Georgian Association for Laboratory Animal Science

Animal Care and Use Committee

SUMMARY SHEET

**(TO BE FILLED BY PRINCIPAL INVESTIGATOR)**

1. Type of Animals used (Please Tick) Number of Animals requested

1. Mice
2. Rats
3. Rabbits
4. Hamster
5. Primates
6. Others

2. Clearance nature recommended (Please Tick)

1. Routine

 (Sacrificing for tissue and/or no extended treatment-

 injections or surgical)

 2. Other

a. Non-invasive procedures

b. Surgical procedures

c. Treatment with agents

 i) Infectious

 ii) Non infectious

3. Biosafety (BSL3) facilities/clearance needed: Yes / No

4. Comments/Remarks:

5. Date protocol submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Name of Principal Investigator:

 Signature:

BRIEF SUMMARY OF THE PROJECT

(IN LAYMAN’S TERM)

 not more than one page

**Part A**

|  |  |
| --- | --- |
| 1\* | Name and address of establishment   |
| 2\* | Registration number and date of registration  |
| 3 | Name and address of breeder from which animals acquired (or to be acquired) for experiments mentioned in parts A & B  |
| 4 | Place where the animals are presently kept (or proposed to be kept)   |
| 5 | Place where the experiment is to be performed   |
| 6 | Date on which the experiment is to commence and duration of experiment   |
| 7 | Type of research involved (Basic Research/Educational/Regulatory)   |

**PART B**

**Protocol form for research proposals to be submitted to the GALAS ACUC, for new experiments or extensions of ongoing experiments using animals other than non-human primates.**

1. Project / Program / Thesis Title:

2. Principal Investigator / Research Scholar / Research Guide /Advisor:

|  |  |  |
| --- | --- | --- |
|  | PI 1 | PI 2 |
| Name, Surname |  |  |
| Organization  |  |  |
| Research unit |  |  |
| Contact information (phone, e-mail) |  |  |
| Title |  |  |

3. List of names of all individuals authorized to conduct procedures under this proposal:

**Institute Personnel Qualifications**

|  |  |  |
| --- | --- | --- |
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4. Funding source with complete address:

5. Duration of the project:

a. Number of months:

b. Date of initiation (Proposed):

c. Date of completion (Proposed):

6. Detailed study plan (Not more than one page):

7. Animals required:

a. Species/Common name:

b. Age / weight / size:

c. Sex:

d. Number to be used:

e. Number of days each animal will be housed:

f. Proposed source of animals:

8. Rationale for animal usage:

a. Why is animal usage necessary for these studies?

b. Why are the particular species selected required?

c. Why is the estimated number of animals essential?

d. Are similar experiments conducted in the past? If so, the number of

 animals used and results obtained in brief.

e. If yes, why new experiment is required?

f. Have similar experiments been made by any **other** organization

 agency? If so, describe.

9. Description of animal manipulations:

List and describe all invasive and potentially stressful non-invasive procedures that animals will be subjected to in the course of the experiments.

Injections:

Blood withdrawal:

Volume:

Route:

Radiation:

Food/water restriction:

10. Please provide brief descriptions of similar studies from *in vitro* / *in vivo* (from other animal models) on same/similar test component or line of research. If enough information is available, justify the proposed reasons.

11. Does the protocol prohibit use of anesthetic or analgesic for the conduct of painful procedures (any which cause more pain than that associated with routine injection or blood withdrawal)? If Yes, provide explanation and justification.

 y/n

12. Will survival surgery be done? If Yes, provide the following information:

 y/n

a. List and description of all such surgical procedures (including

 methods of asepsis):

b. Names, qualifications and experience levels of operators:

c. Description of post-operative care:

d. Justification if major survival surgery is to be performed more than

 once on a single individual animal:

13. Methods of disposal post-experimentation:

a. Euthanasia (Specific method):

b. Method of carcass disposal:

c. Rehabilitation :

14. Animal transportation methods, if extra-institutional transport is envisaged:

15. Use of hazardous agents (use of recombinant DNA-based agents or potential human pathogens requires documented approval of the Institutional Biosafety Committee (IBC). For each category, the agents and the biosafety level required, appropriate therapeutic measures and the mode of disposal of contaminated food, animal wastes and carcasses must be identified).

(a) Radionuclides: y/n

(b) Microorganisms / Biological infectious Agents: y/n

(c) Hazardous chemicals or drugs: y/n

(d) Recombinant DNA: y/n

(e) Any other (give name): y/n

If your project involved uses of any of the above, attach copy of the minutes of IBC granting approval.

16. Name of Principal Investigator:

 Signature:

 Date:

**References**

**Investigator's declaration**

1. I certify that I have determined that the research proposal herein is not unnecessarily duplicative of previously reported research.

2. I certify that I am qualified and have experience in the experimentation on animals.

3. For procedures listed under item 11, I certify that I have reviewed the pertinent scientific literature and have found no valid alternative to any procedure described herein which may cause less pain or distress.

4. I will obtain approval from the approving ethical committee before initiating any significant changes in this study.

5. I certify that performance of experiment will be initiated only upon review and approval of scientific intent by the approving ethical committee.

6. Institutional Biosafety Committee's (IBC) certification of review and concurrence will be taken (Required for studies utilizing DNA agents of human pathogens).

7. I shall maintain all records generated in the course of this protocol throughout the entire period of approval.

8. I certify that I will not initiate the study unless approval from the ethical review committee is received in writing. Further, I certify that I will follow all requirements of the approving committee.

9. I certify that I will ensure the rehabilitation policies are adopted.

Name of Principal Investigator:

Signature:

Date:

Georgian Association for Laboratory Animal Science

Animal Care and Use Committee

**(to be filled at GALAS ACUC Meeting)**

**Record of Review and Final Determination**

This protocol was submitted to the GALAS Animal Care and Use Committee on \_\_\_\_\_\_\_\_\_\_, and presented for discussion and review on \_\_\_\_\_\_\_\_\_.

The table below contains a list of Committee personnel who voted to either approve or not approve this protocol. Their signatures indicate only their presence during the discussions of the Committee, not the verdict of their votes.

 **Committee Personnel Signature**

|  |  |
| --- | --- |
|   |  |
|   |  |
|   |  |

 Following discussion and review of this protocol, the final verdict of the Committee is (circle one):

 APPROVED NOT APPROVED

Date of final approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature of Committee Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration #