|  |  |  |  |
| --- | --- | --- | --- |
| C:\Users\iamasd\Desktop\download (1).jpg | **Veterinary Medicine, Beni-suef, University Veterinary Animal Care, Use and teaching Committee****VACUTC**

|  |
| --- |
|  **+20 122 468 8745** **vet.iacuc@vet.bsu.edu.eg**  |

 |  |
| **Application form for the approval of use of animals in research and teaching** |

**Section (A): Administrative Data:**

* **Faculty/University:** ……………………………………………………………………..
* **Department:** …………………………………………………………………..

|  |
| --- |
| **VACUTC/Month/Day/Year/Serial number** |

* **Principal Investigator (PI):** …………………………………….
* **contacts:**
* **Phone:**……………………….
* **E-mail:**…………………………………………………………….
* **Research team information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Co-Investigator (s)** |  ) …………………………………………………… |  |  |
| **Name** |  | **Department** |
| **Institution** |  |
| **Phone** |  | **Email** |  |
| **Co-Investigator (s)** |
| **Name** |  | **Department** |
| **Institution** |  |
| **Phone** |  | **Email** |  |

|  |  |
| --- | --- |
| **Protocol Title** | ----------------------------------------------------------------------------------------------------- |
| **Protocol duration** | ------------------------------------------------------------------------------------------------------------- |
| **Proposed date for the start of research** | ---------------------------------------------------------------------------------------------------------- |
| **This protocol is:** | [ ]  Initial submission [ ]  Resubmission [ ]  Renewal [ ]  Modification: Don’t tick any box if student/s are not known/enrolled yet. |
| **The application for**  | [ ]  Thesis Msc [ ]  - Ph D [ ]  [ ]  Research [ ]  Project [ ]  Teaching Course name: Code:[ ]  Pilot study [ ]  Others  |

**Section (B): Animal Requirements:**

**B1: Animal Species:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Species:  | Source | Average Number | Average Weight | Sex | If female animals, please mention their reproductive status |
|  |  |  |  |  |  |

**B.2: Animal housing:**

|  |  |
| --- | --- |
| **Description** | **Criteria** |
| Location(s) where manipulation will be conducted | …………………………………………………………………………………. |
| Housing type | -Controlled**[ ]**  -Semi-controlled **[ ]**  other**[ ]**  |
| Housing accommodation Water source Feeding plan Stocking rate Lighting Ventilation | -Main source **[ ]**  -Underground **[ ]**  -Other **[ ]** -Normal **[ ]**  -Special diet **[ ]** Special regime **[ ]** -Proper **[ ]**  - Improper **[ ]** - Sufficient **[ ]**  - Poor**[ ]** -Proper **[ ]**  -Poor **[ ]**  |
| Recording of air temperature, humidity, and air speed daily | Once /day **[ ]**  -Twice/day **[ ]**  -Weekly **[ ]**  |
| Cleaning and disinfection plan | Present **[ ]**  Absent **[ ]**  |

**B3: Average number of animals required for Thesis /Research**

………………………………………………………………………………………….

………………………………………………………………………………………….

**B4: Justification of the animal species used in scientific research:**

e.g a-understand fundamental biological processes b- develop and test new therapies

c- study diseases

**B5: Pain / Stress Monitoring**

**Interventions, dose, and type of anesthetic or analgesic used drugs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug**  | **Dosage** | **Frequency** | **Route of Administration** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**B.5.1.: Levels of animal pain during manipulation procedures**

Please check **ONLY** one box.

[ ]  **No pain [ ]  Moderate pain** [ ]  **Minimum pain [ ] severe pain**

**B.5.2.: Mention** **alternative methods for minimizing pain and or pain monitoring**

|  |  |
| --- | --- |
| **Alternative methods of** |  |
| 1. Pain minimizing
 | 1. analgesics [ ]  b-physical therapies [ ]  c-Topical analgesics [ ]
 |
| 1. Pain monitoring
 | 1. biomarkers or physiological signals [ ]  b- standardized scales
 |

**B6: Does This Protocol Involve Surgery?**

**[ ]  Yes [ ]  NO**

**If the answer is Yes, complete the following section, and if No, proceed to section**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agent/Substance** | **Drug**  | **Dosage** | **Frequency** | **Route Administered** |
| **Anaesthetic Agent** |  |  |  |  |
| **Postoperative Analgesic** |  |  |  |  |
| **Antibiotic** |  |  |  |  |
| **Other :** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Section (C): Protocol Design**

|  |  |
| --- | --- |
| **C1-Title:** | ……………………………………………………………………………………………………………………………………………… |
| **C2-Study Objectives** | ………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **C3-Hypothesis:** | ……………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **C4-Outcomes and Significance****(benefits)** | ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **C5-Key Words**  | ………………………………………………………………………… |
| **C6-Research Background** | ……………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
| **C7- Experimental Design including clear methodology with updated references****(maximum 350 words)** | ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

**Section (D): Euthanasia protocol:**

|  |  |
| --- | --- |
|  **Method** | **Drug, dose and route** |
| Anesthetic overdose |  |
| Decapitation  |  |
| Cervical dislocation  |  |
| cardiac perfusion under anesthesia  |  |
| Others(specify) |  |

**Section (E): Animal Disposal and Safety:**

**What will be the method of disposal of dead animals?**

**Chosen based on factors like cost, available facilities, local regulations, and the presence of infectious agents**

|  |  |  |  |
| --- | --- | --- | --- |
| **a) Incineration**  | **b) Burial**  | **C) Rendering** | **Another method/s** |
|  **[ ]**  |  **[ ]**  |  **[ ]**  | …………………………………………………………………………. |

**Mention the health risks (if present) for any methods used and the precautions that will be taken to minimize them.**

|  |  |  |  |
| --- | --- | --- | --- |
| **a) Infectious**  | **b) Zoonotic** | **C) Injurious** | **Another risk/s** |
|  **[ ]**  |  **[ ]**  |  **[ ]**  | ………………………………………………………………………………… |

**Section (F): Official approval and declaration:**

**Proposal title**

|  |
| --- |
| ……………………………………………………………………………………………………………………………………………………………………………… |

* The investigators of the proposal have been notified and have accepted responsibility for conducting the experimental protocol in accordance with VACUTC guidelines
* The investigators declare that they must notify VACUTC of any changes in the research use of animals.
* The principal investigator declares that all co-investigators will follow the guidelines and rules of VACUTC.

|  |  |  |
| --- | --- | --- |
|  **Name:** ………………………………………. |  **Date:** …………………. |  **Signature:** …………………. |

|  |
| --- |
| **Department Approval:** ……………………………………………………………….. |

|  |  |  |
| --- | --- | --- |
| **Head of Department** | **Signature** | **Date** |
|  …………………. |  …………………. |  …………………. |