

Revised August 1 2017

Please send an electronic copy to:

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104 Law Hall  
Mount Vernon, IA 52314

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*Investigator Name:*

*Address:*

*Phone:*

*Health form is filed and current (Y or N)*

*Co-Investigator Name:*

*Address:*

*Phone:*

*Health form is filed and current (Y or N)*

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### REQUEST TO CONDUCT ANIMAL EXPERIMENTS

**Forms MUST be typewritten and filled out completely, or FORMS WILL BE RETURNED.**

*Teaching Purposes (Course Number):*

*Research Purposes:*

*Department:*

*Project Title:*

*Funding Agency (if applicable):*

*Project Period (month, day, year):*

*Species of Animal(s):*

*Number of Animals Requested\*:*

*Source of Animals (Vendor name & location):*

*Location where animals will be housed:*

\*Projects are automatically given a 3-year approval period once reviewed. The total number of animals should include all animals to be used in the 3-year period. ***For field studies only:*** The IACUC realizes that field studies often involve many species, some of which may be unanticipated or even unknown before the onset of this study. The IACUC recognizes that it is not always possible to predict at the initiation of field studies the number of animals to be encountered or the species involved. If the proposed activity involves wild animals in a natural

setting enter "wild" in the source line and "unpredictable" in the number line. Provide details, as necessary, in #16 below.

### CARE AND HANDLING

Describe housing conditions (cage size, type, any special housing requirements, etc.):

Describe the Feeding Requirements? (feed used, how often, any special requirements, etc.):

Will you be using any Restraint(s) other than caging? If "YES", describe:

1. *State the aims of the experiment/demonstration and its significance. Please include proper citations within this section and be sure to include a references section at the end of this proposal.*
  
2. *What sources have you checked to ensure that the proposed studies do not unnecessarily duplicate previous experiments? Please indicate when these sources were last checked by providing a specific date of the MEDLINE, PSYCINFO (or other appropriate) search, years covered by search and key words that were used to perform the search. Finally, please include a short narrative discussing the search results. **The search should reflect the current state of the literature.***

Source searched:  
Date of last search:  
Keywords searched:  
Search Results:

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Date of last search:  
Keywords searched:  
Search Results:

3. *Describe the experimental protocol. Do not address surgical procedures here. Surgical procedures are to be described in Item 8.*
4. *Describe the training and experience of each of the investigators in relation to this project.*
5. *Please choose the description listed below which most closely describes the potential for discomfort or pain as a result of the experiment? (e.g., tumor or ascites induction, prolonged restraint, food & water deprivation, toxic or infectious agents causing illness, etc.).*
- A. This procedure should cause only minor or no pain or distress.
  - B. This procedure can cause moderate pain and/or distress. However, appropriate anesthetic, analgesic, or tranquilizer drugs will be administered to eliminate or minimize pain and/or distress.
  - C. This procedure can cause moderate pain and/or distress. However, **NO** anesthetic, analgesic, or tranquilizer drugs will be administered to minimize pain and/or discomfort.
  - D. This procedure can cause intense pain and/or distress even though analgesic and/or tranquilizer drugs may be administered.
- If answer "B, C, or D", explain the nature and duration of the discomfort or pain. Explain what will be done to relieve discomfort (include drugs, dosages, routes of administration, nursing care, mechanical devices, etc.):*
6. *Provide documentation that you have considered alternatives to procedures that cause more than momentary or slight pain. If a literature search was performed, please give the date search was completed, years covered by search and key words that were used to perform the search.*

7. *Is survival surgery to be performed on the animal(s)? Nonsurvival surgeries should be described in section 9. YES NO*

If "NO", proceed to Item 13.

If "YES", complete the following sections.

8. *Describe the surgical procedure:*

A. *Where will the surgery be performed?*

B. *Will survival surgery be performed? YES NO*

If "NO", proceed to Item 13.

9. *Describe the post-surgical monitoring and care procedures including all drugs and dosages. Describe measures designed to alleviate post-operative discomfort:*

10. *What is the end point at which you have determined that an animal will be euthanized for humane reasons?*

11. *How frequently will the animals be examined to ensure that they will not deteriorate beyond the end point?*

12. *Will more than one survival surgery be performed on the same animal? YES NO*

*If "YES", state justification:*

13. Are you using hazardous Agents? YES NO

*If "YES", which ones are you using?*

Agent:

Specific Type of Agent:

A. Carcinogens

(Those compounds listed in the Sixth Annual Report on Carcinogens or as indicated on MSDS sheets. See CMU for complete list of known/suspected agents.)

B. Highly Toxic Compounds

(Defined as LD/50 of less than or equal to 50 mg/kg - See MSDS sheet for compound.)

C. Infectious Agents

D. Radiation, Radioisotopes

14. *Describe the method of euthanasia at the conclusion of the experiment and who is responsible for carrying out that procedure.*

15. *After euthanasia, what is the method of disposal and who is responsible for carrying out that procedure?*

*JUSTIFICATION FOR USE OF VERTEBRATES:*

Please provide sufficient information to enable informed review.

16. *Justify the number of animals needed (e.g. individual instruction of students, extent of between-animal variation, etc.)*

17. *Why is the animal model you selected appropriate for your experiments?*

18. *Briefly state why living animals are required for this study rather than some alternative model.*

*References*

**PLEASE BE SURE TO HAVE ALL APPROPRIATE SIGNATURES ON THIS DECLARATION BEFORE SENDING THE PROPOSAL TO DR. STEVEN NEESE. THIS SHOULD INCLUDE ALL INVESTIGATORS LISTED ON THE FIRST PAGE OF THIS PROPOSAL AND ANY ADDITIONAL STUDENTS THAT WILL CONTRIBUTE TO THE STUDY.**

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DECLARATION

I agree to: (1) report any significant deviations from the protocol to the Cornell College Institutional Animal Care and Use Committee and await feedback prior to implementation, (2) maintain adequate records of all animal experimental procedures, (3) comply with the principles outlined in the "GUIDE FOR THE CARE AND USE OF LABORATORY ANIMAL", published by the United States Department of Health and Human Services, and (4) comply with all State laws and regulations pertaining to the use and care of laboratory animals.

Signature \_\_\_\_\_ Date \_\_\_\_\_ (Principle Investigator /Co-Investigator)

Signature \_\_\_\_\_ Date \_\_\_\_\_ (Co-Investigator / Student Investigator)

Signature \_\_\_\_\_ Date \_\_\_\_\_ (Co-Investigator / Student Investigator)

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