

ANIMAL SUBJECTS REVIEW FORM

**PROTOCOL:
EXPIRES:**

Submit an electronic copy to the IACUC Coordinator, IACUC@dartmouth.edu and a hard copy of the signature page, c/o Animal Resources Center, HB 7150.
Submission Deadline: Noon - **First Wednesday** of each month.

Investigator		Primary Contact (if other than Investigator)	
Last Name:		Last Name:	
First:		First:	
Middle:		Middle:	
e-mail:		e-mail:	
HB # / Dept.:		Department:	
Phone / Fax #:		Phone #:	
After hrs. #:		After hrs. #:	

Project Title

Animal Housing Location: Procedural Location:

Animals will be maintained by: ARC Investigator (If investigator maintained, attach Appendix E)

Procedures: Provide a two or three sentence layman's description of the procedures employed on the animals in this project. This will help the animal care staff understand any conditions they may encounter while caring for your animals. Limit response to this space.

Instructions for ARC staff: (check applicable entries)

Sick Animals	Dead Animals	Special Husbandry (explain below)
<input type="checkbox"/> Notify Investigator	<input type="checkbox"/> Notify Investigator	<input type="checkbox"/> Husbandry/Caging
<input type="checkbox"/> Veterinarian to treat	<input type="checkbox"/> Save for Investigator	<input type="checkbox"/> Feeding/water
<input type="checkbox"/> Euthanize	<input type="checkbox"/> Bag for disposal	<input type="checkbox"/> Other

Special Husbandry Requirements: Briefly describe any special requirements your animals may have such as changes in **diet, temperature, light cycles**, or any other conditions of husbandry such as delayed weaning. Complete Appendix C.

Hazardous Materials (only if used w/ animals):

Date of EHS Consult regarding Hazardous Materials:

Infectious Agents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agent(s):	
Human or Rodent Tissues/Tumors?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s):	
Radioisotopes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Isotope(s):	
Chemical Carcinogens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical(s):	
*Toxic Chemicals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical(s):	

If any Hazardous Materials are used with animals, complete Appendix B and then Appendix C for each agent. (Rodent tumor usage only requires Appendix B.)
*Toxic chemicals include LD50≤50mg/kg via any route, or have a "skin hazard" designation.

Federal law (Public Health Service Policy and the Animal Welfare Act) requires the IACUC to review ALL activities involving the use of vertebrate animals. Direct any questions about preparing the ASRF to the IACUC Coordinator (e-mail to: IACUC@dartmouth.edu or 650-7131). *Read and answer all questions carefully as they pertain to the animal procedures you will be performing.*

Failure to specifically answer the stated question may result in review / approval delay. Any protocol with large quantities of information not relevant to the question being asked (i.e. "Cut and Paste" sections from a grant) may be returned to the investigator for a rewrite prior to review.

A) FUNDING

Funding Source	Sponsor's Grant #	Funding Start and End Date

Research previously approved by IACUC? Yes No (go to next section) Previous protocol # :

Was there any unexpected morbidity associated with this study? Yes No

If 'yes', how was this handled and how do you expect to address this in the future?

B) SUMMARY OF PROCEDURES

1) Briefly describe the overall intent of the study in Lay Terms. Include in your description:

- a) statement of your hypothesis, the objectives and significance of the study,
- b) the relevance to human, animal health, and/or general knowledge,
- c) an overview of how animals will be used.

Your target audience is a non-scientist. Do not use jargon. Limit response to this space.

