**Institutional Animal Care And Use Committee**

**University of Vermont**

**213 Waterman Building, 85 South Prospect Street**

**Burlington, VT 05405**

**(802)656-5040**

|  |
| --- |
| **Protocol Number:** |

This form is only to be used when the pain category is C or less or no more than momentary pain or distress.

1. **TEACHING PROTOCOL**

**A.1. Teaching Protocol Title**

|  |  |  |  |
| --- | --- | --- | --- |
| Course Name |  | Course Number |  |

**A.2.** **Faculty/Staff Instructor:**

|  |  |
| --- | --- |
| Name |  |
| Department |  |
|  |  |

**A.3 Contact Person for IACUC Correspondence and Inquiries**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Phone Number |  | Email Address |  |

1. **COURSE INFORMATION**

**B.1 Course Objective/Description**

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**PLEASE ATTACH A COPY OF THE CLASS SYLLABUS TO THIS DOCUMENT AND ANY STANDARD OPERATING PROCECDURES WHICH ARE USED IN THE CLASS.**

**B.2 Semester(s) Taught:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Fall |  | Spring |  | Summer |  | Yearly |  | Alternate Years |  |

**B.3 Location of Activities:**

|  |  |  |
| --- | --- | --- |
| Building | Room | Description of Activities Involving Animals |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **ANIMAL INFORMATION**

**C.1 Species and Procedures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Species 1 | Species 2 | Species 3 | Species 4 |
| List common name across |  |  |  |  |
|  | Check the procedures that will be performed on each animal. | | | |
| Brief Restraint |  |  |  |  |
| Physical exam/scoring |  |  |  |  |
| Collection of Biological fluids |  |  |  |  |
| Injections/Drugs |  |  |  |  |
| Massage/acupuncture |  |  |  |  |
| Insemination/semen collection |  |  |  |  |
| Minor Surgical procedures |  |  |  |  |
| Other (specify) |  |  |  |  |
| Total number of animals to be used during the year |  |  |  |  |

**C.2 Will these procedures be used on these animals more than once during the year?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Yes |  | No |  |  |  |  |  |  |  |

If yes, please explain.

|  |
| --- |
| *(Ex. 10 animals will be restrained at 10 different time points during this class.)* |

**C.3 Justification for Animal Use**

Explain clearly why the animals are going to be used and why non-animal alternatives are not suitable.

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|  |

**C.4 Husbandry/Holding Arrangements**

|  |  |  |  |
| --- | --- | --- | --- |
| Location of Housing | Type of Enclosure | Length of Stay | Person Responsible/ Caretaker |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**C.5 Animal Disposition**

Describe what happens to all animals after the conclusion of course activities. If animals are euthanized, provide details regarding methods and training.

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1. **TRAINING AND OCCUPATIONAL HEALTH**

**D.1 List all Primary Instructors, Post Docs, Graduate and Undergraduate Teaching Assistants.** These personnel must have completed the appropriate [training in animal care and use matters](http://www.uvm.edu/~iacuc/?Page=required.html&SM=training_submenu.html). They also must either enroll or decline enrollment in the [Occupational Health and Safety Program.](http://www.uvm.edu/~iacuc/?Page=occupational.html&SM=training_submenu.html)

|  |  |  |
| --- | --- | --- |
| Name | Training Completed | Occupational Health and Safety Program Offered |
|  |  |  |
|  |  |  |
|  |  |  |

**D.2** **All students participating in these classes must attend either a 1-hour lecture or complete an on-line training module at** [**http://asci.uvm.edu/animal\_testing/**](http://asci.uvm.edu/animal_testing/) **prior to working with animals.**

Please confirm by checking below that all students have completed this requirement

|  |  |
| --- | --- |
| Confirm |  |

**D.3 While undergraduate student animal exposure is expected to be minimal, all students must be provided with information about the potential risks and provided information about** [**UVM’s Occupational Health and Safety Program.**](http://www.uvm.edu/~iacuc/?Page=occupational.html&SM=training_submenu.html)

Please confirm below that all students have been provided with this information.

|  |  |
| --- | --- |
| Confirm |  |

1. **ASSURANCE**

As the Staff Instructor on this activity, I provide assurance for the following:

**Animal Use:** The animals authorized for use in this activity will be used only in the manner describedherein, and in accordance with the applicable laws, regulations, and guidelines. Any deviation or modification from the procedures detailed herein, must receive prior approval from the Institutional Animal Care and Use Committee (IACUC).

**Oversight:** All handling, manipulations, or procedures involving animals will be performed under mysupervision or that of another qualified individual. The activity will be performed so that no pain or distress is experienced by the animals used. If animals do experience pain or distress, or are injured during the activity, the attending veterinarian will be notified immediately.

**Biohazard/Safety:** I assure that in planning this proposal, I have made the proper considerationsregarding all applicable rules and regulations concerning safety. Additionally, I will inform students involved in the activity of any hazard, such as potential zoonosis associated with the animals used.

**Training:** I assure that the personnel performing animal handling, procedures, or manipulationdescribed in this request are technically competent and have been properly trained to ensure that no unnecessary pain or distress will be caused to the animals as a result of the handling, procedures, or manipulations.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Principal Investigator Signature** |  | **Date** | |  | |
|  | | | | | | | |
|  | **University Veterinarian Signature** | |  | | **Date** |  |