# St. Mary's College of Maryland Institutional Animal Care and Use Committee (IACUC) Instructions for Submission of Materials

### 1. SUBMISSION FORMAT

Your protocol submission to the IACUC will have two parts: the Animal Research Form (ARF), and a written section consisting of mandatory attachments. Both parts of the protocol can be found following these instructions. Please submit your protocol as a single electronic file, containing both the ARF and the attachments, to <a href="mailto:gmfernandez@smcm.edu">gmfernandez@smcm.edu</a>. Save this file with a unique new name, and <a href="mailto:delete the first two pages of instructions before submitting">gmfernandez@smcm.edu</a>. Save this file with a unique new name, and <a href="mailto:delete the first two pages of instructions before submitting">gmfernandez@smcm.edu</a>. Save this file with a unique new name, and <a href="mailto:delete the first two pages of instructions before submitting">gmfernandez@smcm.edu</a>. Save this file with a unique new name, and <a href="mailto:delete the first two pages of instructions before submitting">gmfernandez@smcm.edu</a>. On both the ARF and the attachments, address each item independently, without reliance on information covered under other items or in other IACUC submissions. All attachments should be typed. Copied materials from grant applications are not acceptable.

### 2. HELPFUL INFORMATION

### A. Submission Deadlines and Expiration

IACUC protocols are accepted on a rolling basis but are only reviewed by the committee the week following submission/review deadlines (<a href="https://www.smcm.edu/iacuc/schedule/">https://www.smcm.edu/iacuc/schedule/</a>). The committee will make every effort to respond to a new submission within 10 working days. Protocols remain valid for 3 years from the date of approval. Active protocols need to submit a yearly update (IACUC Protocol Update & End of Year Form) to the chair at <a href="mailto:gmfernandez@smcm.edu">gmfernandez@smcm.edu</a>. Once you have completed your research protocol, please submit an IACUC Protocol Update & End of Year Form to the chair at <a href="mailto:gmfernandez@smcm.edu">gmfernandez@smcm.edu</a> in order to terminate your IACUC protocol.

### **B. IACUC Coordinator**

The IACUC Coordinator (Dr. Gina Fernandez) can assist with questions concerning submission & status of your protocol. She can be reached by phone at (240) 895-4458 or by email at <a href="mailto:gmfernandez@smcm.edu">gmfernandez@smcm.edu</a>, and is located in Room 124 Goodpaster Hall.

### C. Justification of Animal Numbers

The USDA has noted that "A proposal to conduct an animal activity must provide a rationale for the appropriateness of the <u>number</u> of animals used." The USDA inspector has informed us that a statistical justification can be used when appropriate for this "rationale".

The experimental groups and number of animals/group should be clearly explained in the text, or using a diagram or chart. This is intended to make it clear how all animals are being utilized and to account for the number of all animals to be used throughout the study.

### D. Category of Pain

Categories used:

- A. Animals experiencing no pain or distress (e.g., breeding, behavior studies).
- B. Animals experiencing little to negligible pain or distress or use of pain-relieving drugs (e.g., euthanize & harvest, antibody production) or Animals experiencing pain or distress but are receiving the appropriate anesthetic, analgesia or tranquilizing drugs for their relief (e.g., surgeries, dietary manipulations, tumor production, trauma, etc.).
- C. Animals experiencing pain or distress that normally require pain-relieving drugs but cannot receive these drugs because of adverse effects to the procedures, results or interpretations of the experiments. THIS CATEGORY MUST BE WELL-JUSTIFIED AND DOCUMENTED IN THE NARRATIVE.

### E. Database Literature Search (Must Be Two Separate Databases)

(This section is on the last page of the ARF.)

In order to comply with USDA regulations (Sect. 2.31(d)ii and 2.32[5] of the Animal Welfare Act), you must show that you have consulted Databases concerning the following three specific issues: (1) considering alternatives to procedures that may cause more than momentary or slight pain or distress to the animals; (2) considering alternatives to the use of live animals in your research; and (3) to prevent unintended and unnecessary duplication of research involving animals.