2) Procedures employed in this project:

Please check the appropriate boxes that pertain to your project:

<input type="checkbox"/> Antibody production (Attach Appendix A)	<input type="checkbox"/> Use of paralytics	<input type="checkbox"/> Special diets; food or water treatment
<input type="checkbox"/> Hazards to humans (Attach Appendix B & C)	<input type="checkbox"/> Non-recovery surgical procedures	<input type="checkbox"/> Maintaining breeding colonies
<input type="checkbox"/> Survival surgical procedures	<input type="checkbox"/> Wild or Field animals	<input type="checkbox"/> Death as an endpoint and/or LD50 studies
<input type="checkbox"/> Pre-anesthesia fasting	<input type="checkbox"/> Behavioral studies	<input type="checkbox"/> Prolonged restraint
<input type="checkbox"/> Housing of animals other than mice and rats outside of ARC for > 12 hours (Attach Appendix D)	<input type="checkbox"/> Wire bottom caging (Must justify in Experimental Design and Procedures)	<input type="checkbox"/> Multiple major survival surgery
<input type="checkbox"/> Housing of mice and rats outside of ARC for > 24 hours (Attach Appendix D)	<input type="checkbox"/> Animals removed and returned to ARC facility ALIVE	<input type="checkbox"/> Food or water restriction (Non-Surgical Reason)

C) ANIMAL REQUIREMENTS

1) Explain your rationale for using animals in this study:

2) List the species required for this study. Provide the following information regarding animal requirements.

Species (common names):	Approximate age and/or weight	If rodent, genetic background strain	Total number of animals over 3 year period

3) Explain your rationale for using each species:

4) Provide scientific and numerical justification for the number of animals requested. This justification is designed to provide the reviewer an understanding of the method(s) and/or technique(s) used to derive the appropriate number of animals proposed per group, study, etc (i.e. documented preliminary studies, statistical tests, and/or literature information). A table outlining the experimental groups and animal numbers is recommended. (Note: This field will expand up to one page; remain concise.)

5) Environmental Enrichment is routinely provided to animals as required by law. If environmental enrichment should not be provided to the animals on your study, provide a scientific justification:

6) Does this protocol use genetically engineered animals?

<input type="checkbox"/> Yes (continue below)	<input type="checkbox"/> No (go to Drugs Section)
---	---

If phenotype will cause a deleterious clinical effect, what are these effects and how will they be addressed? (If the phenotypic expression is unknown, the details of observation for this must be described.)

D) DRUGS

1) List procedural drugs such as: **Anesthetics, Analgesics, Tranquilizers, Neuromuscular blocking agents, or other therapeutic drugs (i.e., antibiotics):**

Provide the following information about any of these drugs that you intend to use on animals in this project.

Species	Drug	Dose (mg/kg)	Volume	Route	Frequency and Duration

Species	Drug	Dose (mg/kg)	Volume	Route	Frequency and Duration

2) **Neuromuscular blocking agents** can conceal inadequate anesthesia and therefore require special justification. If you are using a neuromuscular blocking agent, please complete the following:

Why do you need to use a neuromuscular blocking agent?

What physiologic parameters are monitored during the procedure to assess adequacy of anesthesia?

Under what circumstances will incremental doses of anesthetics-analgesics be administered?

3) List **ALL Experimental drugs/agents/substances**:

Provide the following information about any of these other drugs or agents to be used **with animals**.

Species	Drug/Agent/Substance	Dose (mg/kg)	Volume	Route	Frequency and Duration

E) EXPERIMENTAL DESIGN AND PROCEDURES

1) **Description of all procedures other than survival surgery:**

Briefly explain the experimental design of these animal procedures. This description should allow the IACUC to understand the experimental course of an animal from its entry into the experiment to the endpoint of the study. All procedures on animals, other than survival surgery, should be explained in this section. If antibody production, complete Appendix A. If survival surgical procedures are involved, complete the next section (E2). (Note: The IACUC does not require details about what will be done to tissue after it has been harvested.)

Specifically address the following:

- a) Duration of the individual procedures being performed on the animal
- b) Methodology of procedures
- c) Monitoring of animal during procedures
- d) Rationale for substances to be used
- e) Experimental endpoint criteria
- f) Number of procedures performed per animal

(Note: This cell will expand up to one page; try to remain concise.)

