**Radford University’s Institutional Animal Care and Use Committee (IACUC)**

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| **ASSURANCE FOR THE HUMANE CARE AND USE OF ANIMALS FOR TEACHING & RESEARCH** | | | | | | |
| **Protocol Title :** | |  | | | |
| **Protocol Number** (*office use only*): | | | | | |
| **Principal Investigator Name:** | | | | | |
| As the Principal Investigator on this protocol, I acknowledge my responsibilities and provide assurances for the following: | | | | | | |
| **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 IACUC. The living conditions for the animals are appropriate and medical care is available for these animals. | | | |
| **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, (excluding instructional submissions.) | | | |
| **C.** | **Statistical Assurance:** I assure that there has been adequate evaluation of the statistical design or strategy of this proposal, and that the minimum numbers of animals needed for scientific validity have been requested in this submission. | | | |
| **D.** | **Biohazard/Safety:** I have taken into consideration, and I have taken the proper steps required 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 that **are included in this submission are technically competent, and have been properly trained** to ensure appropriate execution of this protocol and that no unnecessary pain or distress will be caused as a result of the procedures/manipulations. I also assure that inexperienced personnel will be supervised, their animal contact limited appropriately, and their training will be completed in a timely and appropriate manner. I and all current personnel have completed the core IACUC and other training course(s) currently required by the IACUC.  I further certify that all new personnel will be amended onto this protocol (via Amendment Form or Personnel Training Report (PTR)) prior to being allowed to work with animals or their unfixed/denatured tissues. All new personnel not included in this submission will meet all of the above described criteria of training and technical competence requirements prior to handling animals.  **Signature:** | | | |
| **F.** | **Extramural Funding:** If funded by an extramural source, I certify that this application accurately reflects all procedures involving laboratory animal subjects described in the proposal to the funding agency noted above. | | | |
| **G.** | **Painful Procedures:**  **My project falls into Pain Category B** (breeding or holding of animals only).  **My project falls into Pain Category C** (involving momentary or slight pain or distress for the animals)  **My project falls into Pain Category D (**involving potentially painful or stressful procedures for which appropriate anesthetics, analgesics and/or tranquilizer drugs are provided.**)**  **My project falls into Pain Category E (**involving potentially painful or stressful procedures for which appropriate anesthetics, analgesics and/or tranquilizer drugs are **NOT** provided. Appropriate scientific justification is provided in the protocol submission.**)**  I am conducting animal experiments which may potentially cause more than momentary or slight pain or distress to animals that **WILL**  **WILL NOT**  (**check if applicable**) 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. | | | |
| **H.** | **Laws and Regulations:** I agree to abide by all the federal, state, and local laws, and regulations governing the use of animals in research and teaching. | | | |
| **I.** | **Alternatives:**  I have considered alternatives to the animal models used in this project and found other methods unacceptable. | | | |
| **J.** | **Veterinary Consultation:**  I  **HAVE**  **HAVE NOT** (check one) consulted with the Attending Veterinarian during the planning for this project. | | | |
| **K.** | **Accuracy:** I further affirm that the information provided in the accompanying protocol is accurate to the best of my knowledge. **Any proposed revisions** to the animal care and use procedures will be promptly forwarded in writing on the appropriate amendment form(s) to the Committee for approval **prior to implementation**. | | | |
| **L.** | **Institutional Requirements:** I have read and understood and agree to abide by the guidelines set forth by the Radford University IACUC manual. | | | |
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| I have read, understand and agree to comply with the above statements. | | | | | | |
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| Principal Investigator Signature | | | Date | Typed or Printed Name | | |
| Deparment Chair Signature | | | Date | Typed or Printed Name | | |