

HUNTER COLLEGE
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

TECHNIQUE PROTOCOL REVIEW FORM

Provide a response to every question, using NA (Not Applicable) where appropriate. Format your text so that the responses to each question are printed using a typeface (e.g., bold, italics) that produces good contrast between the questions and responses.

PART I: PROJECT IDENTIFICATION

1. Procedure Title
2. Primary Researcher (Individual conducting the research):
3. Faculty member responsible for project (If different):
4. Department:
5. College telephone number:
6. Emergency telephone number:
7. Other individuals to be notified in emergencies:
8. Personnel to use this technique:
 - A. Name:
 - B. Phone Number
 - C. E-mail address: _____
 - D. Status: (Faculty, technician, undergraduate, graduate student, postdoc, etc).
 - E. Animal care certified at Hunter? Yes No
 - F. Qualifications/experience relevant to the procedures proposed in this protocol:
9. Animal Use: Provide a complete description of how the animals will be used at all stages of the procedure, including all experimental and surgical procedures.
10. Drugs/Medications to be used in course of the procedure/research.
11. Euthanasia:

Part II: CONSIDERATIONS RELATED TO PAIN OR DISTRESS

12. USDA Classification: Check the category which best describes the proposed research, and the number of animals in each category. For complex projects it may be desirable to provide the data for each experiment, if their classification varies.

___ a. Involves little or no pain, distress or discomfort (e.g., injections, blood sampling, blood pressure measurement, anesthetizing without recovery for organ removal, etc.

___ b. Involves short-term pain, pain, discomfort or distress which will be treated with appropriate anesthetics/analgesics (minor survival surgery with anesthesia and without significant postoperative pain, e.g. biopsy, implantation of peripheral chronic catheters, male gonadectomy in mammals.

___ c. Involves chronic maintenance of animals with a disease/functional deficit and/or procedures potentially inducing moderate pain, discomfort or distress which will be treated with appropriate anesthetics/analgesics (e.g. surgical procedures involving a body cavity; use of immunological adjuvants).

___ d. Potentially involves pain, discomfort or distress which cannot/will not be alleviated through the administration of appropriate anesthetic/analgesic or tranquilizing drugs.

13. Please indicate any of the following conditions applicable to your procedure.

- a. Imposition of abnormal environmental conditions:
- b. Nutritional stress: If food or water deprivation is involved, describe the deprivation regimen and the procedure designed to monitor the general health and condition of the animal.
- c. Use of radioisotopes carcinogens, toxins, etc...
- d. Non-survival surgery
- f. Other.

CERTIFICATION

I certify that the above information concerning procedures to be taken for the humane use of animals is, to the best of my knowledge, correct. I will seek and obtain prior approval for substantive modification of this protocol and will report promptly to the Institutional Animal Care and Use Committee any significant unanticipated distress caused to the animals.

I am familiar with the NIH Guide for the Care and Use of Laboratory Animals and the Public Health Service Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions. I will conduct my activities, whether of a research or instructional nature, in conformance with these regulations, policies, and principles.

Approval of this protocol is given subject to space in the animal facilities and personnel availability. It is my responsibility to contact the Manager of Animal Facilities concerning the timing of my project and the use of responsible vendors.

