



# ANIMAL USE APPLICATION FORM

## WILDLIFE FIELD STUDIES

### SUBMISSION GUIDELINES

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The University of Central Florida Institutional Animal Care and Use Committee (IACUC) meets on a bi-monthly basis to review animal use protocols. The bi-monthly meetings are held the following months. January, March, May, July, September and November.

- The IACUC reviews protocol submissions either at a convened meeting of a quorum of members known as full committee review (FCR) or through the use of designated member review (DMR).
- **Required Items For IACUC Review:**
- **All Items must be answered. If not applicable please state NA**
- **Forms must be type written**
- **Form must have PI and Department Chair signatures**
- **A Word version of the form must be submitted by E-mail to [IACUC@UCF.edu](mailto:IACUC@UCF.edu)**
- **Signed Hard Copy Forms should be submitted to:**  
Cristina Caamaño, Associate Director Office of Animal Welfare  
University of Central Florida  
12201 Research Parkway, Suite 501,  
Orlando, FL 32826-3246  
(OR)  
If you are located on the Lake Nona campus, forms may also be dropped off in the IACUC mailbox of the Burnett Building at Lake Nona.
- **CITI training must be completed by all personnel listed on the protocol prior to submitting the form to our office.** For more information on CITI, please click on the training tab on our website  
<http://www.research.ucf.edu/Research/OfficeOfAnimalWelfare.html>
- **Type of Project** (Note: Category C, D, and E Projects Require Veterinary Signature and Category E projects require Full Committee Review)
- **Investigators should plan for at least 3 to 4 weeks between the time a protocol is submitted to the IACUC and final approval is granted. If your project is type “E” you must submit your protocol at least two months in advance as this protocol must be reviewed at a convened meeting. Please submit your protocol at least two months in advance if your project contains multiple survival surgeries as this may also require full committee review.**

Note: For any questions about this form, please contact the Office of Animal Welfare at: Tel: 407-882-1164; Fax: 407-823-3299; email: [IACUC@ucf.edu](mailto:IACUC@ucf.edu)

The IACUC Form is available in both PDF and DOC format. Please regularly check the website to ensure that you have the most updated version of this application form.

**University of Central Florida**  
**FOR UCF/IACUC OFFICIAL USE ONLY:**

IACUC Number: \_\_\_\_\_ 1st year approval: \_\_\_\_\_ DMR / FCR  
Receipt Date: \_\_\_\_\_ 2<sup>nd</sup> year approval: \_\_\_\_\_ DMR / FCR  
Submission Type: \_\_\_\_\_ 3<sup>rd</sup> year approval: \_\_\_\_\_ DMR / FCR  
\_\_\_\_ New application    \_\_\_\_ Revised application    \_\_\_\_ Renewal with Changes  
IACUC Action: Approved on \_\_\_\_\_

**ANIMAL USE APPLICATION FORM – **Wildlife Field Studies****

**INSTITUTIONAL ANIMAL CARE & USE COMMITTEE**

University of Central Florida  
Office of Animal Welfare  
12201 Research Parkway, Suite 501  
Orlando, FL 32826-3246

**Contact:** Mrs. Cristina Caamaño  
Tel: 407-882-1164; Fax: 407-823-3299; email: [IACUC@ucf.edu](mailto:IACUC@ucf.edu)

**Check as applicable:**

New application \_\_\_\_ Revised Application \_\_\_\_ Renewal application including changes \_\_\_\_

**Type of Project:**

Category A \_\_ Category B \_\_ (Veterinarian signature **is not** required)

Category C \_\_ Category D \_\_

Category E \_\_ (Veterinarian signature and Full Committee Review **is** required)

(For a description of the above categories, please refer to section B of this form)

**Responsible Faculty Name:** \_\_\_\_\_

**Campus Address:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**PI Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Name of Dept. Chair:** \_\_\_\_\_

**Co-PI (s):** \_\_\_\_\_

**Technicians Involved:** \_\_\_\_\_

**Students Involved:** \_\_\_\_\_

**Others Involved – please specify: (e.g. Animal Care Team):** \_\_\_\_\_

Section A.

