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**Institutional Review Board**

**FSU- IACUC (Institutional Animal Care and Use Committee)**

Application for the Use of Animals in Research

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| 1. **Instructions:** 2. **1**. All materials must be typed. 3. **2**. A signed original, with all necessary signatures is required.. 4. **3**. All applications must be submitted single-sided and not stapled. 5. 4. Omission of documents will yield an incomplete application and prolong your review process. 6. 4. Responses are rendered within 14 business days to the Principal Investigator**.** 7. **6. Questions can be directed to Dr. A. Leslie Evelyn at (910) 672-1644 or aevelyn@uncfsu.edu.** |
| **Checklist for Application Submission:**   * IACUC Application with applicable signatures (original) * Certificate of animal care and use training for investigators and all key personnel, * Certificates of Responsible Conduct of Research (Ethics) for all investigators and key personnel * Letter(s) of support or agreement (if conducting research at another agency, school, etc.) * When appropriate, include IACUC-approved protocol from other involved institution or organizations   **Applications should be delivered to:**  The Office of Sponsored Research and Programs  Attn: Dr. Leslie Evelyn  Broadwell College of Business and Economics, Room 310  Fayetteville, NC 28301  **This study will be reviewed in accordance with federal regulations governing laboratory animal welfare used in research including those found at PL 99-158 (Public Law), 67 FR 51289, where applicable.** |

