needed (list)

Total cost of special equipment = _____

I. Total to be paid Animal Facilities Account = _____

Enter the above costs in the appropriate section of your grant proposal or indicate the source of your funds.

V. Training information. List the names of each person having direct contact with animals on this protocol.

Name	Where trained
1.	
2.	
3.	
4.	
5.	

If you or your personnel have not received training, you must arrange to complete the training.

Student volunteers and field assistants to be hired for this work will be trained by the PI

Principal Investigator: _____

Print or type

Signature

Date

Facilities Director: _____

(Xuan Liu)

Date

IACUC Committee Chairman: _____

Date