

**Washington State University - Institutional Animal Care and Use Committee**  
**Animal Subjects Approval Form (ASAF) – April 2006 version**

Please Type, Handwritten forms will be returned!

<b>Refer to ASAF Instruction Sheet Prior to Completing Form.</b>		OFFICIAL USE ONLY ASAF #: _____ IACUC Signature: _____ APPROVAL DATE: _____	
Name of Principal Investigator/Responsible Faculty Advisor	Phone # & email address	Department & campus zip	Fax #
Co-investigator/ Grad. Student/Post Doc./Etc.	Phone # & email address	Name, telephone number, and email address of transcripтор:	
<b>Name(s) of Funding Source(s):</b> If there is no outside funding or project does not undergo a peer-review, Departmental Chair must sign form (see last page of the form) supporting the scientific merit	<b>OGRD #</b>	Does this funding source require notification by OGRD (Indicate response)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Title of Proposal</b>			
Is this a renewal/reapplication of a previously approved project (Indicate response)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list approval number <b>ASAF #</b> _____			

**I. Animal Type, Procurement, Pain/Use Classification, & Numbers:**

List All Species & Strains of Animal(s) to be used	Source(s) of Animal(s)*	Number of Animals per Pain/Use Classification** over the 3-year approval period			
		B	C	D	E***

- \* If animals are acquired from another research/teaching project, list previous ASAF # and investigator.
- \*\* B is observational only, including breeding and stock holding; C includes an intervention with no or only momentary or slight pain/distress; D has more than slight or momentary pain/distress but is relieved via anesthesia, analgesics or tranquilizers; and E has more than slight or momentary pain/distress and is not relieved. If you have animals in the D or E classifications, a veterinarian should be consulted in the planning process.
- \*\*\* Type E projects REQUIRE a written justification statement for review. If you place animals in the E classification, you must complete Addendum 1 - "Explanation for Classification E Animal Use".

**II Animal Housing Area and Care:** Questions regarding animal housing areas may be directed to the IACUC office at 335-7951.

**A. Location** Check all that apply. If animals are housed in more than one facility, please explain.

- Animal Resource Unit (large and/or small animal)  Eastlick Hall Vivarium
- Johnson Tower Vivarium  College Hall Vivarium  Wegner Hall Vivarium
- McCoy Hall Facility (large and/or small animal)  Veterinary Teaching Hospital
- Experimental Laboratory Animal Building  Beef Center
- Swine Center  Dairy Center  USDA Facility
- OTHER (please describe): \_\_\_\_\_

**B. Environmental Enrichment/Behavioral Management:** {Environmental enrichment (EE) and behavior management are a part of the husbandry and care of research animals}

1. Please state if there are any prohibitions to EE for your animals.
2. Are there any housing restrictions or special housing requirements?

**III. Purpose of Study:** Please answer in **NON-SCIENTIFIC TERMS**.

**A). Explain the specific objective(s) of your project/class and why the study is important to human or animal health, the advancement of knowledge, or the good of society.**

**B). Rationale for Animal Use:**

1. Why must animals be used? Why not cell cultures, computer models, etc.?
2. Describe the biological characteristics of the animal species selected that justifies its use.
3. Justify animal numbers. How did you determine the number of animals required per group and the number of groups (e.g. dose groups, different compound groups, etc.). Show your calculations used to arrive at the total number requested for the study period (consistent with the chart in "I" of front page). For research, statistical justification is usually required. For instruction, start with students per animal from which to determine the total numbers requested. A table, flow chart or specific calculation showing group sizes, time frame, etc. is beneficial in assisting the reviewer(s) in determining exactly how many animals you plan to utilize.

**C). Experimental Design (if research):**

1. Describe the design of your experiment(s) to make clear the nature of the treatments the animals will receive even if this repeats other sections.
2. Start by identifying the source of animals, describe treatments, and conclude with final disposition of animals.

