

MCNEESE STATE UNIVERSITY  
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE  
ANIMAL USE PROTOCOL

All investigators and instructors using species currently covered by federal statute and guidelines must complete this form and submit it to the Director of Research Services and Sponsored Programs (Campus Box 90655) for review by the IACUC a minimum of two weeks prior to initiating the protocol. The investigator will be informed by the Director of the IACUC of the committee's action and recommendations. IACUC evaluation of a proposal may require visiting the research site or animal facility to be used.

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Date Received by RSSP \_\_\_\_\_

Date Received by IACUC \_\_\_\_\_

Date of IACUC review \_\_\_\_\_

IACUC Action       Accept       Recommend changes       Reject  
 Site Visit \_\_\_\_\_      (date) \_\_\_\_\_

Additional Comments Attached

IACUC DIRECTOR \_\_\_\_\_ (date) \_\_\_\_\_

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1. Project Title (or laboratory exercise title): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Investigator(s)/Instructor(s): \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Time period of protocol: From \_\_\_\_\_ to: \_\_\_\_\_

4. Attach a description of the experimental protocol and any supporting material to this form.

5. Name of funding source for this proposal: \_\_\_\_\_

6. Description of Animals:

Species and Common Name (if any) and number of animals:  
\_\_\_\_\_

Source of animals (if wild, list current collecting permit number):

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Location where animals will be housed: \_\_\_\_\_

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Location where animals will be used:

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7. Plan for disposition of sick animals (check all that apply):

- ( ) Euthanize (state method) \_\_\_\_\_  
( ) Clinical Treatment  
( ) Other procedures (specify) \_\_\_\_\_
- 

8. Plan for disposition of dead animals (check all that apply):

- ( ) Save, Freeze                    ( ) Save, Refrigerate                    ( ) Necropsy  
( ) Other,        (Specify) \_\_\_\_\_
- 

9. Is there a potential for pain, distress or discomfort to the animals?

Yes \_\_\_\_\_                          No \_\_\_\_\_

If yes, use the appropriate number (see below) to indicate the maximum level of pain/distress/distress to be experienced by the animals.

Pain Level: \_\_\_\_\_

1 = Negligible, 2 = Pain avoided by appropriate drug use, 3 = Short-term discomfort/distress/pain, 4 = Long-term discomfort/distress/pain. (An explanation must be attached to the protocol for a pain level of 4.)

10. Federal law requires a written statement of A. and B. below to be included in protocols for any use of applicable species. Presently excluded from this requirement are rats and mice of the genus Rattus and Mus, birds, and animals used in accepted agricultural practices.

A. "The principal investigator/Instructor has considered alternatives to procedures that may cause more than momentary or slight pain or distress to the animal, and has provided a written narrative description of the methods and sources used to determine that alternatives were not available".

B. "The principal investigator/instructor has provided written assurance that these activities do not unnecessarily duplicate previous experiments.

**McNeese State University**  
**Office of Research Services and Sponsored Programs**

**ASSURANCES**

The University has adopted on an institution-wide basis the principles regarding animal care as stated in the Animal Welfare Act ([www.nal.usda.gov/awic/legislat/awa.htm](http://www.nal.usda.gov/awic/legislat/awa.htm)) and the Guide for the Care and Use of Laboratory Animals ([www.nap.edu/readingroom/books/labrats/](http://www.nap.edu/readingroom/books/labrats/)) and is guided by the U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training (<http://grants1.nih.gov/grants/olaw/references/phspol.htm>). All university employees and students are responsible for adherence to this policy. All animals owned and cared for by the university are covered by this policy.

I agree to comply with all Federal, State, and University animal welfare laws and policies during this project. I am aware that the new animal use protocol form must be submitted to RSSP and the IACUC if the protocol described above is altered after it is begun. The information provided is accurate, complete and true to the best of my knowledge.

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Investigator/Instructor

Date: \_\_\_\_\_