



REA Date Stamp

USUHS FORM 3206
ANIMAL STUDY PROPOSAL FORM
PROTOCOL COVER SHEET

CHECK THE FOLLOWING:

- [] New New Animal protocol number: _____ (DLAM will assign)
- [] Previously Submitted Old Animal protocol number: _____
- [] No modifications Old REA protocol number: _____
- [] Minor modifications (indicate all revisions with a ***bold/italic type font***)

ANIMAL PROTOCOL TITLE:

PRINCIPAL INVESTIGATOR:

Principal Investigator Signature

Date

DEPARTMENT:

TELEPHONE:

SCIENTIFIC REVIEW:

Research Unit Chief/Department Head Signature

Date

COORDINATION:

A. LAM Pre-Review Certification:

Laboratory Animal Medicine Pre-Reviewer Signature

Date

B. Attending/Consulting Veterinarian:

Attending/Consulting Veterinarian Signature
(Only required for USDA, Category D or E proposals.)

Date

C. Statistician:

Statistician Signature
(The PI may certify that the statistical methods are valid.)

Date

USUHS FORM 3206
ANIMAL STUDY PROPOSAL FORM

Animal Protocol No.: _____

Principal Investigator: _____

Department: _____ Phone: _____

Animal Project Title: _____

Co-Investigator(s): _____

Technician(s): _____

I. NON-TECHNICAL SYNOPSIS:

II. BACKGROUND:

A. Background:

B. Literature Search:

1. Literature Source(s) Searched:
2. Date and Number of Search:
3. Key Words of Search:
4. Results of Search:

III. OBJECTIVE\HYPOTHESIS:

IV. MILITARY RELEVANCE:

V. MATERIALS AND METHODS:

A. Experimental Design and General Procedures:

1. Experiment #
2. Experiment #

B. Laboratory Animals Required and Justification:

1. Non-animal Alternatives Considered:
2. Animal Model(s) and Species Justification:
3. Total Number of Animals Required and Justification for that Number
Genus & Species _____ Stock/Strain _____
Sex _____ Age/Weight/Size _____
Source/Vendor _____ Holding Location(s) _____

Number of Animals requested/total number of housing days required:

	<u>Animals Requested</u>	<u>Housing Days</u>
Year 1	_____	_____
Year 2	_____	_____
Year 3	_____	_____

Special Considerations: _____

Other: _____

Justification for that Number: _____

(Note: This table should be blocked and copied, and repeated for each species requested)

4. **Refinement, Reduction, Replacement:**
 - a. **Refinement:**
 - b. **Reduction:**
 - c. **Replacement:**
- C. **Technical Methods:**
 1. **Prolonged Restraint:**
 2. **Surgery:**
 - a. **Procedure:**
 - b. **Pre- and Postoperative Provisions:**
 - c. **Location:**
 - d. **Multiple Survival Surgery Procedures:**
 - (1) **Procedures:**
 - (2) **Scientific Justification:**
 3. **Animal Manipulations:**
 - a. **Injections:**
 - b. **Biosamples:**
 - c. **Animal Identification:**
 - d. **Behavioral Studies:**
 - e. **Other procedures:**
 - f. **Location where procedure will take place:** Bldg _____ Rm _____
 4. **Adjuvants:**
 5. **Study Endpoint:**
 6. **Euthanasia:**
 7. **Pain:**
 - a. **USDA APHIS Form 7023 Pain Category:**
 - (1) No Pain _____ (#) _____ % (Column C)
 - (2) Alleviated Pain _____ (#) _____ % (Column D)
 - (3) Unalleviated Pain or Distress _____ (#) _____ % (Column E)
 - b. **Pain Alleviation:**
 - (1) **Anesthesia/Analgesia/Tranquilization:**
 - (2) **Paralytics:**
 - c. **Alternatives to Painful Procedures:**
 - (1) **Source(s) Searched:**
 - (2) **Date of Search:**
 - (3) **Key Words of Search:**
 - (4) **Results of Search:**

d. Painful Procedure Justification:

D. Veterinary Care:

1. Husbandry Considerations:

a. Study Room:

b. Special Husbandry Provisions:

2. Attending Veterinary Care:

3. Enrichment Strategy:

a. Dogs:

b. Nonhuman Primates:

E. Data Analysis:

F. Investigator and Technician Qualifications/Training:

VI. BIOHAZARD/SAFETY:

VII. ASSURANCES: As the Primary Investigator on this protocol, I provide the following assurances

A. Animal Use: The animals authorized for use in this protocol will be used only in the activities and in the manner described herein, unless a deviation is specifically approved by the LARB.

B. Duplication of Effort: I have made a reasonable, good faith effort to ensure that this protocol is not an unnecessary duplication of previous experiments.

C. Statistical Assurance: I assure that I have consulted with an individual who is qualified to evaluate the statistical design or strategy of this proposal, and that the "minimum number of animals needed for scientific validity are used."

D. Biohazard/Safety: I have taken into consideration, and I have made the proper coordination regarding all applicable rules and regulations regarding radiation protection, biosafety, recombinant issues, etc., in the preparation of this protocol.

E. Training: I verify that the personnel performing the animal procedures/manipulations described in this protocol are technically competent and have been properly trained to ensure that no unnecessary pain or distress will be caused as a result of the procedures/manipulations.

F. Training: I verify that I have attended an approved Uniformed Services University of the Health Sciences (USUHS) Investigator Training Course.

G. Training: The following personnel will attend the next approved USUHS Investigator Training Course:

H. **Responsibility:** I acknowledge the inherent moral and administrative obligations associated with the performance of this animal use protocol, and I assure that all individuals associated with this project will demonstrate a concern for the health, comfort, welfare, and well-being of the research animals. Additionally, I pledge to conduct this study in the spirit of the fourth "R" which the DoD has embraced, namely, "Responsibility" for implementing animal use alternatives where feasible, and conducting humane and lawful research.

Principal Investigator Signature

Date

I. **Painful Procedures:** (Include above if conducting research that will cause more than slight or momentary pain or distress [Column D or E by USDA classification] the following statement must follow.) **I am conducting biomedical experiments which may potentially cause more than momentary or slight pain or distress to animals that WILL BE relieved or WILL NOT (circle one) be relieved with the use of anesthetics, analgesics and/or tranquilizers.** I have considered alternatives to such procedures; however, using the methods and sources described in the protocol, I have determined that alternative procedures are not available to accomplish the objectives of the proposed experiment.

Principal Investigator Signature

Date

VIII. **ENCLOSURES:**

A. **Literature Searches:**

B. **Pathology Addendum:**

C. **Pain Scoring Guidelines:**

D. **Adjuvant Policy:**

(-- Start Separate Page --)

IX. PROTOCOL ABSTRACT:

- A. **Animal Protocol Number:** (if new, leave blank) _____
- B. **Animal Protocol Title:**
- C. **Principal Investigator:**
- D. **Performing Organization:**
- E. **Funding:**
- F. **Objective and Approach:**
- G. **Indexing Terms (Descriptors):**