**1. TITLE OF PROJECT:** *(The title should be identical to the one submitted to the funding agency. If more than one title applies, list them all here, and indicate which funding agency applies to which title).*

**2. SOURCE OF FUNDING:** If the proposal is sent to more than one agency and uses more than one title, please explain. Once a project is awarded and funds received, the other proposals usually become void under this protocol approval. When federally funded, each animal project must have its own Animal Use Approval Form and number. Any exceptions to this should be justified here and approved by the IACUC.

**3. IS YOUR PROPOSAL SUBJECT TO INDEPENDENT PEER (MERIT) REVIEW?** Type YES or NO. If YES, please specify by whom, i.e. NIH study section. If NO, please explain why there has been no merit review.

**4. DESCRIPTION OF ANIMAL PROJECT IN NONTECHNICAL TERMS:** This should include a statement of your experimental hypothesis (or teaching objectives) and be written in lay terms so it can be understood by the general public. **Include in your description what possible contributions your work might make to the broad disciplines of human/animal well-being or the expansion of human knowledge.**

- To make your explanation understandable to the lay public, it is essential to use simple, non-technical language (high school level).
- Failing to adequately describe a project in non-technical terms or failing to state the hypothesis are common reasons why this approval process is delayed. (Please do not submit your proposal abstract for this project description - most are too technical for the public to understand.)

**5. PROPOSED STARTING DATE:**

*(If this is an ongoing project, list the original starting date of this project).*

New Project:	Month: _____	Day _____	Year _____
Ongoing project/original dates:	Month: _____	Day _____	Year _____

**6. NUMBER OF YEARS PROJECT IS PLANNED TO CONTINUE AND/OR PROGRESS REPORT OF CONTINUING PROJECT (if applicable):** *(If this is a new project, how long will it continue? Please note: Protocols are approved for a maximum of three years. If this project has been going on for several years, or **if you are renewing your old Approval Form**, please provide a brief explanation or progress report at this time. The Committee is especially concerned about how many animals have already been used and how many more are being requested).*

**7. LIST SPECIES OF ANIMAL(S) TO BE USED, THEIR CLASSIFICATION STATUS AND LIST THE TOTAL NUMBER OF ANIMALS TO BE USED FOR THIS PROJECT:** Common names for the exotic species are helpful. If 5 animals are Type D and 25 animals are Type C, then list them that way. This number may be an estimate or a range of numbers (if known). If you have no idea how many animals will be used, then list “unknown” and explain in item 8. If you are updating a project that has been ongoing, please indicate how many animals have already been used and how many more are needed to finish the project). *If you are not familiar with the Categories, please review their definitions in Section B of this Form.*

<u>SPECIES</u>	<u>CATEGORY (A, B, C, D, E)</u>	<u>TOTAL # REQUESTED FOR 3 YEARS</u>

**8. JUSTIFICATION OF YOUR ANIMAL NUMBERS:** It is necessary that sufficient detail be provided so that the number of animals requested in Item 7 can be understood by the IACUC. The IACUC is interested in knowing how many animals will be involved with this study. You can give ranges or broad estimates if this is not known. If you are dealing with sample sizes and a total number of animals is known, please describe how you arrived at that sample size.

**9. ENVIRONMENTAL HEALTH & SAFETY QUESTIONS:**

**9-1. WILL ANY HAZARDOUS AGENTS BE USED WHILE PERFORMING RESEARCH?**

Answer "YES" or "NO". If the answer is "YES" please list the agent. *Refer to section C. at the end of this document for definitions of each category.*

- **Pathogens/Tissues**

- **Chemicals/Toxins**

- **Animal Care Drugs**

- **Others**

**9-2. INDICATE IF ANY HAZARDOUS PROCESSES WILL BE INVOLVED WHILE PERFORMING THIS RESEARCH.**

**9-3. PROTOCOLS INVOLVING HAZARDOUS AGENTS AND/OR PROCESSES REQUIRE REVIEW AND APPROVAL FROM THE UCF DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PRIOR TO PROJECT IMPLEMENTATION.**

The EH&S Hazardous Agents and Process Identification (HAPI) form is located on the EH&S website: <http://www.ehs.ucf.edu/biosafety/HAPI-Form.pdf>

