

Weber State University
ACUC Laboratory Animal Protocol

1. Name of Principal Investigator: _____

Title: _____

Dept./Phone: _____

1a. Name of Co-Investigator(s): _____

Title: _____

Dept./Phone: _____

2. Type of Project:

Research

Class (name/number): _____

Other _____

3. Project Title: _____

4. Period Covered by this Proposal:

Starting Date: _____

Completion Date: _____

5. Funding Source: _____

6. Species and Total number of animals for project:

Species

#

1. _____

2. _____

3. _____

7. Check the appropriate items. Please include explanation for all checked items in narrative under Section II.

- Field Study
- Captive observations
- Behavioral conditioning is required
- Animals collected from wild
- Tissue biopsy (including blood)
- Drug administration
- Antibody production (or other immunological technique) is required
- Biological or radiological hazardous agents are required
- Tumor production required
- Long-term restraint is required
- Survival surgery is required
- Non-survival surgery is required
- Other (please explain):

8a. Where will the animals be obtained?

8b. Will the animals be housed? No. Yes. Where? _____
Please explain the husbandry protocol below or attach:

9. Disposition of animals upon completion of project:

10. State/Federal approval (if appropriate): _____

Section B

A) Surgical Procedures:

- 1. Indicate where surgery will be performed, the person(s) performing the surgery, and the qualifications and experience of that individual to perform the techniques involved (aseptic techniques must be used during surgery).**

- 2. Describe the surgery procedure including all support care and monitoring during the procedure.**

3. Anesthesia.

| Species | Anesthetic | Dose | Route | Duration |
|---------|------------|------|-------|----------|
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- 4. Please describe method of measuring/monitoring depth of anesthesia.**

- 5. Describe any pre-operative procedures, including fasting (food, water) and pre-anesthetics.**

6. If survival surgery, describe postoperative survival time, care (and who will give it), including:

Recovery: _____

Supportive care: _____

Postoperative monitoring: _____

Analgesia: _____

Antibiotics: _____

After hour care, etc.: _____

B) Immunization/Antibody Production:

| Species | Agent | Route | Site | Volume | # of Doses | Interval |
|---------|-------|-------|------|--------|------------|----------|
| | | | | | | |
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| | | | | | | |
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C) Hazardous Agents:

Agent(s): _____

Biosafety & Controlled Substance Approval:

(Richard Sandau-MC 3002; x8004) Yes No Pending N/A

Radiation Safety Committee Approval:

(MC2508; x7982) Yes No Pending N/A

Describe the method, route, place of administration, personnel involved, precautions to protect people and animals, and carcass disposal.