**D). Animals for Instruction (if teaching):**

1. Start by identifying the source of the animals, describe the way the animals will be treated in the course, and conclude with final disposition of animals.
2. Discuss how students are trained to work with animals as required under the Animal Welfare Act as appropriate for the course.
3. A statement of student notification is recommended for the course syllabus. For policy and suggestion see: <http://www.iacuc.wsu.edu/handbook.asp>

**IV. Alternatives to Procedures causing Pain and/or Distress:** If any procedure falls into the Animal Use/Pain Classification D or E, causing more than momentary or slight pain or distress to animals (even if relieved), describe your consideration of alternative methods to the painful/distressful procedure(s). When literature searches are used, please complete the table below:

Database(s) Used	
Date of Search	
Years Searched	
Keywords Used	
If alternative methods to painful/distressful procedures were identified, why can't they be utilized in your project/class?	

**V. Animal Use Procedures Checklist:** Respond to all items. For all **YES** responses, provide specifics in the narrative section., See section X. Some procedures require you to complete an additional form/addendum and must be included with your ASAF. Please refer to the ASAF Instruction Form Sheet for details on what is required for each procedure, Please describe your expertise with each technique/procedure.

YES	NO	Ref. No.	ANIMAL USE PROCEDURE
		1	<b>Breeding Protocol</b> (animals being bred for use in protocols)
		2	<b>Stock Animal Protocol</b> (animals being held for future assignment to protocols)
		3	<b>Blood Sampling</b>
		4	<b>Other Bodily Fluid and Tissue Sampling in Live Animals</b>
		5	<b>Tissue Harvesting</b> (tissue collection after euthanasia)
		6	<b>Antibody Production</b>

		<b>7</b>	<b>Administration of Paralytic Agents</b>
		<b>8</b>	<b>Administration of Anesthetics, Analgesics or Tranquilizers</b> (Note - If this is part of your surgical protocol, check "YES" and please describe in Addendum 3)
		<b>9</b>	<b>Administration of Infectious Organism</b> (Infectious to either humans or animals; If organism is infectious to humans you MUST also check YES to ref. no. 12 below and complete addendum 2)
		<b>10</b>	<b>Use of Ether</b> (If YES, Complete Addendum 2)--justification required, refer to ASAF instructions.
		<b>11</b>	<b>Administration of Drugs/Reagents/Cells/ Etc.</b> (other than paralytic agents, anesthetics, analgesics, or tranquilizers)
		<b>12</b>	<b>Hazardous Species/Radioactive Materials/Zoonotic Agents/Recombinant DNA/Chemicals</b> (If YES, Complete Addendum 2)
		<b>13</b>	<b>Special Diets</b>
		<b>14</b>	<b>Food and/or Water Deprivation</b> (Note - If only food is being withheld over night as part of pre-surgical care, you do not need to check "YES" here. Please describe this withholding period on Addendum 3 - "Animal Surgery Information Form")
		<b>15</b>	<b>Indwelling Catheters and/or Implants</b> (If procedure involves surgery, Complete Addendum 3)
		<b>16</b>	<b>Prolonged (&gt;15 minutes) Physical Restraint</b> (includes undersized caging such as metabolic units, animals which are "tethered" with leash or catheter, animals held in stocks/restraint devices, etc.)
		<b>17</b>	<b>Use/Handling of Wild/Non-Domesticated Animals</b> (If YES, Complete Addendum 2 - "Hazardous Species/Radioactive Materials/Zoonotic Agents/Recombinant DNA/Chemicals Form")
		<b>18</b>	<b>Trapping of Animals</b>
		<b>19</b>	<b>Field Study</b>
		<b>20</b>	<b>Behavioral Testing</b> (with or without prolonged restraint and/or noxious stimuli)
		<b>21</b>	<b>Tumor Production or Tumor Cell Transplantation</b>
		<b>22</b>	<b>Transportation of Animals</b>
			<b>ANIMAL SURGERY</b> (Check which type of surgery classification will be performed and complete Addendum 3 - "Animal Surgery Information Form")
		<b>23</b>	<b>Non-Survival Surgery (any species)</b> (Animal is not recovered and is euthanatized while under general anesthesia)
		<b>24</b>	<b>Single RODENT Survival Surgery</b>
		<b>25</b>	<b>Single NON-RODENT Survival Surgery</b>
		<b>26</b>	<b>Multiple Survival Surgery on an Individual Animal (any species)</b>
		<b>27</b>	<b>Painful/Distressful Procedures Without the Use of Anesthetics, Analgesics or Tranquilizers</b> (If YES, animals must be placed in the Type E pain/use category in the table in Section I and you must complete Addendum 1)
		<b>28</b>	<b>Death as an Endpoint</b> (Observing or studying an animal until natural death occurs; If YES, animals must be placed in the Type E pain/use category in the table in Section I and you must complete Addendum 1)
		<b>29</b>	<b>Other Procedures Not Listed Above</b>

