|  |  |  |
| --- | --- | --- |
| eng | **Veterinary Medicine Cairo University Institutional Animal Care and Use Committee****Vet. CU. IACUC** | A picture containing room  Description automatically generated |
| **Application form for the approval of use of animals in research and teaching** |

**Section (A) Administrative Data**

**Faculty / University**

**Department**

|  |
| --- |
|  **Vet/CU/Month/Day/Year/Serial number** |

 **Principal Investigator (PI):**

 **Mailing address:**

 **Phone:**

 **E mail:**

 **Research team information:**

 **Co- investigators**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 submisson [ ] 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: Sex:**

 **If female animals, please mention its reproductive status**

 **Weight:**

Primary housing location (s):

Location(s) where manipulation will be conducted:

Animal housing specification:

**Describe the animal housing**

1. **Microenvironment: (housing, cage type, feeding watering and bedding)**
2. **Macroenvironment (temperature and humidity)**

 **B3: Explanation of the required number of animals useed**

**B4: Justification of the used animal species**

**B5: Pain / Stress Monitoring**

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

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

**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 |

**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) Euthanesia 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?**

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

**Section (F) 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 Vet CU IACUC guidelines

[ ]  The investigators declare that they must notify Vet CU IACUC with any changes in the research use of animals.

 [ ]  The principal investigator declares that all co investigators will follow the guidelines and rules of Vet CU

 IACUC.

|  |  |  |
| --- | --- | --- |
|  **Name** |  **Date** |  **Signature** |

|  |
| --- |
| **Department Approval** |

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