**All field study researchers must complete a departmental Field Study Form. Please contact your department for more information.**

Check as applicable:

- Completion of the form is not applicable.
- Form has not been submitted, but will be submitted before project implementation.
- Form has been completed and it is pending review and approval by the UCF's EH&S Office.
- Form was processed. The EH&S HAPI protocol number is: \_\_\_\_\_

*Please refer to section C. at the end of this document for additional requirements concerning special hazards on your research.*

**10. WHAT SITES OR LOCATIONS WILL YOU BE ENCOUNTERING THESE ANIMALS?**

List names of sites:

- a)
- b)
- c)
- d)
- e)

**11. BRINGING LIVE ANIMALS INTO YOUR LABORATORY OR PROCEDURAL AREA**

**11-1. WILL YOU BRING LIVE ANIMALS INTO YOUR LABORATORY OR OTHER PROCEDURAL AREA?** Please indicate YES or NO. Specify the type of animal and indicate any housing and/or procedural area on the table provided.

Type of Animal	Location of housing and/or procedural area	Purpose

**11-2. DESCRIBE HOW THE ANIMALS WILL BE TRANSPORTED.**

**12. WHAT WILL HAPPEN TO YOUR ANIMALS AT THE END OF THIS PROJECT?**

Select one of the following options and explain as shown below. Please answer for all the species listed in Item 7.

Transfer to other projects (explain):

Adoption or resale (explain):

Return to the wild (explain):

Return to the herd or flock (explain):

**Euthanized** Explain the method to be used. If you are using a drug(s), you must indicate the name, dose and route of the drug. If the method you use is not approved by the AVMA, you need to justify it and have it approved by UCF's IACUC. If you are unsure about your method of euthanasia, please consult the UCF Attending Veterinarian.

Cervical dislocation and decapitation of animals requires prior sedation. If you cannot sedate the animals prior to cervical dislocation or decapitation, you must give good reasons to justify the withholding of sedatives. Please put that justification statement here in item 12. Also, if you cannot sedate animals prior to cervical dislocation or decapitation, you are required to describe the training or experience acquired for the person using this method – Please describe that training or experience.

**13. PROPOSED ACTIVITIES OR SIGNIFICANT CHANGES IN ONGOING ACTIVITIES AS STATED IN RESEARCH PROTOCOLS MUST MEET THE FOLLOWING FEDERAL REQUIREMENT: The following requirement is only for Category Type C, D or E procedures.**

*“The principal investigator has considered alternatives to procedures that may cause more than momentary or slight pain or distress to the animals, and has provided a minimal written narrative description of the databases searched or other sources consulted, the date of the search and the years covered by the search, and the key words and/or search strategy used by the principal investigator. Examples of sources: biological abstracts, index medicus, Medline, CRIS, Animal Welfare Information Center (AWIC).” If your research fits in the above C, D or E category, you must make a narrative statement here in Item 13.*

A sample narrative statement could be as follows:

*“I have considered alternatives to the use of (identify the painful procedure) and have found none that are available. The database(s) searched included a (list the date of the search) search of (list databases) for the years (list the range of years searched) of the words (list the key words searched)”.*

Or you can make a similar narrative statement regarding your consideration of alternatives.

Electronic Databases Searched or Sources Consulted	Years Covered By the Search	Date (MM/DD/YY) of the most recent search performed	Keywords used for the search (e.g. "procedure + species + refinement + alternative")

**14. DESCRIPTION OF ALL ANIMAL PROCEDURES TO BE USED IN THIS STUDY:**

The IACUC needs to know what procedures will be done to these animals. If you are performing injections, inoculations or blood withdrawals, describe the dosages, sites, volumes, routes, and schedules involved; radiation (dosage, isotope and schedule); restraining procedures if longer than several hours (e.g., restraint chairs, collars, vests, harnesses, slings, chutes, etc.); and any other procedures (excluding surgery) must be described here. If these procedures are to be performed outside the animals' holding area (ie: lab), please state the location (building & room) where the procedures will be performed and justify. Description of surgical procedures should be given in Items 19 and/or 20.

Please use bullets and a potential timeline of the procedures so that the overall procedure is easily understood. You may also use sections headers, for example BLOOD DRAWS, then underneath describe the four different ways you potentially would draw blood.

