Submit both a signed hard copy and an electronic copy of this completed form to the Grants and Sponsored Programs Office.

\*\*\* Use this **Field Study** form if (a) your work take place entirely outside, and animals are not brought on campus for more than 24 hours (unless a longer recovery time is needed) prior to being released into the wild, or (b) most of your work takes place outside, but animals may be brought inside for minor surgery and then released again. If the study only uses captive animals, or animals collected from the wild that will not be released, use the **Lab Study** form. If you are unsure which form to use, please contact the Chair of the IACUC committee for guidance.

**PROJECT TITLE:**

**DATE SUBMITTED:**

**Project is:** [ ]  **New Application**

[ ]  **Modification of Existing Protocol #** Click or tap here to enter text.

**PRINCIPAL INVESTIGATOR:**

**Name:**  **Department:**

**Phone:**   **E-Mail:**

**Mailing address:**

**Status:** [ ] **Faculty** [ ] **Staff** [ ] **Student - Faculty Supervisor:**

**CO-PI:**

**Name:**   **Department:**

**E-Mail:**

**Status:** [ ] **Faculty** [ ] **Staff** [ ] **Student**

**CO-PI:**

**Name:**   **Department:**

**E-Mail:**

**Status:** [ ] **Faculty** [ ] **Staff** [ ] **Student**

**FUNDING:**

**Funding Source:**   **Grant or Contract #:**

**Funding Proposal:**   **Expected Funding**

**Submitted (Date):**   **Notification (Date):**

**Section I: Category of Project**

**A) Type of Project:** [ ] **Teaching** [ ] **Research**

**B) Location where study or data collection will occur:**

**C) The proposed project involves (check one):**

[ ]  **Observation of animals only -** Animals will not be handled or their environment manipulated (if this is the only procedure, you may stop here and submit application).

[ ]  **Handling of animals or the manipulation of their environment** – Please complete the entire form.

**Section II: Project Description**

**A) Provide a short non-technical summary of the project, including its significance and your reason for undertaking the study (250 words or less).**

**B) Provide a detailed methodology of the project, particularly the aspects associated with animal use and care.**

**Section III: Justification for Use of Animals and Specific Procedures**

Check the appropriate answer for the following questions. If you answer yes to any of the questions A through H, please justify and explain (especially any procedures that deviate from established or commonly accepted techniques).

**A)** [ ]  **Yes** [ ]  **No** Includes invasive procedures other than major recovery surgery

 (e.g., toe clipping, ear clipping, PIT tag injection, peripheral blood sampling)

**B)** [ ]  **Yes** [ ] **No** Includes major recovery surgery (e.g., anything involving opening the body cavity):[ ] **Single** [ ] **Multiple**

If you answered yes:

1. Will animals be allowed to regain consciousness? [ ] **Yes** [ ] **No**
2. Will surgery be performed under aseptic conditions? [ ] **Yes** [ ] **No**
3. Who will maintain surgical records and provide/monitor post-surgical care?

**C)** [ ] **Yes** [ ] **No** Includes situations in which animals will perceive pain or discomfort.

It is the obligation of the researcher to explore alternatives to the harming of live animals. If appropriate, describe the sources you consulted (e.g.,, databases, experts) to verify that there are no acceptable alternatives to procedures that will cause pain and discomfort.

If applicable, describe procedures to minimize stress, discomfort, and pain. Describe the use of anesthetics, analgesics, and/or tranquilizing agents, and include dose, method of administration, and approximate duration of treatment.

**D) Provide a justification if animals** will perceive pain and discomfort without the benefit of anesthetics or analgesics.

**E)** [ ] **Yes** [ ]  **No** Requires extended periods of restraint or exposure to noxious compounds

without the ability to escape.

If animals are to be obtained from the field or a field project involves trapping, please describe the method of capture or types of traps to be used and provisions to protect animals from harm while being held captive.

**F)** [ ] **Yes** [ ]  **No** Animals will have a serious natural or experimentally-induced disease.

**G)** [ ] **Yes** [ ]  **No** Venomous species may be handled.

If you answered yes, explain how risk to personnel will be minimized and outline your emergency procedures if a student or researcher is bitten.

**H)** [ ] **Yes** [ ] **No** [ ] **Submitted, but awaiting approval** Required collecting or other permits have been obtained. Work may not start until evidence of the permit has been submitted to the IACUC.

If yes, give relevant permit numbers below; if no, please explain.

**Section IV: Estimate of Animal Use and Disposition of Animals**

**Species Source Total No. Use Location Disposition\***

\* RH = Returned to habitat; EU = Euthanized; TP = Transferred to a different project (Protocol No.: )

**If euthanasia is planned or becomes necessary, describe the method to be used:**

**Section V: Training**

Investigator certifies that the following individuals using the animals have successfully completed the appropriate on-line training modules. All animal users must complete ‘Working with the IACUC.’ The users must also complete the applicable module from CITI.org for the species; if modules are not available, certify that the user is (1) familiar with the behavioral and physiological characteristics of the species to be used; (2) aware of the requirements for humane care and methods used to prevent suffering or pain. You are required to complete the Wildlife Research course. Note that there are taxon-specific modules for most groups (e.g., fishes, mammals). Taxon-specific modules may be required by IACUC unless you provide written justification for why not appropriate or applicable.

**Name Position Description of Training Date trained**

**Section VI: Occupational Health and Safety of Personnel**

Please check each box to certify that ALL personnel have been trained or are aware of each of the following:

**Yes N/A**

[ ]  [ ]  Personnel hygiene procedures (work clothing, eating/drinking policies)

[ ]  [ ]  Personnel protection procedures (shower/change facilities, injury prevention, lab coats,

 eye, inhalation and hand protection)

[ ]  [ ]  Procedures for use, storage, clean-up and disposal of hazardous biological, chemical, and

 physical agents

[ ]  [ ]  Hazard identification (including pregnancy/illness/immuno-suppression precautions) and

 zoonoses (zoonotic hazards can be downloaded from the IACUC website for review)

[ ]  [ ]  Required lab-specific immunizations

[ ]  [ ]  Have read: APSU Field Safety Training Guide

**Section VII: Certification**

I certify that the information given in response to the questions above is accurate.

I agree to conform to all federal and state laws, guidelines, and all institutional policies and procedures concerning the care and use of animals.

I agree to notify the Institutional Animal Care and Use Committee IN WRITING of any changes in the proposed project, personnel, number of animals, or the type of animals prior to proceeding with ANY further animal use.

If I use the project described in this application as a basis for a proposal for funding (intramural or extramural), I agree to ensure that the description of animal use in such a funding proposal is the same as that contained in this application. If the funding proposal deviates significantly from the work described herein, I will submit a revised application to the IACUC which describes the differences.

I agree to provide to the IACUC, by October 31st of each year, an annual report itemizing the animals used in each of my approved protocols.

I agree to notify the IACUC, in writing, if animals used for this protocol are transferred to another investigator for use in a different protocol.

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Signature of Principal Investigator Date

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Signature of Faculty Advisor (if PI is a student) Date

**Committee Approval (committee use only):**

Date received: Assigned Protocol #:

The Committee has reviewed this protocol and it has been:

[ ] **Approved** [ ]  **Returned for Revision** [ ]  **Denied**

Date of Action:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Committee, APSU IACUC Date

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Signature of Chairperson, APSU IACUC Date

**NOTE**: This project may not be conducted until Committee Approval has been obtained.