The following is an example of the information needed on the ARF of a search with Databases used, keywords and strategies for a proposal involving the study of the functional anatomy & number of visual centers contained within the visual cortex. Anatomical tracers & electrophysiological data will be used to map these centers in macaque monkeys.

DATE OF SEARCH: March 1, 2000

DATABASES:MEDLINE X ;AGRICOLA X ;EMBASE X ;PSYCHINFO ;OTHER

STRATEGY OR KEYWORDS: <u>VISUAL CORTEX</u>; <u>PRIMATE</u>; <u>VERTEBRATE ANIMALS</u>; <u>MAPPING/ANATOMY</u>; <u>ELECTROPHYSIOLOGY</u>; <u>ALTERNATIVES</u>; <u>IN VITRO OR CULTURE</u>; MODEL OR SIMULATION.

DATE PARAMETERS OF SEARCH: 1975 to Present

## <u>Please note that Medline, Medline Complete, and PubMed use the same database and</u> should not be considered as two separate searches.

The SMCM library has access to several Databases; see a reference librarian or the IACUC coordinator if you are not sure how to access them.

## ST. MARY'S COLLEGE OF MARYLAND INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC) ANIMAL RESEARCH FORM (ARF)

Principal Investigator (PI): _			Degree: Dept: Phone:					
Address:		Dept:	Pr					
	Emergency Contact:				Phone:			
Project Title:								
Co-Investigators:			Tec	hnicians:				
Name	Dept	Phone	Name	Dept	Phone			
				<del></del>				
as well as volume & C. Physiologic Measurer D. Dietary Manipulations E. Pharmacology/Toxico F. Investigational Drug (provide a de I. Oncology/Tumor Transbiohazard potential, J. Sampling (tissue/substandard) As Breeding Colony (justimation) Biohazardous /Infection Chronic or Prolonged O. Surgery Survival Surgery	st Tissue (detail ry Production (incompression frequency) ments (provide des (food or water resology (materials uperovide company provide detailed description splantation (providendpoint, etc.) endpoint, etc.) etance, amount, firoute of administration (providendpoint) ous Agents (description feet)	etailed description estriction, special sed, dose, route of drug information escription)  n) n) nde information of requency, method ration, frequency cribe the nature	djuvant use, route ons) al diets, details or e of administratio in sheets and/or l on origin, passag od, etc.) y, duration, etc.)	e of immunization, mether parameters, monitoring, frequency, duration, list of possible side effect, adventitious pathogetersonnel safety precautioning of the device &	ng & justification, etc.) endpoint, etc.) ects to animals, etc.) en testing [MAP],			
Non-Survival Su								
Multiple Major Su	urvival Surgery: s te justification for		(	Same animai surviving	two or more surgeries)			
P Specialized Housing/h		need.						
Q Teaching	,							
II. CATEGORY OF PAIN DEFINITIONS of ea	ch category are (	given on page 1	of the instruction	n sheets.				
A B	C							
	ੀ) //aryland ental/Internal Fun							
Other Ext	ernal Funds (spe	ecify)						

Species/Strain	<b>E</b> Weight/Age	Sex	(# PER YR 1	YEAR) YR 2	YR3	Max Daily Census
F ADDITIONAL SPE	ECIES/STRAINS ARE	E BEING REQUESTED	INCLUDE ON AN	ADDITIOI	NAL PAGE	<u> </u>
V. BIOHAZARD INI	FORMATION					
Please indicate the g	eneral biohazard bei	ng used in vivo:				
Infectious Agents		ive Toxic Cl ces Chemica			ombinant	
		f infectious agents				
B) C C) R	oncentration oute of administration	n				
E) R F) Lo G) Lo	ocation of animal hou ength of time animals	agent is administered _ Ising post exposure s will be kept following e osal	xposure			
/I. SURGERY						
<ul><li>D. Person(s) pe</li></ul>	oom Number where serforming survival sur					
E. Post-Operati	ve Care (e.g., suppo	rtive fluids, analgesics,	antibiotics. other dru	ugs & freq	uency of c	bbservation)
	oviding & recording p e surgery, aseptic pro	oost-operative care ocedures & post-operati	ve care in the NAR	RATIVE s	ection.	
Non-Survival Surgery A. Procedure _ B. Anesthesia	<del>-</del>					
C. Method of Eu  D. Building & Ro	uthanasia oom Number where s	surgery will take place _ ll surgery				
/II. METHOD OF AI	NIMAL DISPOSITIO	N				
		sed of at the conclusion operimental animals as p				

