|  |  |  |
| --- | --- | --- |
|  | **Veterinary Medicine, Beni-suef-university Institutional Animal Care and Use Committee VACUTC**  [**vet.iacuc@vet.bsu.edu.eg**](mailto:vet.iacuc@vet.bsu.edu.eg) **- Mobile:+20 122 468 8745** |  |
| **Application Form for the Approval of Use of Fish in Research and Teaching** | | |

# Section (A): Administrative Data:

1. **Faculty/University:** ……………………………………………………………………..
2. **Department:** …………………………………………………………………..
3. **Principal Investigator (PI):** …………………………………….

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

1. **contacts:**
   * **Phone:**……………………….
   * **E mail…**…………………………………………………………….
2. **Research team information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Co-Investigator (** ) …………………………………………………… | | | |
| **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 |
| **The application for** | Thesis Msc Ph D Research  Project  Teaching Course name: Pilot study  Others | Code: |  |

# Section (B): Fish Requirements:

**B1: Animal Species:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Species & common name | Source | Average Number | Average Weight | Average stocking density | Sex |
|  |  |  |  |  | If female, please mention its spawning status |
|  |  |  |  |  |  |

**B.2: Fish holding facility:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Criteria** | | |
| **a. Location (s)** where manipulation will be conducted | …………………………………………………………………………………. | | |
| **b. Holding facility type** | -glass aquaria | -fiberglass tanks | -other( ) |
| **c. Holding facility accommodations**  =Water type  =Feeding plan (Type, frequency)  =Stocking density  =water exchange  =Oxygenition | * Fresh ( ) * Present ( ) * Proper ( ) * Sufficient * Proper | -Brackish ( )   * Absent ( ) * Improper ( ) * Poor   -Poor | -Marine ( ) |
| **d. Water Quality Monitoring** (recordingof water temp., D.O and ammonia/nitrite and pH) | -Once /day ( ) | -Twice/day ( ) | regularly ( ) |
| **e. Cleaning and disinfection plan** | -Present ( ) | Absent ( ) |  |

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

……………………………………………………………………………………………………………………………………… sample size calculation sample size calculated by G Power program version 3.1 for windows

**B4: Justification of the used fish species in scientific researches:**

**Provide a clear justification explaining choice of species to be used**

These might include structural, physiological, biochemical, anatomical, pathological or other features or consider actions (such as availability of species-specific reagents, or the use of the well-established model which make the model compatible with the research objectives. Cost is not a primary consideration

…………………………………………………………………………………………………………………………………

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**B5: Pain / Stress Monitoring**

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

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

**: Levels of fish pain during manipulation procedures**

Please check **ONLY** one box.

 **No pain ** **Moderate pain ** **Minimum pain ** **Severe pain**

* + 1. **: Mention alternative methods for minimizing pain and or pain monitoring**

|  |  |
| --- | --- |
| **Alternative methods to minimize or monitor pain:** |  |
| a. Pain minimizing | a- pain medicines b-physical therapies |
| b. Pain monitoring | b- opercular movement (respiration), b-loss of balance. c- , swimming behavior |

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

 **Yes ** **NO**

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

**Please provide full description of surgical procedures and pain management during it.**……………………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………

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# 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)** | ………………………………………………………………………………  …………………………………………………………………………  ……………………………………………………………………  …………………………………………………………………………  …………………………………………………………………………  ………………………………………………………………………………  ………………………………………………………………………  ……………………………………………………………………………………  …………………………………………………………………………………… |
| **c.8.References** |  |

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

|  |  |
| --- | --- |
| **Method** | **Drug, dose and route** |
| Anesthetic overdose |  |
|  |  |
| spinal dislocation |  |
|  |  |
| Others(specify) |  |

# Section (E): Fate of remaining fish at the end of the project

What will happen to any remaining fish once the research is completed?

|  |  |  |
| --- | --- | --- |
| **Fate** | | |
| Planned Euthanasia | Yes ( ) | No ( ) |
| Never removed from natural environment | Yes ( ) | No ( ) |
| Returned to natural environment | Yes ( ) | No ( ) |
| Given to another project | Yes ( ) | No ( ) |
| Remain in Project | Yes ( ) | No ( ) |
| Other | Yes ( ) | No ( ) |

# Section (F): Mention the health risks (if present) for any methods used and the precautions that will be taken to minimize it.

|  |  |  |
| --- | --- | --- |
| **a) Zoonotic** | **b) Injurious** | **Another risk/s** |
| **( )** | **( )** | ………………………………………………………………………………… |

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

**Proposal title**

………………………………………………………………………………………………………………………………………………………………………………

* + - * The investigators of the proposal have been notified and accepted the responsibility for conducting the experimental protocol in accordance with VACUTC guidelines
      * The investigators declare that they must notify VACUTC with 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** |
| …………………. | …………………. | …………………. |