**15. WHAT ARE THE EFFECTS OR SYMPTOMS YOU EXPECT TO SEE FROM THESE ANIMALS?** Will you expect the animals to experience pain or discomfort? Indicate the nature of the pain and distress, how it will be recognized, and what measures you will take to either end the distress or provide relief.

If you expect any animals to develop any clinical conditions or abnormalities (including changing tumor size, percentage body weight gain or loss, inability to eat or drink, behavioral abnormalities, changes in clinical signs, or signs of toxicity, weight loss, etc.) please provide details here.

If supplemental supportive care can be provided, specify the type of care.

If you are providing analgesics, supply their generic names, route of administration, doses, and dosing intervals.

If death is used as an end point, explain why they cannot be euthanized prior to death.

If you do not expect to see any symptoms, or if symptoms occur that you did not expect, please make a statement that describes how often you will observe your animals, and if symptoms do occur, the veterinary staff which will be contacted.



**16. WILL ANIMALS UNDERGO ANY FOOD OR WATER RESTRICTIONS IN EXCESS OF 24 HOURS? THIS INCLUDES FASTING FOR SURGERY.** Type YES or NO. If you are withholding food and/or water from animals **in excess of 24 hours**, explain why this is necessary and how you will monitor the animals to ensure that they are not excessively stressed by the protocol. The daily monitoring of body weight is usually required for food and/or water restrictions in excess of 24 hours.

**17. WILL ANIMALS BE SEDATED OR ANESTHETIZED FOR RESTRAINT OR SURGERY?**

Type YES or NO. If you are sedating or anesthetizing your animals, provide details of the drugs (generic names), dose, and route, along with details of how you will monitor the animal's level of sedation or anesthesia. These anesthesia and monitoring details are needed for both survival and non-survival surgical procedures.

**18. WILL PARALYZING AGENTS (MUSCLE RELAXANTS, LIKE PANCURONIUM) BE USED TO RESTRAIN YOUR ANIMALS?** Type YES or NO. If your protocol calls for the use of muscle relaxants that produce paralysis of your animals, explain why this is necessary and how you will determine that an animal is not without anesthesia, awake, and fully able to experience pain. In situations where there is no surgery or painful procedure involved and paralysis has to be used in conscious animals, full justification will still be required as well as details of how the animal's comfort needs will be met. Investigators unfamiliar with the use of muscle relaxants in animal species should seek a veterinary consultation as there are very marked species differences that could void a study if unappreciated.

**19. WILL YOU BE PERFORMING NON-SURVIVAL SURGERY?** Type YES or NO. If you are performing surgery from which the animal does not recover consciousness, please explain the surgical procedures in detail. Include the surgical approach and organs involved. It is also necessary to describe the monitoring and supportive care provided during surgery. Describe how long the animals will be anesthetized during this procedure and when euthanasia occurs. In addition, the means of maintaining and monitoring body temperature, fluid balance, heart and respiratory rate should also be described. Particular emphasis should be placed on how you will ensure the animal does not recover consciousness and how euthanasia is performed.

**20. WILL YOU BE PERFORMING SURVIVAL SURGERY?** Type YES or NO. Please provide a description of the surgical procedure, the immediate recovery care, and post-operative care. Include the surgical approach, organs involved, implants and method of skin closure. The use of silk to close the skin is not acceptable. Please identify a non-wicking material to use to close the skin. It is also necessary to describe the monitoring of body temperature, fluid balance, and heart and respiratory rate. Indicate what arrangements will be made for providing post-operative care after normal duty hours, weekends, and holidays.

**21. WILL MORE THAN ONE SURGICAL PROCEDURE BE PERFORMED?** Type YES or NO. If more than one major survival surgical procedure is to be performed on an individual animal, explain the procedures and their sequencing. Scientific justification is required if an animal is to be used for more than one major operative procedure from which it is allowed to recover. Major surgery is defined as penetration and exposure of a body cavity and/or any procedure that has the potential to produce permanent impairment of physical or physiological functions. All authorities are quite clear - economic considerations are not considered an adequate reason for multiple surgeries on an individual animal.