### VIII. LOCATIONS OF ANIMAL USAGE Please list all locations where Animal Procedures will be performed. Building and Room # TYPE OF PROCEDURE(s) IX. DATABASE LITERATURE SEARCH Identify the services (computer databases, literature searches, etc.) that were used to obtain information on alternatives to painful procedures, use of live animals and prevention of unnecessary duplication of research. Please check below the databases searched and your search strategy or key words. A MINIMUM OF TWO SEPARATE DATABASES MUST BE USED. Please do not submit the actual search results (however, they should be available upon request). (Refer to instructions for examples.) DATE OF SEARCH: DATABASES: MEDLINE/PubMed\_\_\_\_; AGRICOLA\_\_\_; EMBASE\_\_\_\_; PSYCHINFO\_\_\_\_; OTHER\_\_\_\_ STRATEGY OR KEY WORDS: DATE PARAMETERS OF SEARCH: **AREAS OF RESPONSIBILITY** The Principal Investigator is responsible for all aspects of the research protocol including post-operative monitoring and care, research related complications, and humane treatment by investigative personnel, as well as supervising laboratory animal care, including animal procurement, husbandry, disease control and prevention, humane treatment and adequate veterinary care under the supervision of a doctor of veterinary medicine. PRINCIPAL INVESTIGATOR'S ACKNOWLEDGMENT OF RESPONSIBILITY I certify that the activities described in this protocol do not unnecessarily duplicate previous experiments. I certify the above protocol will be conducted in compliance with the Federal, State, and local policies and regulations. I also acknowledge full responsibility for knowledge of and compliance with all applicable standards governing radioactive or biohazardous materials involved in my project. I understand that compliance with these policies is a prerequisite for purchasing and housing animals, and for the use of animals in research and teaching at St. Mary's College of Maryland.

Printed Name of PI

Signature of IACUC Coordinator

Date Approved

Date

Signature of PI

\*NOTE\* Electronic submissions to the IACUC coordinator are strongly preferred. All information must be submitted, completely, as requested on the St. Mary's College of Maryland IACUC Animal Research Form. Insufficient information may delay the review process. The IACUC reserves the right to request additional information or to table protocols that do not meet the basic submission requirements.

### MANDATORY ATTACHMENTS

### **Title of Project**

Name(s) of Principal Investigator and Co-Investigators (if any) Academic Department(s) and Affiliation(s)

### A. Summary of Study.

Please write two paragraphs: (1) a paragraph explaining your project and its importance, in lay terms (non-technical language) suitable for a broad audience; and (2) a scientific abstract of your project and its importance, including relevant citations. The scientific abstract should clearly indicate how the project is supported and justified by the existing scientific literature.

### B. Justification for the use of animals and species.

Provide rationale for using animals and for appropriateness of the species selected. In particular, give reasons as to why non-animal methods (e.g., computer simulations, *in vitro* testing) cannot be employed.

### C. Justification of number of animals.

How was the number of animals determined? A diagrammatic flow chart is often helpful to illustrate groups and manipulations used.

#### D. Narrative.

This should be the longest section of your protocol. Explain the experimental design and provide a complete description of all animal procedures. The experimental course for all animals should be clearly presented from start to finish, including plans for the disposition of animals at the end of the experiment (euthanasia, use of animals in another experiment, or adoption [approved only in limited circumstances]). Include all research categories checked on page 1 of the ARF.

### E. Qualification, experience, or training.

Name, title, and qualification, experience and/or training of <u>each</u> person (including PI) as it pertains to the current project, the specific species and the procedures to be used. The PI must be a current SMCM faculty member.

### F. References.

A list of sources cited in the protocol.