AVINASHILINGAM INSTITUTE FOR HOME SCIENCE AND HIGHER EDUCATION FOR WOMEN, COIMBATORE – 641 043

INSTITUTIONAL ANIMAL ETHICS COMMITTEE APPROVAL APPLICATION

Protocol form for use of animals in new experiments or extension of ongoing experiments

1. **Project title :**
2. **Chief Investigator**
   a. Name :
   b. Designation :
   c. Dept/Lab/Div :
   d. Telephone number :
3. **List of names of all individuals authorized to conduct procedures under this proposal**

Name	Institutional Affiliation	Procedure	Contact Details

4. **Funding Source :**
5. **Duration of the project**
   a. Number of months :
   b. Date of initiation :
   c. Date of completion :
6. **If date by which approval is needed is less than six weeks from the date of Submission, justification for the same**
7. **Study Objectives (The aims/objectives of study, and why they are important to be explained briefly using non-technical terms as far as possible)**
8. **Animals required**
   a. Species
   b. Age/ Weight/ Size
   c. Gender
   d. Numbers to be used **(**Year wise break-ups and total figures needed to be given)
   e. Number of days each animal will be housed

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9. Rationale for animal usage

a. Why is animal usage necessary for these studies?
b. Why are the particular species selected required?
c. Why is the estimated number of animals essential?
d. Similar experiment conducted in the past. If so the number of animals used and results obtained in brief
e. If yes, why new experiment required?
f. Have similar experiments(s) been made by any other organization/ agency? If so, their results in your Knowledge

10. Description of procedures to be used

- List and description of all invasive and potentially stressful non – invasive procedures that animals will be subjected to in the course of experiment, indication of the frequency for all procedures where appropriate.

- The following specific issues are also to be addressed when relevant injections (Substances, doses sites and volumes), blood withdrawal (volumes and sites), radiations (dosage and schedule), all anesthetics and / or analgesics (dosage and routes), mechanical methods of restraint, animal identification methods, methods of non- survival surgical procedures and experimental end point criteria (required when pathological; changes are expected to be caused).

11. Does the protocol prohibit the use of anesthetic or analgesic for the conduct of procedures (any which cause more pain than that associated with injection or blood withdrawal)? If yes, explanation and justification

12. Will the survival surgery be done? If yes the following to be described:

a. List and description of all surgical procedures. (Including methods of asepsis)
b. Name, Qualifications and experience levels of the Veterinarian/Operators
c. Description of the post-operative care
d. Justification if major survival surgery is to be performed more than once on a single individual animal

13. Methods of disposal post-experimentation

Rehabilitation / Euthanasia (in case of euthanasia, justification for not undertaking rehabilitation and drug dosage and route for anesthesia, where appropriate, as well as methods of carcass disposal)

14. Animal transportation methods if extra institutional transport is envisaged

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15. Use of hazardous agents (Use of recombinant DNA based agents or potential human pathogens)

- Requires documented approval of (Institutional Biosafety Committee I B C).
- For each category, the agents and biosafety level required, appropriate therapeutic measures & the mode of disposal of contaminated feed, animal wastes and carcasses must be identified)

a. Radionuclides **YES** ☐ **NO** ☐

If yes; details

b. Biological Agents **YES** ☐ **NO** ☐

If yes; details

c. Hazardous chemicals or drugs **YES** ☐ **NO** ☐

(Copy of IBC Approval to be attached in case of hazardous agents are used)

If yes; details

d. Recombinant DNA **YES** ☐ **NO** ☐

If yes; details

e. Any other (give name) **YES** ☐ **NO** ☐

Applicable only in case of extension of ongoing project

16. Details of original sanction (Number, date etc.,)

17. Justification for extension (including summary of objectives and work to be undertaken during extension)

18. Deviation from the original protocol, which was sanctioned.

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Investigator's declaration **YES / NO / "Not Applicable"**

- I certify that I have determined that the research proposal herein is not Unnecessarily duplicative of previously reported research.
- I certify that all individuals working on this proposal, and experimenting on the animals, have been trained in animal handling Procedures.
- For procedures listed under item 11, I certify that I have reviewed the Pertinent scientific literature and have found no valid alternative to any Procedure described herein which might cause less pain or distress.
- I will obtain approval from the CPCSEA/IAEC before initiating any Significant changes in the study.
- Certified that performance of experiment will be initiated only upon review and approval of scientific intent by appropriate expert body (Institutional Scientific Advisory Committee / Funding agency/ other Body (to be named))
- Institutional Biosafety Committee (I B C) certification of review and concurrence will be taken (Required for studies utilizing DNA agents of human pathogens)
- I shall maintain all the records as per format (Form D)

Signature :
Name of the investigator :

For IAEC/CPCSEA usage)

Proposal Number
Date first received
Date received after modification (if ANY)
Date received after s second modification (if ANY)
Approval Date
Expiry Date
Name of IAEC/CPCSEA Chairperson
Date: **Signature**