2) Description of survival surgery:

Identify and describe all aspects of the surgical procedure(s) to be performed. This description should allow the IACUC to understand the experimental course of an animal from its entry into the experiment to the endpoint of the study. (Note: The IACUC does not require details about what will be done to tissue after it has been harvested.)

Specifically address the following:

- a) Aseptic methods/techniques
- b) Surgical site preparation
- c) Induction and maintenance of anesthesia
- d) Assessment and monitoring of animal and anesthesia
- e) Methods to prevent dehydration and hypothermia
- f) Methodology of procedures
- g) Duration of the individual procedures being performed on the animal
- h) Rationale for substances to be used
- i) Experimental endpoint criteria

(Note: This cell will expand up to one page; try to remain concise.)

Where will the surgery be performed (building and room location)?

Who will perform the surgery and what are their qualifications and/or experience?

If more than one major survival surgery will be performed on an animal while on this study, you must justify below:

F) POST-PROCEDURAL CARE AND ADVERSE EFFECTS

1) Describe any potential adverse effects or complications of the experiment on the animals (such as pain, discomfort; reduced growth, fever, anemia, neurological deficits; behavioral abnormalities or other clinical symptoms of acute or chronic distress or nutritional deficiency)

Specifically address the following:

- a) Post-procedural monitoring procedures and the person responsible
- b) Criteria used to determine if an animal is in pain, distress, or discomfort
- c) Frequency and duration of monitoring
- d) Anticipated long term effects and/or care

(Note: This cell will expand to whatever length you require. Try to remain concise.)

2) Discuss the use of analgesics. Analgesics **MUST** be given whenever there is possibility of pain or discomfort that is more than slight or momentary. How will each of the signs listed above be ameliorated, alleviated, or managed? If signs are not to be alleviated or ameliorated by means of post-procedural analgesics or other means, justify the practice below.

Note: If any unanticipated adverse effects not described above do occur during the course of the study, a complete description of those effects and the steps taken to mitigate them must be submitted to the committee as an amendment to this protocol.

3) Is death an endpoint in your experimental procedure? Yes No

If death is an endpoint, explain why it is not possible to euthanize the animals at an earlier point in the study. If you can euthanize the animals at an earlier point, describe the criteria to be used to determine when euthanasia is to be performed.

Death as an endpoint must be scientifically justified. Justify below:

(Note: "Death as an endpoint" refers to acute toxicity testing, assessment of virulence of pathogens, neutralization tests for toxins, and other studies in which animals are not euthanized, but die as a direct result of the experimental manipulation).

A Clinical Incidence Form (CIF) must be used to track health concerns, report a sick or injured animal to the veterinary staff, or to report an experimental procedure which causes more than minimal physiologic disturbance (including but not limited to a surgical procedure, administration of drugs for anesthesia, and/or all perioperative care and monitoring). Federal Regulations and Guidelines require that health care records be maintained and accessible to the veterinary staff for three years post completion of the protocol.

Important Reminder: The ARC veterinary staff will make every effort to contact the designated laboratory contact person (via the Emergency Contact list) when an animal emergency requires immediate attention. If no one can be reached, the animal may be treated or euthanized by the ARC veterinary staff without prior approval from the designated individual.

G) METHOD OF EUTHANASIA OR DISPOSITION OF ANIMALS AT END OF STUDY

1) Indicate the proposed method for euthanasia. If a chemical agent is used, specify the dosage, volume and route of administration. If the method(s) of euthanasia include those not recommended by the AVMA Panel Report on Euthanasia, provide justification why such methods must be used below.

Species	Drug/Agent/Method	Dose (mg/kg)	Volume	Route

2) Justification for non-approved methods of euthanasia:

3) Indicate how death will be confirmed:

<input type="checkbox"/> Rigor mortis	<input type="checkbox"/> Removal of vital organs	<input type="checkbox"/> Create pneumothorax
<input type="checkbox"/> Absence of cardiovascular function	<input type="checkbox"/> Perfusion with chemicals	<input type="checkbox"/> Other:

H) REDUCTION, REPLACEMENT, REFINEMENT

"The Animal Welfare Act (AWA) regulations require principal investigators to consider alternatives to procedures that may cause more than momentary or slight pain or distress to the animals and provide a written narrative of the methods used and sources consulted to determine the availability of alternatives, including refinements, reductions, and replacements." Commonly, this is done by a literature search.

In addition to the words directly related to your study, your key words must include "Animal Welfare", "Animal Alternatives" as well as the species of animal proposed for this project. The search must show how these and other key words were combined. Sheila Gorman (5-1352) at the Dana Library has been trained to assist with this process if you need guidance with this question.

Index(es) Searched:

Identify Key words and how they are combined: (Example: 'Animal welfare' AND 'Mice' AND 'Tumors')

Dates covered in search:

Date of Search:

Search Results:

Describe any other methods and sources used to determine that alternatives are not available for the procedures/study:

I) PERSONNEL

1) List below all personnel associated with this protocol (in the order in which they should be notified about animal health issues):

Name: (Last Name, First Name)	ACUP Orientation attended?	Work #:	After hours #:	Permitted to Order Animals?	Permitted to Submit Modification to Protocol?
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2) List the employee's specific role in the project (i.e. injections, surgery, euthanasia, etc...) and specific training and or experience in handling, manipulating or maintaining animals which qualify them to perform the procedures on the species described in this protocol. If the employee has not been trained, state how the individual will be trained. (This cell will expand to whatever length you require. Remain concise.)

Name: (Last Name)	Role in Protocol	Training/Experience

3) Occupational Health/Security:

Name: (Last Name)	Location and hours individual will need security access into facility	Total work hours per week:	Total hours in direct contact with research animals per week:
	<input type="checkbox"/> Borwell <input type="checkbox"/> Moore <input type="checkbox"/> Vail	<input type="checkbox"/> 7am-7pm M-F <input type="checkbox"/> 5am-Midnight daily <input type="checkbox"/> 7am-7pm daily <input type="checkbox"/> Other:	
	<input type="checkbox"/> Borwell <input type="checkbox"/> Moore <input type="checkbox"/> Vail	<input type="checkbox"/> 7am-7pm M-F <input type="checkbox"/> 5am-Midnight daily <input type="checkbox"/> 7am-7pm daily <input type="checkbox"/> Other:	
	<input type="checkbox"/> Borwell <input type="checkbox"/> Moore <input type="checkbox"/> Vail	<input type="checkbox"/> 7am-7pm M-F <input type="checkbox"/> 5am-Midnight daily <input type="checkbox"/> 7am-7pm daily <input type="checkbox"/> Other:	
	<input type="checkbox"/> Borwell <input type="checkbox"/> Moore <input type="checkbox"/> Vail	<input type="checkbox"/> 7am-7pm M-F <input type="checkbox"/> 5am-Midnight daily <input type="checkbox"/> 7am-7pm daily <input type="checkbox"/> Other:	
	<input type="checkbox"/> Borwell <input type="checkbox"/> Moore <input type="checkbox"/> Vail	<input type="checkbox"/> 7am-7pm M-F <input type="checkbox"/> 5am-Midnight daily <input type="checkbox"/> 7am-7pm daily <input type="checkbox"/> Other:	
	<input type="checkbox"/> Borwell <input type="checkbox"/> Moore <input type="checkbox"/> Vail	<input type="checkbox"/> 7am-7pm M-F <input type="checkbox"/> 5am-Midnight daily <input type="checkbox"/> 7am-7pm daily <input type="checkbox"/> Other:	
	<input type="checkbox"/> Borwell <input type="checkbox"/> Moore <input type="checkbox"/> Vail	<input type="checkbox"/> 7am-7pm M-F <input type="checkbox"/> 5am-Midnight daily <input type="checkbox"/> 7am-7pm daily <input type="checkbox"/> Other:	

Signature Page

Submit protocol via electronic mail. Signature Page should be submitted separately via Hinman Box mail; however, it must be completed by Principal Investigator and received in IACUC Office prior to IACUC meeting date.

