Cover Page For Protocol Applications

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| **Principal Investigator/Instructor (must be an MSU faculty member):** |
| **Name:** | [Enter Name of PI / Instructor] | **Title:** | [Enter PI Position or Title] |
| **Department:** | [Enter PI Department] | **E-Mail:** | [Enter PI Email Address] |
| **Campus Address:** | [Enter PI Campus Address] | **Phone:** | [Enter PI Work Phone] |
| **Purpose:** |
| **Protocol Type:** | [ ]  | Research | [ ]  | Instruction | [ ]  | Other, specify |
| **Application Type:** | [ ]  | New Application | [ ]  | Revised Application | [ ]  | Annual Review |
| **Project/Course Number:**  | [Enter Project/Course Number] |
| **Project/Course Title:** | [Enter Project/Course Title] |
| **Project/Course Period:** | **From:** | [Enter Project Start Date] | **To:** | [Enter Project End Date] |
| **For projects beyond a 12-month period, a continuation review protocol must be submitted and approved prior to the next period.** |
| **Identify Funding Source/Agency:** | [Enter Funding Source / Agency] |
| **Assurances & Authorizations:** |
| **As principal investigator/instructor, I hereby assure that:****Regulations:** I am familiar with the *MSU Animal Care and Use Policies and Procedures Handbook*.**Animal Use:** The animals authorized for use in this protocol will be used only in the activities and in the manner described herein, unless a deviation is specifically approved by the IACUC. The animal’s living conditions are appropriate and medical care is available for these animals.**Alternatives/Duplication: I have made a reasonable, good faith effort to find and utilize alternatives and refinements to animal procedures and to avoid unnecessary duplication of previous experiments, unwarranted animal use, and unnecessary painful procedures.****Statistical Assurance: I assure that there has been adequate evaluation of the statistical design or strategy of this proposal, and that the “minimum number of animals needed for scientific validity are used.”****Occupational Health:** I have taken into consideration and have made the proper arrangements regarding all applicable rules and regulations regarding zoonotic diseases, anesthetic safety, radiation safety, biosafety, recombinant issues, etc., in the preparation of this protocol. **All faculty, staff, students and volunteers participating in IACUC approved animal activities at MSU are required to complete Animal Care Worker Compliance. Documentation of completion of the OHAWP must be on file in the** [**Office of Counseling and Health Services**](http://www.moreheadstate.edu/chs)**.****Radiation Safety:** I assure that this protocol has been reviewed by the Radiation Safety Committee, if applicable. The Radiation Safety Committee web page is located at, <http://www.moreheadstate.edu/msac/index.aspx?id=4319>. **Attach appropriate documentation.****Immunizations:** **Documentation of required tetanus and/or rabies immunization is required to be submitted electronically to the Office of Counseling and Health Services.****Training:** **I verify that the PI/Instructor performing the animal procedures/manipulations described in this protocol are technically competent and have completed the required online CITI training and other personnel have received appropriate training to ensure that no unnecessary pain or distress will be caused as a result of the procedures/manipulations. Inexperienced personnel will be supervised.****Permits/Licenses:** I verify that I have obtained all appropriate permits and licenses to conduct the activities described in this protocol. **Attach appropriate copies of the permits/licenses.****A Curriculum Vita** is required every three years. I verify that I have provided a current curriculum vita to the IACUC. Original date current vita submitted to IACUC \_[Enter Date Vita Submitted]\_\_\_\_.**Animal Use Records:** I understand that records of these animal procedures must be maintained for a period of at least 3 years following the end of this protocol for inspection purposes.I understand the MSU Institutional Animal Care and Use Committee and the attending veterinarian can enter the premises at any time where these animals will be used or housed for the performance of official duties.I understand that this protocol and all relevant records shall be accessible for inspection and copying by authorized representatives of the U.S. Department of Health and Human Services (HHS), Public Health Service (PHS), Office of Laboratory Animal Welfare (OLAW) or other PHS representatives, the U.S. Department of Agriculture (USDA), Animal and Plant Health Inspection Service (APHIS), appropriate accrediting agencies, or the funding agency. The information provided is complete and correct to the best of my knowledge. |
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| **Principal Investigator/Instructor Signature** | **Date:** |
| As Department Chairperson, I hereby acknowledge receipt of this protocol and approve its submission to the IACUC: |
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| **Department Chairperson Signature** | **Date:** |
| **Protocol Received** |  | **Protocol Number** |  |

**FORM AP: Associate Personnel (Undergraduate or Graduate Students, Technicians, Staff)**

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| **Project/Course #:** | **[Enter Project/Course Number]** |
| **Project/Course Name:** | **[Enter Project/Course Title]** |
| **Principal Investigator(s):** | **[Enter Name of PI / Co-PI]** |
| **List of Associate Personnel who will be handling and/or caring for animals under this protocol:** |
| Name | Status | Role in protocol | **Animal Care Worker Compliance & CITI Training Completed** |
|  |  |  | **YES** | **NO** | **DATE ACW** | **DATE CITI** |
|  |       |       | [ ]  | [ ]  | [Date completed] | [Date completed] |
|  |       |       | [ ]  | [ ]  | [Date completed] | [Date completed] |
|  |       |       | [ ]  | [ ]  | [Date completed] | [Date completed] |
|  |       |       | [ ]  | [ ]  | [Date completed] | [Date completed] |
|  |       |       | [ ]  | [ ]  | [Date completed] | [Date completed] |
|  |       |       | [ ]  | [ ]  | [Date completed] | [Date completed] |
| **Please list below any Associate Personnel who were previously on this protocol, but are no longer handling and/or caring for animals under this protocol:** |
| **Name** |
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| **As a PI or Co-PI of this protocol, I hereby assure that the above named associate personnel:**1. is a complete listing of all associate personnel who will be handling and/or caring for animals under this protocol;
2. have received appropriate training in the handling and care of these animals and the procedures and techniques to be employed;
3. **have completed the Animal Care Worker Compliance and documentation is on file with MSU Counseling and Health Services.**
4. are familiar with the MSU Animal Care and Use Policies and Procedures Handbook;
5. understand that only those procedures explicitly detailed in this protocol may be performed on the animals in question and that unauthorized deviations from this protocol must be reported to the IACUC; and
6. understand that proper documentation of all procedures performed is mandatory.
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| **Person** | **Signature** | **Date** |
| **PI or Co-PI:** |  |  |