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| **Principal Investigator (PI):**  [This individual assumes **overall** responsibility for 1) development and submission of this Animals in Research and Teaching Application, 2) obtainment of legally effective informed consent and assent (as applicable) from prospective animal owners by all authorized personnel listed on this Animals in Research and Teaching Application, 3) the performance of research interventions, and 4) the presentation or publication of the data.] | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PI Status: (check one)**: FSU Faculty FSUStaff FSUUndergraduate StudentFSU GraduateStudent Visiting Scholar  Non FSU Affiliation (Specify Institution): (Complete appropriate section below) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Official Email of the PI:** (This is the address to where all IACUC correspondence will be sent.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Department:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Project Title:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **New Protocol OR**  **Replacement for Protocol #:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone Number:** | | | **( )** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Co-Investigator #1:** | | |  | | | | | | | | | | | **Department:** | | | | | | | |  | | | | | |
| **Co-Investigator #2:** | | |  | | | | | | | | | | | **Department:** | | | | | | | |  | | | | | |
| **Key Study Personnel:** Key personnel are defined as individuals who participate in the design, conduct, or reporting of animal use in research and teaching. At a minimum, these individuals may be involved in conducting procedures and obtainment of legally effective informed consent/assent. All key personnel must have sufficient knowledge about the protocol to facilitate effective animal use in research and teaching as well as complete the Animal Use in Research and Teaching Training. If personnel have not been identified please list TBD in the Name column. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Names (or TBD\*)** | | | | | | | **Position** | | | | | | | | | | | | **Department** | | | | | | | | |
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| **Is internal or external funding being sought for this research?**  **Yes**  **No**  **Funding Source(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, you must (1) submit a complete copy of that proposal as soon as it is available and (2) provide one copy of the funding announcement and all relevant forms, instructions, etc., with your original copy of this application. Does the funding agency require notification of Institutional Review Board approval?  Yes  No  Project period dates to \_  *This is required information, must be future dates - after you have received final IACUC approval to conduct your research.*  **Other Institutional Review Boards** Does the research involve another institution or site?  Yes  No   * If yes, please list all institutions and sites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Has any other IRB approved this project?  Yes  No If **Yes**, please provide a copy of the approval letter with this application. If **No**, will any other IRB be asked for approval?  Yes (please specify which IRB)  No     Departmental Support  Teaching (if applicable): Course Number(s), Year(s), Semester(s) offered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Principal Investigator’s Signature | | | | | | | | | | | | | | | |  | | | | | Date | | | | | | |
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| The activity described herein is in conformity with the standards set by our department and I assure that the Principal Investigator has met all departmental requirements for review and approval of this research. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Department Chair’s or Dean’s Signature | | | | | | | | | | | | | | | |  | | | | | Date | | | | | | |
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| 1. **COMPLETE THIS SECTION IF THE PRINCIPAL INVESTIGATOR IS A GRADUATE STUDENT (NOTE: Graduate Faculty Status is required for all Thesis/Dissertation Chair or Advisors.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check one: | Thesis | | | | | | | Dissertation | | | | | | | Other | | | | |  | | | | | | | |
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| Has the Thesis/Dissertation Committee approved the proposal? ❑ Yes Date Approved: / /  No | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name of Thesis/Dissertation Advisor: | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| Advisor’s Department: | | | |  | | | | | | | | | | | Advisor’s Phone No.: | | | | | | | |  | | | | |
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| 1. **COMPLETE THIS SECTION IF THE PRINCIPAL INVESTIGATOR IS AN UNDERGRADUATE STUDENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check one: | Class Project/Paper | | | | | Honors Project | | | | | | Independent Study | | | | | | | | | | Other | | |  | | |
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| Name of Research Supervisor/Class Instructor: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Department: | |  | | | | | | | | | | | | | | | Phone No.: | | | | |  | | | | | |
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| Course Name (if applicable): | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **INVESTIGATOR ASSURANCES AND AFFIRMATION OF COMPLIANCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I agree to follow the procedures outlined in the summary description and any attachments to ensure that the welfare of animals in my project is properly protected. I understand that the study will not commence until I have received approval of these procedures from the IACUC; I have complied with any required modifications in connection with that approval. I understand that additions to or changes in the procedures involving Animal subjects, or any problems with the welfare of the Animal must be promptly reported to the IACUC. I further understand that if the project continues for more than one year from the approval date, it must be re-submitted as a renewal application.  \***NOTE**: You (the investigator/researcher) are required to notify the IACUC if any substantive changes are made in your research prospectus/protocol, if any unanticipated adverse events are observed on the subjects during your research, and when your project has ended. **Important:** If your project lasts longer than one year, you (the investigator/researcher) are required to notify the Office of Sponsored Research and Programs in writing of *Notice of Project Ending* or *Request for Continuation* at the end of each year. See the OSRP website for the proper form at <http://uncfsu.edu/research> Failure to notify the IACUC of the above may result in disciplinary action under the FSU campus student and faculty misconduct policy. You are required to keep copies of the informed consent forms and data for at least three years.  \*(**Required for all Investigators**):I affirm the accuracy of this application, and I accept responsibility for the conduct of this research, the supervision of research conducted on animal subjects, and maintenance of owner’s informed consent documentation as required by the IACUC. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Principal Investigator’s Signature | | | | | | | | | |  | Date |  | | | Co-Principal investigator’s Signature | | | | | | | | | | |  | Date |
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| 1. **APPROVAL OF FACULTY ADVISOR/SPONSOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*(Required for all faculty advisors) By signing - you as Faculty Advisor affirm the accuracy of your students application and accept responsibility for the conduct of this research, the supervision of the researcher (student) in ethical conduct of research, and maintenance of informed consent documentation as required by the IACUC. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor or Committee Chair Signature (for student investigator) | | | | | | | | | | | | | | | | | |  | | | | | | Date | | | |
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| 1. **NON-SCIENTIFIC SUMMARY OF THE PROPOSED WORK** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Provide a BRIEF description of the project, including the purpose and importance of this animal use activity. 2. Include statements of the purpose, importance of animal use, and a description of the procedures to be used. 3. What is the specific species that will be used and why is its use important to the study? 4. What species of animal will be used? 5. How many animals will be used? 6. How will the animals be sacrificed and disposed of? 7. If any chemicals are to be used for the research, please include the SDS for each chemical. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **PROJECT EVALUATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For evaluation of your project, indicate that the following conditions have been met:  The study and its associated facilities meet all appropriate federal, state, and local regulations (*IACUC Institutional Animal Use and Care Committee*).  The study is designed to be conducted and terminated with due and acceptable regard for the welfare of the animal subjects.  The study is designed to avoid inflicting needless pain and/or suffering. When required, the appropriate tranquilizers, analgesics, and/or anesthetics will be used.  Adequate safeguards have been made for the safety and comfort of the animal participants.  The biomedical appropriateness of using the selected animals models in the research has been considered and justified. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **SIGNATURE SECTION** | | | |
| THE PRINCIPAL INVESTIGATOR MUST ASSURE THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE THAT ALL PROCEDURES PERFORMED UNDER THE PROJECT WILL BE CONDUCTED BY INDIVIDUALS LEGALLY AND RESPONSIBLY ENTITLED TO DO SO, AND THAT ANY DEVIATION FROM THE PROJECT (E.G., CHANGE IN PRINCIPAL INVESTIGATORSHIP, RESEARCH METHODOLOGY, SUBJECT RECRUITMENT PROCEDURES, ETC.) WILL BE SUBMITTED TO THE IACUC FOR ITS APPROVAL PRIOR TO ITS IMPLEMENTAION.   1. I hereby apply for approval for the project described, and assume responsibility for the animal care and use associated with this research. 2. I understand the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, government regulations and FSU’s policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes. My signature certifies that I will conduct the project in full compliance with the aforementioned requirements. 3. I certify that the activities listed in this protocol do not unnecessarily duplicate previous experiments. 4. I certify that all personnel involved in the animal care, treatment and use aspects of this protocol are, or will be, adequately trained prior to participation in this study. 5. I certify that I will obtain approval from the IACUC before initiating any significant changes to the study. Significant changes include but are not limited to: changes in the objectives of the study; changes in species or in the approximate number of animals used; changes in personnel involved in animal procedures; changes in anesthetic agent(s), the use or withholding of analgesics, and methods of euthanasia; changes in the duration, frequency, or number of procedures performed on an animal.   **NOTE: Applications and any additional material requested by the IACUC will not be processed unless legible, properly prepared, and signed personally by the Principal Investigator, Sponsor (if applicable), and the Principal Investigator’s supervisor or department/division chair.** | | | |
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| Signature of Principal Investigator |  | Date |  |
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| Signature of Co-Principal Investigator |  | Date |  |
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| Signature of Co-Principal Investigator |  | Date |  |
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| Signature of Responsible Faculty Advisor (If P.I. is not faculty) |  | Date |  |
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| Signature of Department/Division Chair |  | Date |  |
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