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| --- | --- | --- |
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| **Application For Approval To Use Animals In A Research Project** |

**Date application received:** -------------------

**Project Title IACUC Register Number**  **IACUC Permit Number**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**Principal Investigator:** ----------------------

Person to contact (if other than PI) for more details on environmental enhancement needs or restrictions for this protocol:

**Research Staff Contact:** ---------------------- **Phone Number:** --------------------

**E-mail:** --------------------------------------------

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Refer to the ***Guide for the Care and Use of Laboratory Animals 8th Edition 2011 (the Guide)***. ‘Applicants’ are Staff or Students of the Faculty of Science, Cairo University. Effective alternatives to using live animals must be considered. All use of animals for any purpose must be justified. Investigators have personal responsibility for all matters related to the welfare of the animals they use and must act in accordance with all requirements of the ***Guide***. This responsibility begins when an animal is allocated to a project and ends with its fate at the completion of the project. Investigators have an obligation to treat animals with respect and to consider their welfare when planning and conducting projects.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**DECLARATION BY IACUC CHAIRMAN**

**I certify that this project has been considered and approved by the Zoology Department-Faculty of Science, Cairo University IACUC on** :

**The period of approval for this project is 24 / 2 / 2013 to 24 / 2 / 2016**

|  |  |  |
| --- | --- | --- |
| **IACUC Chairman Name** | **IACUC Chairman Signature** | **Date** |
|  |  |  |

**Project Title**:

**Institution:**

**Responsible Investigators/Supervisors:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Family Name** | **Given Name** | **Qualifications** | **Employer** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Other Investigators (Research Assistants & Postgraduate Students):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Family Name** | **Given Name** | **Qualifications** | **Employer** |
|  |  |  |  |  |

**Reaserch Duration from**   **…………………………………..**

**Funding Sources:** -------------------------------------------------------------------------------------------------------------

**1.0 PROJECT CLASSIFICATION (Click a box and Check)**

**1.1 PROJECT PURPOSE**

**1.1.1 Primary purpose?**

|  |  |  |
| --- | --- | --- |
| [ ]  Research | [ ]  Diagnostic | [ ]  Other (please specify) |
| [ ]  Teaching | [ ]  Product development |  |

**1.1.2 Social relevance or significance?**

|  |  |  |
| --- | --- | --- |
| [ ]  Conservation/Environment  | [ ]  Veterinary Science | [ ]  Basic Biology |
| [ ]  Medical Science | [ ]  Other (please specify) |  |

**1.2 SUBJECT AREA**

**1.2.1 Main subject?**

|  |  |  |
| --- | --- | --- |
| [ ]  Behavior | [ ]  Biochemistry | [ ]  Biomaterials |
| [ ]  Cell Biology | [ ]  Clinical sciences | [ ]  Drug development development |
| [ ]  Ecology | [ ]  Genetics/gene manipulation | [ ]  Immunology |
| [ ]  Molecular biology | [ ]  Parasitology | [ ]  Neurobiology |
| [ ]  Pharmacology | [ ]  Physiology | [ ]  Toxicology |

**1.3 PROJECT CATEGORY**

**1.3.1 Experiments involve (Check one box)**

[ ]  A. Routine animal procedures, observations and recordings of free roaming animals.

[ ]  B. Injections causing no more than minor discomfort, euthanasia to obtain tissues or samples for analysis, or in vitro, cell, tissue of organ studies.

[ ] C. Survival after an intervention which causes minor stress of short duration, e.g. for cannulation of blood vessels/organ under anaesthesia.

[ ]  D Survival after intervention which causes major or prolonged stress, e.g. major surgery, major behavioural modification, prolonged restraint, administration of toxic or painful substances.

**1.3.2 Are any of the following procedures involved? (Check one or more)**

|  |  |  |
| --- | --- | --- |
| [ ]  Analgesia | [ ]  Behavioural deprivation | [ ]  Burns |
| [ ]  Foetal intervention | [ ]  Genetic manipulation | [ ]  Induction of serious disease |
| [ ]  Irradiation | [ ]  Malnutrition |   |
| [ ]  Neoplasia | [ ]  Toxicology |  |

**2.0 PROJECT AIM**

State the research or educational aims clearly without jargon, here or at 4.0 (Protocol).

………………………………………………………………………………………………………………………………………………………………………………………….

**3.0 ANIMALS REQUESTED**

**3.1 Explain why techniques which do not use animals are unsuitable.**

……………………………………………………………………………………………………………………………………………………………………………………………………………….

**3.2 If requesting animal tissue only, can tissue be obtained from euthanized animals used for other projects?** (Select and Check)

[ ]  NO [ ]  YES with AEC approval no. / / /AEC.