SCIENTIFIC PEER REVIEW: All research with animals must receive some form of peer review (the IACUC does NOT provide this function). Normally, peer review takes place during the processing of a grant application. If corporate or departmental funds will be used, the Department must perform peer review, and the chair of the department must sign below.

I confirm that scientific review of the proposed research has been performed either by a departmental review committee or by the chair of the department:

Signature: _____ (Department Chair)

ASSURANCES:

As the Principal Investigator on this protocol, I acknowledge by my signature below:

A. 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.

B. Duplication of Effort:

I have made a reasonable, good faith effort to ensure that this protocol is not an unnecessary duplication of previous experiments.

C. Statistical Assurance:

I assure that there has been adequate evaluation of the statistical design or strategy of this proposal, and that the appropriate number of animals needed for scientific validity is used.

D. Biohazard/Safety:

I have taken into consideration, and I have made the proper coordination regarding all applicable rules and regulations regarding radiation protection, chemical and biologic safety, recombinant DNA issues, etc., in the preparation of this protocol.

E. Training:

I verify that the personnel performing the animal procedures/manipulations described in this protocol are technically competent and have been properly trained to ensure that no unnecessary pain or distress will be caused as a result of the procedures/manipulations. Inexperienced personnel will be supervised.

F. Extramural Funding:

If funded by an extramural source, I certify that this application accurately reflects all procedures involving laboratory animal subjects described in the proposal to the funding agency noted above.

In accordance with federal regulations, the IACUC is required to have this information on file for a period of three years. A copy of these federal regulations is available in the ARC Office, with the ACUP Director, and in the College Office of Sponsored Projects. Protocols must be reviewed annually and resubmitted triennially. Dartmouth College is accredited by the Association for the Assessment and Accreditation of Laboratory Animal Care (AAALAC), and its per diem structure is cost accounted according to NIH accepted standards.

SIGNATURE: _____ DATE: _____
Principal Investigator

IACUC APPROVAL:

SIGNATURE: _____ DATE: _____
IACUC Representative

Appendix A

Antibody Production Description

1. Polyclonal antibodies? Yes No
 Monoclonal antibodies? Yes No

2. Identify the type of antigen that will be used?
 Will the antigens be sterile? Yes No
 How will the antigen(s) be purified?

3. What adjuvant will be used for the initial injection?
 What adjuvant will be used for subsequent injections?

4. What route will be used for injections?
 What anatomical location will be injected?
 How many injections at one time?
 How frequently will injections be given?
 What volume will be injected at each site?

5. Polyclonal Blood collection Procedures:
 Who will collect the blood?
 From what anatomical location?
 How frequently will blood be collected? Volume?
 Will the animals be sedated? Yes No

6. Will monoclonal antibodies be produced in mice bearing ascites tumors? Yes No (If 'No', skip to '7')
 How often will the animals be assessed for abdominal distention?
 How often will they be tapped?
 How many times will they be tapped?
 Will the animals be sedated for tapping?

Note: If you are producing monoclonal antibodies using ascites tumors in mice, explain why an *in-vitro* system is not suitable for your study.

7. Sedation / Anesthesia for blood or ascites collection:
 If the animals will be sedated for either injections or collections, please indicate the species, drug, dose, vol. and route:

Species	Drug	Dose (mg/kg)	Volume	Route

8. What criteria will be used to determine that the animals should be euthanized rather than continue to be used?

Appendix B

HAZARDS

Rodent Tumors or Tissue

Did they originate from rodents?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Have they been previously passed through rodents?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Have the tumors or tissues been tested for the presence of murine viruses?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

If the tumors have been tested, list when, by whom, and what was tested along with the results.

