

MAMMALIAN ANIMAL USE REQUEST FORM

1. IF A PROPOSED PROJECT INVOLVES MORE THAN ONE (1) ANIMAL SPECIES, A SEPARATE PROTOCOL FOR EACH SPECIES SHOULD BE COMPLETED.
2. There must be an approved protocol for procedures involving the use of all vertebrate species.

1. Administrative Information

a) Name and title of instructor:

b) Title of project:

c) Type of project:

- Teaching Research

d) new Renewal of protocol no. _____

e) Expected date of- commencement: _____ conclusion date: _____

f) Location where animals will be housed:

- Biology Veterinary Technology Other

3. Description of Use

a) Purpose of Animal Use:

Circle the number (1-4) below that best describes the purpose of animal use.

1. Studies of a fundamental nature in sciences relating to essential structure or function (e.g., biology, psychology, biochemistry, pharmacology, physiology, etc.).
2. Education and training of individuals in post-secondary institutions or facilities.
If teaching protocol, please indicate course number & name: _____

b) Lay Summary:

Describe in terms understandable to the non-scientist how the proposed use of animals will contribute to the advancement of science, or to outcomes that can reasonably be expected to benefit humans, animals or the environment.

c) Why is it necessary to use live animals, and what consideration has been given to the use of alternative methods which do not involve the use of animals?

d) Provide details for monitoring the animals while housed at Yuba College.

4. Pain and Distress

a) Is any pain and/or distress likely to be associated with the procedures or manipulations?

Yes ___ No ___

If yes, please describe how it will be alleviated or minimized.

If animals encounter unanticipated pain and/or distress, what criteria will be used to terminate the procedure/study

and possibly euthanize the animal(s)?

5. Methods of Euthanasia

Provide details of method of euthanasia: Please circle appropriate response-

A) For species of interest, where necessary upon termination of the study

B) For species of interest, where necessary due to unanticipated pain and/or distress

C) Other (specify):

6. Possible Hazards to Staff

List potential biohazards, chemical hazards, etc.

7. Qualifications and Experience

List names, positions and relevant training and experience of all individuals who will be working directly with the animals. Each individual must initial this form, indicating that they have read the entire application form, before submission.

Emergency Contact:

Name:

Work phone number:

Home phone number:

I hereby certify that the above personnel is (are) qualified to conduct the procedures described and that they have read and initialed this application in person.

Signature (principal investigator/Instructor)

Date:

Signature of Chair of Institutional Care and Use Committee

For Approval: _____ Date: _____