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|  | **FACULTY OF SCIENCE**  **TANTA UNIVERSITY**  **RESEACRH EHTICAL COMMITTEE (REC)**  **The Institutional Animal Care and Use Committee (ICUC)** |  |
| **Application for Approval to Use Animals in A Research Project** | | |

**Date application received: -------------------**

**Project Title IACUC Register Number**  **IACUC/REC Permit Number**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IACUC-** | **SCI-** | **TU-** | **00** |  |

**Principal Investigator: ………………………………………………………………………………………………………………………….**

Person to contact (if other than PI) for more details on environmental enhancement needs or restrictions for this protocol:

**Research Staff Contact: ……………………………………………………………………………………………………………………… Phone Number: ……………………………………………………………………………………………………………………………….**

**E-mail: ..................................................................@science.tanta.edu.eg**

**Type of Research**:

|  |
| --- |
|  |

Article Ph . D. M. Sc. Project

Refer to the ***Guide for the Care and Use of Laboratory Animals 8th Edition 2011 (the Guide)***. ‘Applicants’ are Staff or Students of the Faculty of Science, Tanta University. Effective alternatives to using live animals must be considered. All use of animals for any purpose must be justified. Investigators have personal responsibility for all matters related to the welfare of the animals they use and must act in accordance with all requirements of the ***Guide***. This responsibility begins when an animal is allocated to a project and ends with its fate at the completion of the project. Investigators have an obligation to treat animals with respect and to consider their welfare when planning and conducting projects.

**Statement:** The principal investigator of this research declare that this study has not been carried out on experiment animal before this current study, either as ongoing or published study.

**DECLARATION BY IACUC CHAIRMAN**

***I certify that this project has been considered and approved by the Zoology DepartmentFaculty of Science, Tanta University IACUC on*** *:*

**The period of approval for this project is (From……………………………..to ………………… )**

|  |  |  |
| --- | --- | --- |
| **IACUC Chairman Name** | **IACUC Chairman Signature** | **Date** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

***Title (In English):***

***………………………………………………………………………………………………………………………………………………………***

***العنوان )باللغة العربية(***

***.........................................................................................................................................................................***

**Institution:** Tanta Univ. Faculty of Science, Department of ………………………….

**Responsible Investigators:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TITLE** | **FAMILY NAME** | **GIVEN NAME** | **QUALIFICATIONS** | **EMPLOYER** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Co- Investigators:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TITLE** | **FAMILY NAME** | **GIVEN NAME** | **QUALIFICATIONS** | **EMPLOYER** |
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* **Research Duration from …………/…………/……….…..to …………../……………/………..…**
* **Funding Sources:**  **…………………………………………………………………………………………………………**

# 1.0 PROJECT CLASSIFICATION (Click a box and Check)

**1.1 PROJECT PURPOSE**

**1.1.1 Primary purpose?**

Research Diagnostic Other (please specify)

Teaching Product

**1.1.2 Social relevance or significance?**

Conservation/Environment Veterinary Science Basic Biology

Medical Science Other (please

**1.2 SUBJECT AREA**

**1.2.1 Main subject?**

Behavior Biochemistry Biomaterials

Cell Biology Microbial Infection Drug Discovery

Ecology Genetics/gene manipulation Immunology

Molecular biology Parasitology Neurobiology Cancer Biology Physiology Toxicology

**1.3 PROJECT CATEGORY**

**1.3.1 PAIN CATEGORY (Check one box)**

1. Routine Minimal, Transient, or No Pain and Distress.
2. Pain, Distress Relieved by Appropriate Measures.
3. Unrelieved Pain or Distress.
4. End point of pain relieving and how:………………………………………………………………………….

**1.3.2 Are any of the following procedures involved? (Check one or more)**

Analgesia Behavioral deprivation Burns

Foetal intervention Genetic manipulation Induction of serious disease

Irradiation Malnutrition

Neoplasia Toxicology NONE

# 2.0 PROJECT AIM

State the research or educational aims clearly without jargon, here or at 4.0 (Protocol).

**……………………………………………………………………………………………….**

**3.0 ANIMALS REQUESTED**

**3.1 Explain why techniques which do not use animals are unsuitable.**

# ………………………………………………………………………………………………

**3.2 If requesting animal tissue only, can tissue be obtained from euthanized animals used for other projects?** (Select and Check)

NO YES with IACUC approval no. / / / IACUC.

**3.3 Justify the use of animals for obtaining information which benefits the Primary Purpose (See** **1.1.1**).

A justification for use of the selected species must also be provided.

