

PROPOSED ANIMAL USE REQUEST FORM
Institutional Animal Care and Use Committee (IACUC)
Minnesota State University, Mankato

Notes:

1. This form does not have to be used but all the information requested must be provided.
2. This form provides the necessary information for IACUC approval, and also provides caretakers with necessary information.
3. If more than one species is requested or if different protocols exert different amounts of pain or discomfort to the animals, questions 6-16 must be completed for each protocol.
4. Due to space and personnel limitations, use of non rodent animals require special attention to the justification.
5. The present facilities do not allow for housing of primates, dogs, cats, large mammals, or wild mammals. Proposals involving these species will not be approved.

1. Name of Researcher: _____

email: _____ Phone: _____

2. Proposed use: Research Education

3. Title of Project or Class:

4. Duration of Project:

for class use:

Terms (check all that apply)

Fall Spring Summer

Yearly Alternate Years Occasionally

for research: _____ to _____
(dates)

5. Briefly describe the objectives, justification for use of the animals, and protocols. Copies of the appropriate portions of grant proposals are acceptable.

6. Animals Requested:

a. Type of Animal: _____

b. Total Number: _____

c. Expected Average Number per Month: _____

7. Care Requirements.

Normal for rodents: (standard commercial chow and water ad lib. 12 hour light/dark cycle, temperature at 72° F, wood chip bedding)

Special for rodents or other species (please describe):

8. Indicate category of ethical concerns:

Experiments on vertebrate animal species that are expected to produce little or no discomfort.

Experiments on vertebrate animal species that involve some discomfort (short lasting pain).

Experiments on vertebrate animal species that involve significant but unavoidable distress or discomfort.*

Experiments on unanesthetized conscious vertebrate animal species that involve inflicting severe pain.**

* Supporting materials must be attached which clearly justify the procedure.

**Experiments of this nature are inappropriate at Minnesota State University, Mankato, and will not be approved.

9. Procedures to minimize/alleviate pain, if needed.

10. Euthanasia method:

11. Animal disposal at the end of the study:

12. Indicate any of the following involved in the study, and describe any special handling needed.

carcinogens

toxic chemicals/gases

experimental or controlled drugs

infectious agents: to humans to animals of the same species

radioisotopes (must be approved by Radiation Safety Committee)

other hazards to humans or animals housed in the same room

Specify:

13. Sick Animal Disposition: notify researcher treat
 euthanize other

14. Dead Animal Disposition notify researcher other

Approval (disapproval) Information

(submit a copy of this page with FRG or other grants)

Name of Researcher: _____

Proposal Title: _____

1. Funding source for animal purchase or maintenance: _____

2. I have obtained approval for housing and care of the animals in the animal care facility:
(check)

_____ Yes

Date submitted:

Signature of researcher

Date approved/disapproved by IACUC

Approval #: _____

Signature of IACUC chair

If disapproved: reasons for disapproval: