



HLC Accreditation 2020-2021

Evidence Document

Research

IACUC

Institutional Animal Care & Use Committee Animal Use Forms

Additional information: This evidence includes: (1) animal protocol amendment form, (2) animal protocol annual review form, and (3) animal report form.

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**WICHITA STATE UNIVERSITY
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)
AMENDMENT FORM**

Date:

Protocol #:

PI:

Protocol Title:

Animal Species:

1. Describe specific proposed change to the protocol

2. Personnel Changes

**If adding personnel please complete the below information. If not applicable mark this box
(If adding more than one person please provide their information on a separate Word document)**

Name (First, MI, Last):

Department:

E-mail Address:

Mark as applicable: **WSU Faculty Member** **WSU Grad Student** **WSU Undergrad Student**

Other:

2a. Have new personnel completed CITI Training in the last 3 years: Yes No
(Please contact the IACUC Administrator if more information on CITI is needed – IACUC@wichita.edu)

2b. New Personnel’s Qualifications/Experience:

2c. If new personnel do not have experience, how will they be trained?:

2d. Responsibilities of the new personnel for this study:

Signature of Principal Investigator

Date

Signature of IACUC Representative

Date

****Email completed application forms to IACUC@wichita.edu.****



WICHITA STATE UNIVERSITY
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)
ANIMAL PROTOCOL ANNUAL RENEWAL FORM

Date:

Principal Investigator:

Protocol Title:

Protocol #:

Date of Initial Approval:

Expiration Date (for this reporting period):

Animal Species:

1. RECORD OF ANIMAL USAGE:

SPECIES	TOTAL # APPROVED FOR PROTOCOL	TOTAL # USED FOR PROTOCOL	TOTAL # USED FOR PAST YEAR

2. NATURE OF THE PROTOCOL/STUDY:

- | | | |
|--------------------------|------------------------|-----------------------------------|
| Survival (Chronic) Study | Prolonged Restraint | Inducement of a Disease State |
| Terminal (Acute) Study | Neuromuscular Blockers | Inducement of Behavioral Stress |
| Multiple Surgeries | Antibody Production | Administration of Test Substances |
| Blood/Tissue Collection | Transgenic Breeding | Other: |

3. (USDA) PROJECT (Pain) CATEGORY: C D E

Category C: Involves procedures that cause no pain or no more than momentary or slight pain and no pain-relieving drugs are used.

Category D: Involves procedures that may cause more than momentary or slight pain or distress for which appropriate sedatives, analgesics, or anesthetics will be administered.

Category E: Involves procedures that may cause more than momentary or slight pain or distress for which sedatives, analgesics, or anesthetics cannot/will not be administered due to scientific considerations/requirements.

4. PROTOCOL STATUS:

- A. Active - project ongoing
- B. Currently inactive - project was initiated but is presently inactive.
- C. Inactive - project never initiated but anticipated start date is:

5. **FUNDING SOURCE:** Specify the funding source. Include the grant or proposal number as applicable.

6. **PROJECT PERSONNEL:** Please list all personnel working on this project.

Name and Highest Degree	Role/Responsibility for Project

6a. **Are you requesting to add any new personnel at this time?**

No, skip to #7.

Yes, please complete the below box.

Name and Highest Degree	Title (Faculty, Student, etc)	Years and Relevant Experience	Role/Responsibility for this project

6b. **If new personnel do not have experience, how will they be trained? Or state N/A.**

7. **PROGRESS REPORT.** If the status of this project is 4.A. (Active; project ongoing) or 4.B. (Project was initiated, but is presently inactive), provide a brief update on the progress made in achieving the specific aims of the protocol. Please include in your answer how animals were utilized during this reporting period and how that fits with the total number of animals approved for the protocol. Please provide an explanation for any large discrepancy between the number of animals requested and those utilized to date. If the status of the project is 4.C. (Inactive - never initiated) you may state N/A.

