**Application for Ethical Approval of Use Research Animals**

استمارة الحصول على موافقة لجنة أخلاقيات البحث العلمي للابحاث المتعلقة بالحيوان

The Research Ethics Committee (REC) of Faulty of Veterinary Medicine-Assiut University requires the fulfilment of the following regulations for all procedures involving experimentation on animals.

**Please respond to the following points:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Research Number (**Official Use**): | | | | | | | |  | | |
| 1. Received Date: | | | | | | | |  | | |
| 1. Research **Title:** | |  | | | | | | | | |
| English |  | | | | | | | | | |
| Arabic |  | | | | | | | | | |
| **Type of submission:** **New protocol** **Re-Submission**  **amendment** | | | | | | | | | | |
| 1. **Principal Investigator (PI),**   **or supervisor in case of student research**: | | | | | | | |  | | |
| 1. **National Identity Card Number** | | | | | | | |  | | |
| 1. **Faculty or Centre or Institute:** | | | | | | | |  | | |
| 1. Mobile: | | | |  | | | | e-mail: | | |
| 1. **Type of Research:** | | | | | | | | Master Thesis  Ph.D. Thesis  Faculty research (independent)  Project  Others | | |
| 1. **Primary purpose?**  |  |  |  | | --- | --- | --- | | Research | Diagnostic | Other (please specify) | | Teaching | Productdevelopment |  | |  |  |  | | | | | | | | | | | |
| 1. **Main subject?**  |  |  |  | | --- | --- | --- | | Behavior | Biochemistry | Nutrition | | Cell Biology | Clinical sciences | Drug development development | | Ecology | Genetics/gene manipulation | Immunology | | Molecular biology | Parasitology | Zoonosis | | Pharmacology | Physiology | Toxicology  N |   Embryology & comparative anatomy | | | | | | | | | | |
| 7- Co-Investigators and Member(s) of Research Team | | | | | | | | | | |
| Name | | | Contact Information Email/mobile | | | | | Department/ College | | Role in Research |
|  | | |  | | | | |  | |  |
|  | | |  | | | | |  | |  |
|  | | |  | | | | |  | |  |
|  | | |  | | | | |  | |  |
| 1. **The Scientific outcomes:** | | | | | |  | | | | |
| 1. **Categories of Invasiveness in Animal Experiments** | | | | | | | | | | |
| 1. **Experiments on most** **invertebrates or on live isolates** | | | | | | Yes  No | | | | |
| **If yes, please choose sources of the obtained tissues:**  Biological samples e.g. serum, plasma  Commercially available animal cell lines.  Euthanized animals from an approved protocol.  Cadaver/Tissue from abattoir or purchased from the market.  Cadaver collected from the field, e.g., road-kill.  In case of, use of commercial or established animal cell lines for *in vitro* work only. Please  **complete the following**:  **Type of cell line:**   |  |  |  | | --- | --- | --- | | **Name** | **Animal species** | **Source**  **(Name and address of the supplier)** | |  |  |  |   **In case of, use of animal tissues. Please complete the following:**   |  |  |  | | --- | --- | --- | | **Animal species** | **Tissue type** | **Quantity and frequency** | |  |  |  |  1. **Type of animal tissues requested:** | | | | | |  | | | | |
| **\*Please describe how tissues or cadavers are packed, transported to the location where it will be used:**   1. Packaging method:  |  | | --- | |  |  1. Transportation (provide means) and safety procedures:  |  | | --- | |  |  1. Source of animal tissue/cadaver:   Commercial source/ abattoir  Provide the name and address of the supplier:  Dead animals collected from field (e.g. from car accident, etc..)  Provide the location and cause of death if known:   |  | | --- | |  |   Euthanized animal from approved protocol. IACUC protocol number ………………….  Other sources, please describe:   |  | | --- | |  | | | | | | | | | | | |
| 1. **Experiments on vertebrates** | | | | | | | | | | |
| |  | | --- | | 1. **Types of animal use (check all that apply)**   Instructional  Breeding  Testing  Research   Surgery Clinical assay  Other | | | | | | | | | | | |