--

Important Reminder: If tumors will be used which have not been tested for the presence of murine viruses, please contact the ARC veterinary staff prior to tumor/tissue inoculation. Final activation of the protocol will be dependent upon receiving acceptable documentation that such tissue is free of rodent viruses and pathogens.

Human Tumors or Tissue (also complete Appendix C)

Have the tumors or tissues been tested for the presence of human pathogens?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

List the source of the tumor/tissue:

--

If the tumors have been tested, list when, by whom, and what was tested along with the results.

--

List all precautions that research personnel must follow when working with this agent (i.e. PPE's, biologic or chemical safety hoods, etc):

--

Chemicals (also complete Appendix C)

Chemical Name	Classification (e.g. carcinogen, toxin, teratogen)	Route of excretion	Is the bedding hazardous?	Is the carcass hazardous?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

After initiation, how long are animals and/or bedding/cages considered hazardous?

--

List all precautions that research personnel must follow when working with this agent (i.e. PPE's, biologic or chemical safety hoods, etc):

--

Radiation (also complete Appendix C)

Building and Room Number where radiation will be used:

--

Name of authorized PI:

--

Radioisotope or radiation source	Route of administration	Dosage (activity)	Route of excretion	Is the bedding radioactive?	Is the carcass radioactive?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

After initiation, how long are animals and/or bedding/cages considered hazardous?

--

List all precautions that research personnel must follow when working with this agent (i.e. PPE's, biologic or chemical safety hoods, etc):

--

Note: ARC personnel do not provide for husbandry care of radioactive animals. Appropriate training is required prior to study initiation.

Infectious or Biological Agents (also complete Appendix C)

Will any agents classified as BSL2 (or higher) by the CDC/NIH be used?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

(An electronic copy of the CDC/NIH Biosafety in Microbiological and Biomedical Laboratories can be found on the EHS website)

Name of agent	Bio-safety level	Route of administration	Is the agent infectious to humans and/or animals?	How is the agent shed: feces, urine and/or aerosol?	Is the carcass infectious?

				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

After initiation, how long are animals and/or bedding/cages considered hazardous?

--

Is a vaccine or therapeutic available for humans?

Yes No

If 'yes', discuss prevention and/or treatment:

--

List all precautions that research personnel must follow when working with this agent (i.e. PPE's, biologic or chemical safety hoods, etc):

--

Appendix C **SPECIAL NEEDS SUMMARY SHEET**

Complete this form if you will be using biohazards, radioisotopes, carcinogens, or toxic chemicals in the animal room, OR if you have special husbandry needs.

PROTOCOL:
EXPIRES:

Investigator Name:
Work Phone:
Home Phone:

Other Personnel:
Work Phone:
Home Phone:

Special Husbandry Needs:

Feeding: PI will feed ARC Staff will feed Water: PI will water ARC Staff will water

Describe feeding and/or watering:

Caging:

Light cycle: Room:

Other:

Hazards:

Provide a short description of the agent:

This agent / material is hazardous for: Humans only Animals only Humans and Animals
For which Animal Species?

The agent can be spread by: Blood Saliva or aerosol Feces/urine Not Shed
 Other:

After initiation, how long are animals and/or bedding/caging/biohazardous?

Describe any human health risk associated with this agent:

The precautions checked below apply to this experiment:

- The researcher and their staff are responsible for the feeding and care of these animals, along with proper documentation.
- The following items must be assumed to be contaminated with hazardous material and must be handled and decontaminated only by the researcher or their staff.
 - Cages/Lids Pen/Run Water Bottle Animal Carcasses
 - Bedding Other:
- ARC staff is responsible for decontaminating equipment, cages, enclosures, etc.
 - Autoclave Chemical (Name, concentration and contact time):
- EH & S must survey equipment
- Animal carcasses must be labeled and disposed of as follows:
 - Double black bag, Disinfection of bag's exterior, and Incineration Radioactive Waste Container with attached Yellow Tag
- All contaminated waste (soiled bedding or other animal waste) must be properly labeled and disposed of as follows:
 - Double black bag, Disinfection of bag's exterior, and Incineration Radioactive Waste Container with attached Yellow Tag
 - Other

Personal Protective Equipment Required: (NOTE: Personal protective equipment must be removed before leaving the room.)

