# **C:\Documents and Settings\kmorning\Desktop\full_name_block_2color.gif**

**IACUC USE:**

PROTOCOL NUMBER: \_\_\_\_\_\_

APPROVED:

## **INSTITUTIONAL ANIMAL CARE & USE COMMITTEE (IACUC)**

## **BREEDING PROTOCOL APPLICATION (VERTEBRATE ANIMALS)**

*(Please type application.)*

*Click* [**?**](http://www.uta.edu/research/administration/departments/rs/animals-subjects-iacuc/iacuc-Guidance.php) *for additional guidance filling out this form or go to our webpage on* [*IACUC Protocol Application Guidance*](http://www.uta.edu/research/administration/departments/rs/animals-subjects-iacuc/iacuc-Guidance.php)*.*

1. **Principal Investigator/Project Director**

Name:       Department:

Address:       Office Telephone:

Email :

1. **Project title:**
2. [**?**](http://www-test.uta.edu/research/administration/departments/rs/animals-subjects-iacuc/iacuc-Guidance.php#sec4) **Funding Source:**       Grant #       Account #

1. [**?**](http://www-test.uta.edu/research/administration/departments/rs/animals-subjects-iacuc/iacuc-Guidance.php#sec5) **Peer Review:** Yes [ ]  No [ ]

 Describe:

1. **Animal Housing Locations and Husbandry** (use additional sheets as necessary)

|  |
| --- |
| **Animal:**       |
| **Bldg & Room #** | **Responsible Parties:** | **ACF** | **PI** | **Special Requirements** |
|       | Feeding & watering animals | [ ]  | [ ]  | Yes[ ]  | No[ ]  |
|       | Changing/cleaning cages | [ ]  | [ ]  | Yes[ ]  | No[ ]  |
| **Animal:**       |
| **Bldg & Room #** | **Responsible Parties:** | **ACF** | **PI** | **Special Requirements** |
|       | Feeding & watering animals | [ ]  | [ ]  | Yes[ ]  | No[ ]  |
|       | Changing/cleaning cages | [ ]  | [ ]  | Yes[ ]  | No[ ]  |
| **Animal:** |
| **Bldg & Room #** | **Responsible Parties:** | **ACF** | **PI** | **Special Requirements** |
|  | Feeding & watering animals | [ ]  | [ ]  | Yes[ ]  | No[ ]  |
|       | Changing/cleaning cages | [ ]  | [ ]  | Yes[ ]  | No[ ]  |
| **Animal:**       |
| **Bldg & Room #** | **Responsible Parties:** | **ACF** | **PI** | **Special Requirements** |
|       | Feeding & watering animals | [ ]  | [ ]  | Yes[ ]  | No[ ]  |
|       | Changing/cleaning cages | [ ]  | [ ]  | Yes[ ]  | No[ ]  |

1. [**?**](http://www-test.uta.edu/research/administration/departments/rs/animals-subjects-iacuc/iacuc-Guidance.php#sec12) **Special requirements for maintaining Animals**: If you checked “Yes” in #5, please complete this section. Otherwise, animals are to be maintained according to the standard operating procedure of the animal facility and you may skip to #7.

Indicate special requirements below, such as caging, bedding, type of water and dietary requirements:

Other special instructions for animal care staff:

See [Cage Density SOP](http://www.uta.edu/research/administration/departments/rs/animals-subjects-iacuc/iacuc-policies-and-procedures.php)

# **Maintenance**

|  |  |  |  |
| --- | --- | --- | --- |
|  | ACF | PI | Other (Specify) |
| A. Who will set up breeding pairs: | [ ]  | [ ]  | [ ]        |
| B. Who will check the colony daily for births: | [ ]  | [ ]  | [ ]        |
| C. Who will wean pups? | [ ]  | [ ]  | [ ]        |
| D. Who will document transfer of animals to research/training protocols? | [ ]  | [ ]  | [ ]        |

1. **Animal Identification** (check all that apply)

[ ]  Cage Card

[ ]  Ear Notch/ Ear Punch Tag

[ ]  Other:

If you will use ear notch, ear punch tag, or any other invasive procedure, complete the following:

Will analgesics, anesthetics, or sedatives be used? Yes [ ]  No [ ]
If yes, describe the anesthesia/sedative/analgesic and method of disinfection:

1. [ACF Approved Vendor](http://www.uta.edu/research/administration/departments/rs/rs_documents/List%20of%20Approved%20Animal%20Vendors.docx) (if buying breeding stock)? Yes [ ]  No [ ]  N/A [ ]  If no, please explain:

If breeding a heterozygous strain, describe your plan for maintaining the variation in the strain (i.e., how often you will order new breeders from vendor or otherwise introduce variation)?

Duration of project (years):       Maximum # of animals to be housed at one time:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Species** |  **Strain****(Mutation/****Transgenic/****Genetic manipulation)** | **1.****# of Male Breeders Required** | **2.****# of Female Breeders Required** | **3.****Estimated # of offspring expected from breeding (over 3 years)** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| **Totals:**  |       |       |       |

(If table above is not big enough to accommodate your breeding plan, please submit your own.)

**Total through course of project** (Total of columns 1, 2, and 3 above):

1. **Breeding Objective:** List the approved IACUC research protocols for which you are breeding animals, the total number of animals approved for each protocol, and out of the number approved - how many you are purchasing and how many you are breeding:

|  |  |  |  |
| --- | --- | --- | --- |
| **Protocol #** | **Number of animals approved on protocol** | **Number being purchased (out of total number approved)** | **Number being bred (out of total number approved)** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

1. **Breeding Scheme**: Investigators are required to use one of the breeding schemes outlined in the [UTA IACUC Rodent Breeding SOP](http://www.uta.edu/research/administration/departments/rs/rs_documents/IACUC%20Rodent%20Breeding%20SOP%20approved%20070517.pdf) unless a deviation is reviewed and approved by the IACUC.

