

TENNESSEE TECHNOLOGICAL UNIVERSITY

APPLICATION FOR USE OF ANIMALS IN TEACHING OR RESEARCH

Institutional Animal Care and Use Committee

Proposal Number _____
Date Received _____
Date Reviewed _____
Review Status _____

I. IDENTIFICATION

Principal Investigator _____

Other Research Affiliates _____

Department/Unit _____

Campus Address _____

Telephone _____

II. PROJECT

Title _____

Project Period _____

Project Objectives _____

Animals to be Used	Species	Number	Source
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Protocol: Please describe the general methods and procedures to be used. Are these methods standard protocol_____ or novel/new_____ ? Include the specific use of animals in the project and why their use is necessary. (Attach additional pages if necessary.)

III. ANIMAL CARE

Housing Location: Where will animals be housed?

Hall/Facility _____ Room _____

Hall/Facility _____ Room _____

Hall/Facility _____ Room _____

Personnel: Who will provide basic care for the animals used, and what are their credentials?

Name	Credentials
_____	_____
_____	_____
_____	_____

What veterinarian(s) will oversee medical care for animals used?

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

What, if any, invasive (surgical or otherwise) procedures will be used? _____

What, if any, drugs will be used to minimize animal pain or discomfort?

Class of Drug	Name	Dosage	Other Information
Analgesia	_____	_____	_____
Anesthesia	_____	_____	_____
Tranquilizer	_____	_____	_____
Other _____	_____	_____	_____

If surgery and/or anesthesia are to be used in the project, please provide qualifications for individuals performing these procedures and documentation of those qualifications. Also include any additional necessary details related to the surgery that have not been included in the project description to this point. Please attach additional pages if necessary.

Will animals be euthanized? If yes, please give details regarding methods, personnel to perform the procedures, veterinarian oversight, disposal of the carcass, etc.

**IV. ASSURANCE OF COMPLIANCE BY PRINCIPAL INVESTIGATOR OR
ACTIVITY DIRECTOR**

I, _____, agree to conduct this project or activity in compliance with appropriate provisions of the Animal Welfare Act, the Public Health Service’s “Policy on Humane Care and Use of Laboratory Animals”, and the Public Health Service’s “Guide for the Care and Use of Laboratory Animals”, as expressed in the Assurance of Compliance of Tennessee Technological University.

Signature _____

Date _____