**22. LOCATION OF ANIMAL SURGERY: NOT APPLICABLE UNLESS ITEM 19 or 20 IS INVOLVED.**

Name of location and description of resources available:

**23. PLEASE LIST ALL PERSONNEL CONTACTING ANIMALS:** For most academic classes, the students do not have substantial animal contact to warrant listing their names here. Substantial animal contact is intended to describe those individuals who would be at risk from REPEATED aerosol exposure (allergies) or physical exposure (bites) from their contacting the animals listed above. Where turnover of students makes this listing impractical, the instructor or responsible faculty should be listed here. Persons listed below will be contacted with information regarding this program.  
**It is highly recommended that persons listed below be immunized for tetanus and rabies if there is a risk of exposure.**

	Name	Department	Phone
1.			
2.			
3.			
4.			
5.			

**24. PLEASE LIST TRAINING OF ALL PERSONNEL LISTED ABOVE:** It is required that personnel be properly trained in the animal procedures you have listed in this project. This includes animal handling, restraint and the euthanasia methods listed. Indicate their training and experience below, who has trained them, and where they were trained. You may also list any animal workshops attended. In the case of students in a classroom setting, we are more interested in the formal training of the instructor and any written material that is given to the students regarding the training of these techniques described above. Please place a checkmark indicating completion of CITI training, as CITI online training must be completed prior to protocol review by the IACUC.

Name (Academic Degrees/Certifications)	Training, Relevant Experience or Years Performing Procedures	CITI Training Completed

**25. NAME OF VETERINARIAN CONTACTED FOR CONSULTING ON PAINFUL TECHNIQUES OR PROCEDURES (Categories C, D and E only):**

On Types A and B studies, this name is not required. **This requirement is only for those projects that are type C, D or E.** For Type C, D or E studies, you must list a name for the person providing this service.

_____ <b>Name of Veterinarian</b> (please print)	_____ <b>Signature of Veterinarian</b> <b>Date</b>
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**26. FACULTY ASSURANCE STATEMENT:** *"The information contained in this application for animal use approval is accurate to the best of my knowledge and the project does not unnecessarily duplicate previously performed experimental work. Appropriate space and funding have been arranged in the event that the project is approved. All personnel listed recognize their responsibility in complying with University policies governing the care and use of animals and have received or will receive appropriate training specific to the procedures outlined in this project."*

**PI assures the University of Central Florida and its IACUC that all required documentation (Such as the FL State Exemption Letter, DEA Registration and Animal Use Permits) will be obtained to carry out the proposed research prior to project implementation.**  
(Required)

_____ <b>Name of Responsible Faculty</b> (please print)	<b>and</b>	_____ <b>Name of Department Chair</b> (please print)
_____ <b>Signature of Responsible Faculty</b>	<b>and</b>	_____ <b>Signature of Department Chair</b>

End of Section A.

## Section B.

### FOR REFERENCE ONLY

### **ANIMAL USE CLASSIFICATION (CATEGORIES A, B, C, D, E)**

In the *Animal Use Approval Forms* you are asked to classify the project according to the level of perceived pain / stress / distress.

#### **TYPE A:**

#### **STUDIES ON NON-LIVING VERTEBRATE ANIMAL MATERIAL, NON-INVASIVE OBSERVATIONS OF WILDLIFE, AND/OR WHERE THERE IS NO CONTACT WITH ANIMALS**

These include vertebrate animal tissues obtained at necropsy, slaughterhouse, or meat markets (grocery stores), observational studies on wildlife and other animals that do not involve physical restraint or handling are included. Also included in this category are projects that use commercial or other USDA registered animal facilities to produce animal products, like commercial antibody companies.

#### **TYPE B:**

#### **STUDIES ON LIVE, VERTEBRATE ANIMALS CAUSING NO MORE THAN MINIMAL PAIN OR DISTRESS**

Examples include: routine examinations; blood sampling; injection of non-toxic materials; approved methods of euthanasia that induce rapid unconsciousness; short periods (up to 24 hours) of withholding food and water. Acceptable levels of minimal pain and discomfort in this category would be those procedures that are normally done on animals given routine physical examinations at veterinary clinics. Animals that are euthanized and then have tissues/organs removed are included in Type B. Animals that are anesthetized and then have tissues/organs removed before euthanasia are in Type C.