Monogamous Pair: [ ]  Trio Breeding: [ ]  Harem Breeding: [ ]

If you request a deviation from the Breeding SOP, please describe here; otherwise, enter “N/A.”

1. **Justification of Colony**: Explain why it is necessary to breed these animals. If applicable, include a brief description of the transgene(s) or knockout gene(s) of interest. This is not to justify how many animals will be used when transferred to research protocols, but rather the *scientific justification* for breeding the animals.

*Note: The cost of using commercially available animals is NOT acceptable as the only justification.*

1. Describe your experience with the proposed procedures:

1. Describe the training plan for your protocol personnel:

1. Instructions for treatment and disposition of animals (check ALL applicable boxes):

Illness Death

 [ ]  Call Investigator [ ]  Call Investigator

[ ]  Treat [ ]  Necropsy

[ ]  Euthanize [ ]  Bag for Disposal or

Prepare Museum

Specimen

1. **Wild** or **exotic** species? Yes [ ]  No [ ]  Permits? Yes [ ]  No [ ]

Please list permits if applicable:

1. Transgenic animals? Yes [ ]  No [ ]

If yes, you must submit a [Protocol Application for Research Involving rDNA](https://cdn.web.uta.edu/-/media/project/website/research/_downloads/regulatory-services/ibc-protocol-application-for-research-involving-rdna-rev-july-2011.ashx?la=en&revision=5bc540a2-efc9-4597-9495-bd539fe1aea3&hash=0C5B0D71769F79F52AE6816CC44538EA) to the Institutional Biosafety Committee at ibc@uta.edu.
2. [**?**](http://www-test.uta.edu/research/administration/departments/rs/animals-subjects-iacuc/iacuc-Guidance.php#sec26) **Disposition of Animals** check all that apply:

 [ ]  euthanized [ ]  release to former habitat [ ]  adoption (see [UTA Adoption Policy and Form](http://www.uta.edu/research/administration/departments/rs/animals-subjects-iacuc/iacuc-policies-and-procedures.php))

 [ ]  other (explain:      )

1. If euthanizing, describe method. (Include description of how death is assured.)
2. Person(s) performing the euthanasia:

c. Deviations from Euthanasia SOP: Investigators are required to follow the [UTA IACUC Euthanasia and Humane Endpoints SOP](http://www.uta.edu/research/administration/departments/rs/animals-subjects-iacuc/iacuc-policies-and-procedures.php) and current [AVMA Euthanasia Guidelines](https://www.avma.org/KB/Policies/Documents/euthanasia.pdf) unless a deviation is reviewed and approved by the IACUC. If you request a deviation from the SOP or Guidelines, please describe here; otherwise, enter “N/A.”

1. [**?**](http://www-test.uta.edu/research/administration/departments/rs/animals-subjects-iacuc/iacuc-Guidance.php#sec27) **Hazards to personnel** (check all that apply and provide description of hazard and safety precautions):

[ ]  Radioisotope

[ ]  Carcinogen

[ ]  Biohazard

[ ]  Chemical Hazards

[ ]  Other

1. [**?**](http://www-test.uta.edu/research/administration/departments/rs/animals-subjects-iacuc/iacuc-Guidance.php#sec28) **Personnel** (See UTA IACUC [Training Requirements](http://www.uta.edu/research/administration/departments/rs/animals-subjects-iacuc/authorization-instructions.php))

|  |  |  |
| --- | --- | --- |
| Name | Email | Position |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

1. Body fluids or tissuesfrom these animals may be utilized by other investigators with approved IACUC protocols.

Yes [ ]

No [ ]  Please explain why not:

**PRINCIPAL INVESTIGATOR ASSURANCES** *(Signify by initialing each box.)*

1. I have a working knowledge of the “Guide for the Care and Use of Laboratory

Animals” and the USDA “Title 9 Animal Welfare Act” and its revisions [ ]

1. The proposed work does not unnecessarily duplicate previous experiments, based

upon a current literature search: [ ]

1. All personnel involved in this project have been trained in the procedure to be used [ ]
2. I and all personnel on the project have read any pertinent safety information, IACUC

requirements, and security procedures (See ACF Manager) [ ]

1. I shall be responsible for maintaining records of all animals used and the procedures

carried out [ ]

1. Any discomfort, distress or pain that may be associated with this research will be held

to the absolute minimum [ ]

1. Alternatives to any procedures that may cause pain or discomfort have been considered [ ]
2. I will strictly adhere to all DEA regulations involving receiving, storage, use, documentation

and disposal of all controlled substances utilized in my animal care program [ ]

1. I will immediately notify the ACF Manager about any signs of animal illness, pain, or distress

as well as any unanticipated animal deaths [ ]

As Principal Investigator, I am aware that I have the ultimate responsibility, on a day-to-day basis, for the proper care and treatment of the laboratory animals. I agree to adhere to all federal, state and local laws and regulations governing the use of animals in teaching and research. I further assure the University of Texas at Arlington Animal Care and Use Committee (Committee) that the minimal number of animals will be used for the project and that every possible step will be taken to minimize stress or pain to the animals. I have carefully considered and concluded that no reasonable alternatives to the use of animals could be applied to this project, and that this project is not an unnecessary duplication of any previously published work.

I will submit appropriate annual review forms for this project, and obtain formal approval from the Committee prior to implementation of any changes in this protocol.

­­­­­­­­­­­­­­­­­­

Principal Investigator Date