**3.3 Justify the use of animals for obtaining information which benefits the Primary Purpose (See** **1.1.1**).

A justification for use of the selected species must also be provided.

The rodents have become the animal model of choice for modern medical and scientific researchers, because their physiology and genetic make-up closely resemble that of humans, rodents play an invaluable role in biomedical research.

**3.4 ANIMALS REQUESTED**

ANIMAL REQUIREMENTS:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Species | Strain | Age | WT | Sex(M, F) | TotalNumber | Max no.Housed |
| *Rattus norvegicus* | Wistar- rats | 6 weeks | 170 gm | male |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**3.5 Provide a justification for the numbers of animals requested including evidence that the numbers are minimal, but statistically robust to achieve the aims of the research. Include a table showing the numbers of animals to be used in treatments (and controls) in 4.0 below.**

Provided in protocol

**4.0 PROTOCOL**

Insert a separate page headed ‘4.0 PROTOCOL’ with a detailed but concise description of experimental or survey protocol(s). Include prior experience of methods used (e.g. for trapping or tagging). Please refer to section 2.2.16 of the Code to ensure that you provide all the required information. Include and fully cite essential references.

**5.0 ETHICAL CONSIDERATIONS**

**5.1 How long will individual animals be held and/or subjected to experimental manipulations?**

…………………………………………………………………………………………………………………………………………..

**5.2 How long will animals be held after they recover from experimental procedures?**

**………………………………………………………………………………………………………………………………………...**

**5.3 Is this a repetition of a previous experiment? If yes, please justify the repetition of this experiment.**

**………………………………………………………………………………………………………………………………………**

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**5.4 Have, or will, any of the animals be used in other experiments?**

If yes, please give IACUC register number (if known) and justify their use in this project.

[ ]  NO [ ]  YES

-------------------------------------------------------------------------------------------------------------------------------------

**5.5 Does this project involve experimental studies of un-anaesthetised animals which may cause pain or distress and where analgesia will not be used? If yes, state and justify the end point for the experiment and indicate measures to be taken to minimise pain and distress.**

[ ]  NO [ ]  YES

-------------------------------------------------------------------------------------------------------------------------------------

**5.6 Does this experiment pose any health risk to staff or other animals?**

If yes, how will this health risk be minimized?

[ ]  NO [ ]  YES

-------------------------------------------------------------------------------------------------------------------------------------

**6.0 SUPERVISION OF EXPERIMENT AND CARE OF ANIMALS**

**6.1 Who will conduct the experiments and maintain the animals?**

|  |  |
| --- | --- |
| **Responsible Investigators, Lecturers or Supervisors** |  |
| **Assistant Investigators, Postgraduate Students or Demonstrators** |  |
| **Animal Facility Supervisor** |  |
| **Proposed Analgesic (dose rate and regime)** |  |

**[**

**6.2 Experimental / Collecting Locations**

|  |  |
| --- | --- |
| **Specify intended Animal Housing Facility or Wildlife Sampling Areas to be used** |  |

**6.3 Animal Housing Requirements.** (Select and check)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Micro environment** | **Housing****Cage type** **Bedding** **Feeding** **Watering** | [x]  Group[x]  Conventional[x]  Normal[x]  Normal[x]  Normal | [ ]  Individual [ ]  IVC[ ]  Special [ ]  Special diet[ ]  Supplemented | [ ]  Micro-isolator[ ]  Special regime[ ]  Special regime |
| **Macro environment** | **Temperature Humidity Containment** | [x]  Ambient[x]  Ambient[x]  Normal | [ ]  Other (Details…………………….)[ ]  Other (Details…………………….)[ ]  Other (Details…………………….) |

**6.4 Technical /Training requests** (Select and check)

|  |  |
| --- | --- |
| **Will Staff be requested to perform technical work on animals in addition to routine husbandry?**  |   [ ]  Yes [x]  No  (Details…………………….) |
| **Will Staff be requested to provide training in any techniques required?** |   [ ]  Yes [x]  No  (Details…………………….) |

**Animal Facility Supervisor (signature):**

**7.0 STATEMENT OF COMPLIANCE**

I/we the undersigned have read the Animal care Guidelines and accept responsibility for the conduct of the experimental procedures detailed in this proposal in accordance with the guidelines contained in the Guide.

**7.1 Responsible Investigators, Lecturers or Supervisors**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Phone**  | **E-mail** | **Signature** |
|  |  |  |  |
|  |  |  |  |

**7.2 Assistant Investigators, Postgraduate Students or Demonstrators**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Phone**  | **E-mail** | **Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**7.3 FACULTY RECOMMENDATION**

**Head of Department Date**