

**Application to Use Vertebrate Animals**

**in an Established Animal Colony**

NMU IACUC Committee

**Who should use this Form:** This form is designed for the establishment of an animal colony that will maintain and/or generate animals (through breeding) that are not actively participating in a specific experimental project, but that are being cared for by NMU personnel. Projects using animals drawn from a colony for experimental purposes must file a regular IACUC application form. Once removed for experimentation, animals may not be returned to a colony.

**General Instructions**

**Shaded area for IACUC use only**.

Application Number: Click or tap here to enter text.

Date Application Received: Click or tap to enter a date.

☐Approved ☐ Denied on: Click or tap to enter a date.

Please check the [IACUC website](https://www.nmu.edu/grantsandresearch/node/96) to ensure you are using the current version of the form. All parts of this form *must* *be submitted electronically* to the Institutional Animal Care and Use Committee (email: IACUC@nmu.edu) and the relevant Department Head or other departmental designee. Review of this application will commence upon receiving the electronic application, but the project may not begin until all required approval signatures are obtained via Right Signature. Please contact the IACUC chair (email: IACUCChr@nmu.edu) if you have any questions.

**1. Name of colony to be established -** Click or tap here to enter text.

**Supervisory Department -** Click or tap here to enter text.

**Colony Manager -** Click or tap here to enter text.

**Date -** Click or tap to enter a date.

**Funding Sources** (External & Internal)

**Colony Start and End Dates**   Click or tap to enter a date.    to    Click or tap to enter a date.

**2. Individual Responsible for Colony Maintenance.** Provide the name of the individual who will be *primarily responsible* for the care and maintenance of the colony (Colony manager). In the event a principle investigator holding animals in the colony cannot be reached by IACUC to make decisions about treatment or euthanasia of animals in pain, distress or discomfort, or for weaning issues, the individual responsible for colony maintenance will be called for consult. If this responsibility should shift to a new individual, IACUC must be informed in writing and this application amended.

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| --- | --- |
| **Name:**       | **Home dept.:**       |
| **Work phone #:**       | **Emergency phone (after hours) #:**       |
| **NMU email address:**       |

**3. Colony justification.** Provide a scientific justification for establishing and maintaining a colony of animals at NMU. (NOTE: Cost is not considered an acceptable primary justification for colony maintenance or breeding of animals, though economic issues may be included in your explanation). Include the following information in the justification:

* How the colony contributes to the overall objectives of your research.
* Include an explanation for why animals from commercial vendor sources are not appropriate.
* If breeding is proposed solely to maintain a line for future use, include a discussion about why cryopreservation techniques are not appropriate.

Click or tap here to enter text.

 **4. Housing and Breeding Locations**

1. **Locations.** List the location(s) where animals will be housed/bred.

1. **Animal Husbandry.** Describe the animal husbandry protocols that will be put in place to ensure proper care of the animals including environmental controls, feeding and cleaning regimes, etc.

1. **Euthanasia.** Describe methods of euthanasia that may be employed including how it will be determined if animals are deceased.

**5. Record Keeping**

1. **Breeding Scheme.** Briefly describe the breeding scheme that will be used, if this will be a breeding colony (e.g., harem, monogamous pairs, timed breeding, super-ovulation, etc.)

1. **Colony Management.** Describe how the census of the colony is managed and recorded. Include a brief description of husbandry records, records of breeding performance (e.g., # of pups born, # of each sex weaned, etc.), census records, etc. Include the location where records will be stored.

1. **Phenotypes.** Describe any known or expected phenotypes of animals in the colony (e.g., behavioral, anatomical, physiological). If the phenotype may adversely affect the health and welfare of the animals, describe how this will be mitigated.

1. **Animal Identification.** How will animals be identified? Briefly describe the details of the procedure for direct marking (if applicable).

**6. Animal Numbers to establish and maintain the colony**

List by species and strain an *estimate* of the number of animals needed to establish and maintain the colony. This includes new founder animals, current breeding stock, weaned offspring, and any other animals that will be required to maintain the colony. The total number of animals should be calculated for a *one-year period*.

|  |  |  |
| --- | --- | --- |
| Species + (S*train*)  |  | Total # of animals for colony per year |
| *EXAMPLE: Mouse (BALB/c)* | Maximum number of animals anticipated in colony at once per year | Number of breeding pairs needed | Approximate number of offspring | Number of animals weaned & restrained for maintaining colony |
| Click here to enter text. |       |       |       |       |
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 (Add or delete rows as needed)

**Describe the source (including vendor) of animals brought into the colony, including founder animals.**

Click or tap here to enter text.

**7. Animals to be used in research procedures**

1. Anticipated research/teaching uses of animals maintained in the colony. *Note: This is not a substitution for submission of a regular IACUC application.*

1. What will be the ultimate disposition of animals NOT used in research/teaching projects (e.g. “excess” animals)?

**8. Occupational Safety and hazardous materials**

1. List the dates and types of animal related training completed by personnel involved in the project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personnel Name** | **Training Program Title** | **Completed?** | **Date Completed** | **Expiration Date** |
| Click or tap here to enter text. |       |       |       |       |
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(Add or delete rows as needed)

1. Does the maintenance of the colony require the use of hazardous agents (i.e., infectious agents, carcinogens, toxic chemicals, controlled substances, radioisotopes)?
 [ ] Yes [ ] No
2. If Yes, specify the hazardous agents to be used and describe their hazards. For those agents classified as NEPA hazards greater than Level 1 attach the appropriate MSDS to this application.

**D.** Is the hazardous agent a biohazard?

 [ ] Yes [ ] No

1. If yes, specify Biohazard Safety Level

1. Describe the containment protocol to be followed in protecting other animals and personnel from hazardous agents, and if applicable, isotope or controlled substance license/permit. If the containment protocol used is one recommended by a governing body, i.e. Nuclear Regulatory Commission, in addition to describing the protocol you will use for containment, provide a copy of the organization's guidelines with relevant sections highlighted or tabbed. Do not merely state "hazard will be contained based on protocol suggested by U.S. Centers for Disease Control." Attach a copy of the appropriate MSDS to this application for hazardous chemicals (as identified above).

Click or tap here to enter text.

**9. ACKNOWLEDGEMENT BY COLONY MANAGER**

I acknowledge responsibility for this project. I have read the Northern Michigan University Principles for the Care and Use of Laboratory Animals and certify that this colony will be maintained in compliance with those principles. I assure that I will obtain Institutional Animal Care and Use Committee approval prior to significant changes in the protocol. I assure that this project does not necessarily duplicate previous research or instructional projects. I assure that students, staff and faculty on the project are qualified or will be trained to conduct the project in a humane, safe, and scientific manner.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Colony Manager** Date

**10. APPROVAL OF SCIENTIFIC MERIT**

Before it is initiated, this project must be reviewed and approved on the basis of scientific merit.

Please specify the reviewing agency or board Federal agency (e.g., NIH, NSF, USDA, etc.)

Nongovernmental agency (e.g., University review, Other specify):

I assure that this project has been reviewed and approved for scientific merit by:
 [ ]  My own review

 [ ]  My expert designates review (Name)

 [ ]  Committee Review (Committee Name and Chairperson):

 [ ]  Other (Describe):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department Head** Date

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College Dean** Date

**11. APPROVAL BY INSTITUTIONAL ANIMAL CARE AND USE REVIEWERS**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institutional Animal Care and Use Committee Chair** Date

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institutional Animal Care and Use Officer** Date