| 1. **ANIMAL REQUIREMENTS:**  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Species | Strain | Age | WT | Sex  (M, F) | Total  Number | Source | |  |  |  |  |  |  |  | | | | | | | | | | | |
| Pharmacological Agents and Substances Administered:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Agent/Substance** | **Drug** | **Dosage** | **Frequency** | **Route Administered** | | **Anaesthetic Agent** |  |  |  |  | | **Post operative Analgesic** |  |  |  |  | | **Antibiotic** |  |  |  |  | | **Others** |  |  |  |  | | | | | | | | | | | |
| 1. Does this research involve the use of any animals that have been the subject of previous research? If animals are to be re-used, individual records must be kept for each animal and this must be indicated in the final report. | | | | | | Yes  No | | | | |
| If yes, answer the following | | | | | | 1. What has previously been done to the animals? | | | | |
| 2-Justify the re-use of the animals? | | | | |
| 3-No. of approval | | | | |
| 1. **How to avoid any cross contamination along your research time?** | | | | | |  | | | | |
| 1. **Is there any “Surgical Procedure” will be performed on animals?**   **Yes**  **No, if no, skip to following question.** | | | | | | | | | | |
| 1. Type of Surgical Procedure is: Non-survival or Survival 2. Title of Surgery and description of Surgical Procedure: 3. Location of Surgical Procedure (Animal house/Laboratory): 4. Name of Surgeon(s)/operator(s); please provide relevant training and experience in the procedure being performed 5. 5- Please provide details of the anesthesia techniques used: the drug(s) dose and administration route | | | | | | |  | | | |
| 1. **Do you intend to collect blood samples from animals?**   **□Yes □ No. If yes, describe the blood collection procedure:** | | | | | | | | | | |
| Frequency: | | | | | Volume collected: | | Method of collection: | | Site of collection: | |
| 1. **USDA Pain and Distress Categories:**  * **USDA Category B(**No pain or distress) * **USDA Category C (**Slight or momentary pain or distress)  or no pain or distress * **USDA Category D (**Pain or distress appropriately relieved by analgesia,   tranquilization or anesthesia. * **USDA Category E (**Unrelieved pain or distress) | | | | | | | | | | |
| 1. **How long will animals be held after they recover from experimental procedures?** | | | | |  | | | | | |
| 1. **Does this experiment pose any health risk to staff or other animals?**  * **If yes, how will this health risk be minimized?** | | | | | NO  YES | | | | | |
| 1. **Describe how the animals will be disposed of at the end of the experiment, (e.g. returned to their flock, passed on to another researcher, euthanized, released to the wild, re-homed, etc.) If they are to be euthanized how will the carcases be disposed of.** 2. **Does death as –an-endpoint form part of this research?**  Yes  No | | | | |  | | | | | |
|  | | | | | |
| I/we the undersigned have read the Animal care Guidelines and accept responsibility for the conduct of the experimental procedures detailed in this proposal in accordance with the guidelines contained in the Guide for the Care and Use of Laboratory Animals 8th Edition 2011 (the Guide).  I/We understand that I must notify the REC of Faculty of Veterinary Medicine, Assiut University through the amendment process of any changes in the research use of the animals, including the changes of personnel, the number of animals, species used, or procedures performed, and understand that no additional procedures can be started without express prior approval from the REC.  At the end of each year, an annual protocol report should be submitted to the  REC. | | | | | | | | | | |

Responsible investigators

|  |  |  |
| --- | --- | --- |
| **Principal Investigator (PI) Name** | PI Signature | Faculty- Department |
| Co-Investigator Name | Co-Investigator Signature |  |
| Co-Investigator Name | Co-Investigator Signature |  |
| Co-Investigator Name | Co-Investigator Signature |  |
| Co-Investigator Name | Co-Investigator Signature |  |