**VI. Study Areas:**

**A) Will animals be taken to a laboratory/study area outside the animal housing facility?**

YES       NO

1. If YES, list building name \_\_\_\_\_ and room number \_\_\_\_\_

2. What procedures will be performed in this area?

**B) Will animals be taken to this area and maintained for longer than 12 hours ?**

YES       NO

1. If YES, What is the total length of time animals are maintained in this area? \_\_\_\_\_

2. Why must animals be maintained in this area rather than returned to the animal facility?

VII. **Veterinary Care:** Provider of medical care to your animals: {emergencies, illness, preventive medicine}

VIII. **Method of Euthanasia:**

IX. **If Animals Are Not Euthanatized, Indicate Their Disposition** (e.g. transferred to another project/class [indicate new project (ASAF) number and investigator]; sold at public sale/auction; private adoption; OTHER, please describe)

X. **Narrative Section:** Any item checked YES in Section V (Animal Use Procedures Checklist), needs to be addressed here, except for procedures that require the completion of an addendum (i.e. type E procedures, hazards or surgery). Please refer to the ASAF Instruction Sheet for specific items to be addressed. List procedures by Reference Number (Ref. No.) listed in the section V.

**XI. Personnel Qualifications:**

List all personnel actively involved with animal components of the project and qualifications (as a minimum, should include principal investigator, co-investigator, research technicians, TA, graduate students, etc.). Describe an individual's experience/training in all relevant animal related procedures. Indicate most recent date these individuals have attended an animal use seminar conducted by the Institutional Animal Care & Use Committee (IACUC)\* AND register in the WSU Animal Contact Program. *Attach additional pages if necessary for completeness.*

Individual: \_\_\_\_\_ Role(s) on project: \_\_\_\_\_  
Degree(s): \_\_\_\_\_ Date attended an IACUC animal use seminar/class: \_\_\_\_\_

Brief outline of experience:

Individual: \_\_\_\_\_ Role(s) on project: \_\_\_\_\_  
Degree(s): \_\_\_\_\_ Date attended an IACUC animal use seminar/class: \_\_\_\_\_

Brief outline of experience:

Individual: \_\_\_\_\_ Role(s) on project: \_\_\_\_\_  
Degree(s): \_\_\_\_\_ Date attended an IACUC animal use seminar/class: \_\_\_\_\_

Brief outline of experience:

\* You may contact the Office of the Campus Vet at (509)335-6246 to inquire if an individual has attended an IACUC animal use seminar/class and to inquire on dates for future sessions.

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**PRINCIPAL INVESTIGATOR ASSURANCE**

The information contained on this form provides an accurate description of my animal care and use protocol. All people using animals under my direction have been trained to use appropriate methods and have read and agree to comply with this protocol. I agree to abide by governmental regulations and university policies concerning the use of animals. Discomfort of animals will be limited to that which is unavoidable. Analgesic, anesthetic and tranquilizing drugs will be used where indicated and

appropriate to minimize pain and discomfort. I will allow veterinary care to be provided to animals showing evidence of pain and illness.

If the information provided for this project concerning animal use should be revised, or procedures need to change, I will notify the Institutional Animal Care & Use Committee prior to making these changes. I understand that failure to report significant changes may place the University and myself in violation of federal regulations and may result in the suspension of my animal activities.

I will notify the IACUC regarding any unexpected study results that impact the animals. Any unanticipated pain or distress, morbidity or mortality will be reported to the Attending Veterinarian (or designee) and the IACUC. I understand that approval of this ASAF by the IACUC in no way obligates the IACUC or the University to guarantee animal housing space, animals and/or equipment for the conduct of the project.

As required by federal regulations, I assure that the activities described do not unnecessarily duplicate previous procedures/projects.

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Signature of Principal Investigator/Responsible Faculty Advisor

Date

**Endorsement of Departmental Chair:** As this teaching, testing and/or research project will be supported by departmental/internal/personal or non-peer reviewed funds, I endorse the above assurance and certify that I have reviewed this protocol description and it is judged to be of scientific merit.

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Signature of Departmental Chair

Date