**………………………………………………………………………………………………………………………………………………**

**3.4 ANIMALS REQUESTED**

**Experimental animals:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Species | Strain | Age | WT | Sex (M, F) | Total  Number |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **5. Controlled chemical substances**

**List of the main chemicals that will be used to run the experiments in the experimental animals based on your provided protocol:**

|  |  |  |
| --- | --- | --- |
| Items | Chemicals | Please mention if these chemicals are carcinogenic or might be cause any serious disease in case of wrong handling |
| 1. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4. | Click or tap here to enter text. | Click or tap here to enter text. |

**3.6 Provide a justification for the numbers of animals requested including evidence that the numbers are minimal, but statistically robust to achieve the aims of the research. Include a table showing the numbers of animals to be used in treatments (and controls) in 4.0 below.**

**………………………………………………………………………………………………………………**

**4.0 PROTOCOL**

Insert a separate page headed ‘4.0 PROTOCOL’ with a detailed but concise description of experimental or survey protocol(s). Include prior experience of methods used (e.g. for trapping or tagging). Please refer to section 2.2.16 of the Code to ensure that you provide all the required information. Include and fully cite essential references.

* 1. **ETHICAL CONSIDERATIONS**
  2. **How long will individual animals be held and/or subjected to experimental manipulations?**

**………………………………………………………………………………………………………………………………………….**

* 1. **How long will animals be held after they recover from experimental procedures?**

**……………………………………………………………………………………………………………………………………**

* 1. **Is this a repetition of a previous experiment? If yes, please justify the repetition of this experiment.**

**………………………………………………………………………………………………………………….**

* 1. **Have, or will, any of the animals be used in other experiments?**

**………………………………………………………………………………………………………………..**

If yes, please give IACUC register number (if known) and justify their use in this project.

NO YES

* 1. **Does this project involve experimental studies of un-anaesthetised animals which may cause pain or distress and where analgesia will not be used? If yes, state and justify the end point for the experiment and indicate measures to be taken to minimize pain and distress.**

NO YES

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* 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. **SUPERVISION OF EXPERIMENT AND CARE OF ANIMALS:**

**………………………………………………………………………………………………………………………………………………**

* 1. **Who will conduct the experiments and maintain the animals?**

|  |  |
| --- | --- |
|  | **Signature** |
| **Responsible Investigators, Lecturers or Supervisors** | Click or tap here to enter text. |
| **Assistant Investigators, Postgraduate Students or Demonstrators** | Click or tap here to enter text. |
| **Proposed Analgesic (dose rate and regime)** | Click or tap here to enter text. |

**[**

* 1. **Experimental / Collecting Locations**

|  |  |
| --- | --- |
| **Specify intended Animal Housing Facility or Wildlife Sampling Areas to be used** | Click or tap here to enter text. |

* 1. **Animal Housing Requirements.** (Select and check)

**Housing**  Group Individual

**Cage type**  Conventional IVC Micro-isolator

**Micro Bedding**  Normal Special

**environment Feeding**  Normal Special diet Special regime

**Watering**  Normal Supplemented Special regime

**Temperature**  Ambient Other (Details…………………….)

**Macro Humidity**  Ambient Other (Details…………………….) **environment Containment**  Normal Other (Details…………………….)

* 1. **Technical /Training requests** (Select and check)

|  |  |
| --- | --- |
| **Will Staff be requested to perform technical work on animals in addition to routine husbandry?** | Yes No  (Details…………………….) |
| **Will Staff be requested to provide training in any techniques required?** | Yes No  (Details…………………….) |

**Animal Facility Supervisor (signature):** **……………………………………………………………………………….**

* 1. **STATEMENT OF COMPLIANCE**

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.

* 1. **Responsible Investigators, Lecturers or Supervisors**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Phone** | **E-mail** | **Signature** |
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* 1. **Assistant Investigators, Postgraduate Students or Demonstrators**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Phone** | **E-mail** | **Signature** |
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* 1. **FACULTY RECOMMENDATION**

**Head of Department Date:**

|  |  |  |
| --- | --- | --- |
| **التوقيع** | **اعضاء لجنة اخلاقيات البحث العلمى** |  |
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| Click or tap here to enter text. | Click or tap here to enter text. | **.7** |

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| **رئيس اللجنة** |
| **ا.د. يحيى عبد الجليل محمود وكيل الكلية للدراسات العليا والبحوث** |
| **التوقيع** |