

PSG-Institutional Animal Ethics Committee Approval Application

Protocol form for use of animals in new experiments or extension of ongoing experiments

- 1 Project title
- 2 Chief Investigator
 - a Name
 - b Designation.
 - c Deptt/Lab/Div
 - d Telephone number
- 3 List of names of all individuals authorized to conduct procedures under this proposal

| Name | Institutional Affiliation | Procedure | Contact details |
|-------------|----------------------------------|------------------|------------------------|
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- 4 Funding Source
- 5 Duration of the project
 - a Number of months
 - b Date of initiation
 - c Date of completion
- 6 If date by which approval is needed is less than six weeks from the date of submission, justification for the same
- 7 Study Objectives (The aims/objectives of study, and why they are important to be explained briefly using non-technical terms as far as possible)
- 8 Animals required
 - a Species
 - b Age/ Weight/ Size
 - c Gender
 - D Numbers to be used
(year wise break-ups and total figures needed to be given)
 - e Number of days each animal will be housed
- 9 Rationale for animal usage
 - a Why is animal usage necessary for these studies?
 - b Why are the particular species selected required?
 - c Why is the estimated number of animals essential?
 - d Similar experiment conducted in the past. If so the number of animals used and results obtained in brief
 - e If yes, why new experiment required?
 - f Have similar experiments(s) been made by any other organization/ agency? If so, their results in your knowledge.

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- 10 Description of procedures to be used
- List and description of all invasive and potentially stressful non – invasive procedures that animals will be subjected to in the course of experiment, indication of the frequency for all procedures where appropriate.
 - The following specific issues are also to be addressed when relevant injections (substances, doses sites and volumes), blood withdrawal (volumes and sites), radiations (dosage and schedule), all anesthetics and / or analgesics (dosage and routes), mechanical methods of restraint, animal identification methods, methods of non-survival surgical procedures and experimental end point criteria (required when pathological; changes are expected to be caused).
- 11 Does the protocol prohibit the use of anesthetic or analgesic for the conduct of procedures (any which cause more pain than that associated with injection, or blood withdrawal)? If **yes**, explanation and justification.
- 12 Will the survival surgery be done? If **yes** the following to be described:
- a List and description of all surgical procedures. (Including methods of asepsis)
 - b Name, Qualifications and experience levels of the Veterinarian/Operators
 - c Description of the post-operative care
 - d Justification if major survival surgery is to be performed more than once on a single individual animal
- 13 Methods of disposal post-experimentation
Rehabilitation / Euthanasia (in case of euthanasia, justification for not undertaking rehabilitation and drug dosage and route for anesthesia, where appropriate, as well as methods of carcass disposal)
- 14 Animal transportation methods if extra institutional transport is envisaged.
- 15 Use of hazardous agents (Use of recombinant DNA based agents or potential human pathogens)
- Requires documented approval of (Institutional Biosafety Committee I B C).
 - For each category, the agents and biosafety level required, appropriate therapeutic measures and the mode of disposal of contaminated feed, animal wastes and carcasses must be identified)
- a Radionuclides YES NO
 - b Biological Agents YES NO
 - c Hazardous chemicals or drugs (*Copy of IBC Approval to be attached incase of hazardous agents are used.) YES NO
 - d Recombinant DNA YES NO
 - e Any other (give name) YES NO

Applicable only in case of extension of ongoing project.

- 16 Justification for extension (including summary of objectives and work to be undertaken during extension)
- 17 Deviation from the original protocol, which was sanctioned.
- 18 Details of original sanction (Number, date etc.,)

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| <u>Investigator's declaration</u> | <u>YES / NO / "Not Applicable"</u> |
|---|--|
| <p>I certify that I have determined that the research proposal herein is not unnecessarily duplicative of previously reported research.</p> <p>I certify that all individuals working on this proposal, and experimenting on the animals, have been trained in animal handling procedures.</p> <p>For procedures listed under item 11, I certify that I have reviewed the pertinent scientific literature and have found no valid alternative to any procedure described herein which might cause less pain or distress.</p> <p>I will obtain approval from the CPCSEA/IAEC before initiating any significant changes in the study.</p> <p>Certified that performance of experiment will be initiated only upon review and approval of scientific intent by appropriate expert body (Institutional Scientific Advisory Committee / Funding agency/ other body (to be named))</p> <p>Institutional Biosafety Committee (I B C) certification of review and concurrence will be taken (Required for studies utilizing DNA agents of human pathogens)</p> <p>I shall maintain all the records as per format (Form D)</p> | |

Signature

Name of the investigator

(For IAEC/CPCSEA usage)

Proposal Number

Date first received

Date received after modification (if ANY)

Date received after s second modification
(if ANY)

Approval Date

Expiry Date

Name of IAEC/CPCSEA Chairperson

Date:

Signature