8. **PROBLEMS/ADVERSE EVENTS.** If the status of this project is 4.A. (Active; project ongoing) or 4. B. (Project was initiated, but is presently inactive), describe any unanticipated adverse events, morbidity or mortality, the cause(s), if known, and how these problems were resolved. If NONE, this should be indicated. If the status of the project is 4.C. (Inactive - never initiated) you may state N/A.

9. **ALTERNATIVES TO ANIMAL USE.** Alternatives to the use of animals should be considered and used when possible. Since the last IACUC approval:

A. Have alternatives to the use of animals become available that could be substituted to achieve your specific project aims?

B. What sources were utilized to consider alternatives? Please provide at minimum:

1. The name of the database(s) searched:

2. The date the search was performed:

3. The period covered by the search:

4. The key words and/or the search strategy used:

10. **ALTERNATIVES TO POTENTIALLY PAINFUL PROCEDURES.** (Address the following if your project involves USDA Category D or Category E.) Procedures that cause the least amount of pain or distress to the animals should be considered and used when possible. If your project is a USDA Category C, you may state N/A.

A. Since the last IACUC approval, have alternatives which are potentially less painful or distressful become available that could be used to achieve your specific project aims?

B. Please provide at minimum:

1. The name of the database(s) searched:

2. The date the search was performed:

3. The period covered by the search:

4. The key words and/or the search strategy used:

11. **DUPLICATION.** Activities involving animals must not unnecessarily duplicate previous experiments. Provide written assurance that the activities of this project remain in compliance with the requirement that there must be no unnecessary duplication and note how this was determined (e.g. database search).

12. **FUTURE PLANS**

No changes are planned; the project will continue as previously approved by the IACUC.

Changes are planned. *(Submit an amendment describing proposed changes. Please note that if the modifications are significant, you may be required to complete a new application. If you have questions or require assistance in making this determination, please contact the IACUC Chairperson and/or the Attending Veterinarian.)*

Other, explain:

CERTIFICATION OF THE PRINCIPAL INVESTIGATOR. Signature certifies that the Principal Investigator understands the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and the Institution's policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes. Signature further certifies that the investigator will continue to conduct the project in full compliance with the aforementioned requirements.

Signature of the Principal Investigator

Date

Signature of IACUC Representative

Date



WICHITA STATE UNIVERSITY
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)
FINAL REPORT FORM

Principal Investigator:

Protocol Title:

Protocol #:

Date of Initial Approval:

Expiration Date:

Animal Species:

1. RECORD OF ANIMAL USAGE OR IF TISSUE STUDY CLICK HERE AND SKIP TO #2

SPECIES	TOTAL # APPROVED FOR PROTOCOL	TOTAL # USED FOR PROTOCOL	TOTAL # USED FOR PAST YEAR

2. REQUEST PROTOCOL TERMINATION

- A. Final Annual Report – De Novo Review – New Protocol #
- B. Completed - no further activities with animals will be done.
- C. Currently inactive - project initiated but project has not/will not be completed.
- D. Inactive - project never initiated.

3. FINAL ANNUAL REPORT

Provide a brief update on the progress made in achieving the specific aims of the protocol. For animal studies, please include in your answer how animals were utilized and how that fits with the total number of animals approved for the protocol. Please provide an explanation for any large discrepancy between the number of animals requested and those utilized. (If additional space is needed to provide a complete answer, please attach a separate Word document with further information.)

4. PROBLEMS/ADVERSE EVENTS

Describe any unanticipated adverse events, morbidity or mortality, the cause(s), if known, and how these problems were resolved. If NONE, this should be indicated.

5. CERTIFICATION OF THE PRINCIPAL INVESTIGATOR

Signature certifies that the Principal Investigator understands the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and the Institution's policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes.

Signature of the Principal Investigator

Date

Signature of IACUC Representative

Date

****Completed forms should be submitted to IACUC@wichita.edu ****