- The following personal protective equipment must be worn/used in the room:
 - Disposable Gowns Safety Glasses Shoe Covers
 - Disposable Nitrile Gloves Goggles Waterproof Boots or Covers
 - *NIOSH Disposable Respirator (N-95) Face Shield Bouffant Cap
 - Disposable mask with acetate face shield (mucous membrane protection)
 - *Fitted Respirator Type:
 - Other
- Personal protective equipment must be decontaminated before disposal:
 - Autoclave Other:
- Hands, arms, and face must be thoroughly washed upon leaving the room

Provide any other information needed to safely work in this room, including immunization and personnel disease surveillance:

For all Hazards, provide the date and person spoken to at EH & S regarding the safety precautions:

*Contact EH&S to become part of the respiratory protection program.

PROTOCOL:

Dartmouth College & Dartmouth Hitchcock Medical Center
This Housing Form and the Daily Husbandry Log
must be posted within the Laboratory at all times.

This form expires 9/30/2005

EXPIRES:	
-----------------	--

Investigator Name:
 Work Phone:
 Home Phone:

Primary Contact:
 Work Phone:
 Home Phone:

Justification for Satellite Animal Housing

List other person(s) responsible for daily care:

Name	After-hours phone number:

Location (Building and room #)		Specie(s) housed	
Average daily census of species			
Average duration of housing		Maximum duration of housing	

Housing

Type of caging/bedding/# animals per cage

Procedures for cleaning cages, including frequency, agents used, how records are maintained, etc.,

Contact the ARC Veterinary Staff to discuss proper caging/bedding, cleaning procedures, or any other questions.

Feeding

Type of food: _____ Frequency of feeding: _____ How is the food provided to animals? _____

--	--	--

Where is the food purchased? _____ How is the food stored? _____

--	--

Assurance of food quality (shelf life, monitoring of expiration, etc.)

How is water provided?

Animal Observation

Discuss the frequency of observations:

How are the animals identified?

Animal Environment (How are the following maintained and monitored?)

Temperature _____ Air Exchange Rate _____ Lighting Cycle _____

--	--	--

Date Completed: Emergency Veterinarian: 650-7592



Dartmouth College HANOVER • NEW HAMPSHIRE • 03755

37 Dewey Field Rd, Suite 6216 • Tel: (603) 646-1762 • Fax: 646-2622

ENVIRONMENTAL HEALTH AND SAFETY

<http://www.dartmouth.edu/~ehs/>

Michael B. Blayney, Ph.D.
Director

January, 2003

To: All Dartmouth Research Personnel Involved in the Use of
Animals and Potentially Hazardous Materials

Subject: Protocol Review and Assistance

This letter serves as a reminder to contact EHS for assistance and review of your Animal Subjects Review Form—before submission. You must contact EHS for assistance when proposing research that involves the use of potentially infectious agents requiring Biological Safety Level 2 (BSL2) or Animal Biological Safety Level (ABSL2) practices and procedures. Information on BSL2/ABSL2 requirements is found on the EHS web site www.dartmouth.edu/~ehs/

You must contact EHS when proposing research that involves the use hazardous chemicals with a lethal dose value (LD₅₀) of 50mg per kilogram by any route of entry. You must also contact EHS when proposing work with acutely toxic chemicals that have a narrowly defined—or unknown—margin of safety (such as poor warning properties, rapid onset or irreversible effects). Chemical safety information is found on the EHS web site, as well.

All research involving the use of ionizing radiation must have EHS approval through the Radiation Safety Officer (RSO). All animal work involving the use of Class IIIb or IV lasers must be reviewed by the RSO.

Please call if we can be of assistance to you in writing your proposal.

Thank you.

Michael Blayney