#### **TYPE C:**

#### **STUDIES INVOLVING MORE THAN MINIMAL (MILD) PAIN OR DISTRESS USUALLY OF SHORT DURATION**

Examples include invasive studies on COMPLETELY anesthetized animals that may or may not regain consciousness. Survival surgical procedures that may result in minor post surgical discomfort. Also included are studies using noxious stimuli from which escape is possible; some tumor or device implants; the use of Freund's complete adjuvant; and domestic animal production methods (following accepted veterinary practices), i.e. tail docking, neutering, dehorning, debeaking, etc.

**Comment:** Animals are not expected to show prolonged (days) clinical symptoms, other than some mild discomfort, during or after Type C procedures. Terminal invasive procedures done on anesthetized animals before they are euthanized are included as Type C.

**TYPE D:**

**STUDIES INVOLVING MODERATE TO SEVERE PAIN OR DISTRESS, BUT THIS PAIN OR DISTRESS IS ALLEVIATED OR OTHERWISE CONTROLLED BY DRUGS**

Examples include major surgery under general anesthesia that results in significant post-operative discomfort, prolonged periods (several hours or more) of uncooperative physical restraint; deprivation of the animals' environmental necessities, such as maternal deprivation; aggression; and predator-prey interactions. Also included are studies in which diseases or toxicities are induced and the animals are expected to become sick or abnormal. Animals in Type D studies may experience pain, but the necessary treatments to alleviate the symptoms are available and provided, or the animals are euthanized. Involvement of trained technicians, scientists, and veterinarians is critical if this pain is to be minimized or avoided. Adherence to acceptable veterinary practices is mandatory and will vary depending on the project, i.e. post-op analgesia, fluid therapy or intensive nursing care.

***Comment:*** Animals are expected to show clinical symptoms of pain or distress as a result of the research objectives, but these symptoms are treated or otherwise alleviated with the use of drugs or intensive care.

**TYPE E:**

**STUDIES INVOLVING SIGNIFICANT PAIN OR DISTRESS WITHOUT THE BENEFIT OF PAIN-RELIEVING DRUGS**

Examples include: application of noxious stimuli from which escape is impossible; the use of muscle relaxants in surgery without concurrent use of anesthetics, induction of aggressive behavior leading to self-mutilation or fighting where death is the end-point. Also included are studies in which death is the end-point, i.e. diseases are induced and infected animals are permitted to succumb rather than be treated.

***Comment:*** Animals are expected to show clinical symptoms of pain or distress as a result of the research objectives, but these symptoms cannot be treated or otherwise alleviated with the use of drugs or intensive care because doing so would interfere with the research objectives. Type E studies place an explicit responsibility on investigators to explore alternative designs to ensure that these methods have to be used.

**IMPORTANT:** The reasons for using these procedures must be explained in a statement by you, the Principle Investigator, justifying their use. This statement is requested in the last item of the **Animal Use Approval Form**. This statement is required by federal law. The IACUC submits this statement in annual reports submitted to the government.

End of Section B

**Section C.**

## SPECIAL HAZARDS

Should the project involve the use of any of the following special hazards, completion of the Hazardous Agent or Process Identification (HAPI) form is required and approval by the UCF's Environmental Health and Safety Office must be received prior to the project implementation.

### Examples of hazardous agents

- **Pathogens/Tissues:** Agents, used experimentally in animal use protocols, of biological origin that are potentially pathogenic, or may otherwise cause disease processes in animals or humans including risk group 1,2,3 and novel infectious agents.
- **Chemicals/Toxins:** Agents of chemical or biological origin, used experimentally in animal use protocols that are potentially toxic, carcinogenic, mutagenic or corrosive to humans or animals tissues, or are considered to be flammable or reactive hazards.
- **Animal Care Drugs:** Agents used in the course of animal care: includes controlled substances, prescription drugs, and non-prescription drugs that may pose a health or physical hazard to animal care workers.

**The Hazardous Agent or Process Identification (HAPI) form can be found at:**

<http://www.ehs.ucf.edu/biosafety/HAPI-Form.pdf>

End of Section C.