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| --- | --- | --- |
| 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**

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| --- | --- | --- | --- |
| **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**

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| --- | --- |
| **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 :**

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| --- | --- |
| **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**

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|  |

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.

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

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

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