# LARC-T019 Welfare and Ethics Review in Laboratory Animals in CIBR

 AP#

  Approved Date

  Expiration Date:

1. Please send the completed electronic form to iacuc@cibr.ac.cn and copy the PI and liwenlong@cibr.ac.cn. The document will be reviewed by Laboratory Biosafety Management Committee and Laboratory Animal Welfare Ethics Committee.
2. Laboratory Biosafety Management Committee conducts biosafety risk assessment, and the IACUC committee conducts content review. If the requirements are not met, it will be returned for resubmission. The IACUC secretary will collect amendments and feedback to applicants.
3. The qualified personnel in this animal protocol shall fill in Attachment 1
4. After the proposal is approved, it will come into effect after the signature (or an electronic signature) of PI and signed and stamped by IACUC.
5. **Management information**:

 

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| Date of Submission of Application:  |
| Protocol Title:  |
| PI:  | PI Tel:  |
| PI E-mail:  |
| Lab Address:  |

1. **Experimental objective****: Brief research purpose and necessity.**

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1. **Poisonous (harmful) material**: ****

 

 



1. Please list the poisonous （harmful）substances in the following table:

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| --- | --- | --- | --- | --- |
| Name | Dose | Route | Frequency | Animal Biosafety Laboratory Rating |
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| Note：Animal Biosafety Laboratory（ABSL）include ABSL-1, ABSL-2, ABSL-3, ABSL-4. If there is no need to operate in the animal biosafety laboratory, just fill in the general laboratory. If using ABSL, laboratory location should be indicated. The phase II of CIBR has ABSL |

2. Please describe the potential toxicity of the poisonous（harmful）substances to humans or animals and how to dispose of contaminated animals and materials.

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1. **Pain or Distress levels**:









Are there measures to prevent and relieve pain or distress: ****

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| --- | --- | --- | --- | --- |
| Select | Anesthetic | Dose | Route | Frequency |
|  | Diazepam |  |  |  |
|  | Isoflurane |  |  |  |
|  | Tribromoethanol |  |  |  |
|  | Telazol |  |  |  |
|  | Other：  |  |  |  |

Category D requires the choice of analgesics to avoid pain during surgical procedures in animals

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| --- | --- | --- | --- | --- |
| Select | Analgesic | Dose | Route | Frequency |
|  | Aspirin |  |  |  |
|  | Buprenorphine |  |  |  |
|  | Carprofen |  |  |  |
|  | Meloxicam |  |  |  |
|  | Other：  |  |  |  |

Is there a better way to relieve pain or distress: ****

If yes, please brief the better way.

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1. **Animal to be used**:

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| Species:        |
| Breed/Strain:  |
| Numbers of animals to be used:  |
|  | First year  | Second year  | Third year  |
| Species  |  |  |  |
| Quantity |  |  |  |
| Animal houses:   |
| Animal origin:    |
| Transportation mode of experimental animals: |
| Others: |

1. **Ban on food and water**：****

If yes, please brief the reason.

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1. **Special dietary and drinking water requirements**: ****

If yes, please specify special requirements.

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1. **Single cage breeding**: ****

Yes, please explain the necessity of single-cage breeding and the measures to enrich the animal environment. Without such measures, how to meet the social needs of animals

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1. **Whether it is necessary to enter the animal barrier during non-open hours (20:00 -- 8:00**:**)**

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If yes, please explain reasons.

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1. **Experimental design and animal experiment operation steps**:

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| 1. Project design background and the results of your references.
2. Necessity of animal experiments, whether non-animal experiments can be substituted
3. Selection of animal species and scientific of animal models
4. Explain the scientific and rationality of the number of animals applied.
5. Animal experiment steps

No-survival surgery  If yes, please describe the whole operation in detail.Note: ①Please specify how each animal is used. The total amount of animals used should be consistent with the number of animals used in E. ②If drugs are involved, please specify the method of administration, name, concentration, dose and frequency.6．Standards for euthanasia of experimental animals (please implement after reading):a) The animal is dying or unable to move, or does not respond to gentle stimulation.b) Dyspnea: typical symptoms are cyanosis or salivation of the mouth or nose.c) Diarrhea or urinary incontinence.d) Weight lost 20% of pre-experiment weight.e) Unable to eat or drink.f) Animals with obvious anxiety, restlessness.g) If the maximum diameter of subcutaneous tumor in 25g mice exceed 17mm, 250g rats exceed 35mm, tumor rupture, and tumor weight exceeding 10% of their own body weight should be euthanized.7． References |

1. **Death conduct**:

Please describe the method of animal euthanasia in this plan and the method of euthanasia due to accidental injury or other emergency conditions. For example, if using chemical reagents, please specify the dosage and method of administration





 



\*Excessive anesthesia, please indicate the name of the anesthetic, the dose, frequency and route of administration:

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\*\*Cervical dislocation euthanasia is not recommended. If it is necessary, please explain the scientific necessity.

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\*\*\* In case of bleeding to death after anesthesia, please explain the procedure and scientific necessity.

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\*\*\*\*Other methods, detailed description

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1. **Special** **experimental requirements**: ****
2. Due to experimental requirements, the laboratory's own instrument needs to be transferred into the barrier. Please describe the name of the instrument, which room to put it in, and the starting and ending dates of use, etc.

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1. If it is necessary to bring live animals to the laboratory animal resource center due to special laboratory equipment (or other factors), please specify the reasons.

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1. Please list the special cages required, as well as special animal care (if special feeds and cages are required).

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1. **Guarantee of PI**:

1. I guarantee that the research proposals presented here are not meaningless duplications or reported studies.

2. I guarantee that the personnel listed in column A who have been trained by Beijing experimental animal management office and obtained the work license, and have received training in biology, operation and animal care, as well as necessary aseptic surgical methods and technologies.

3.I guarantee that those qualified to conduct experiments listed in column A will strive to limit the use of animals or minimize adverse stress, and properly use analgesics, tranquilizers and anesthetics. I am sure that I have consulted the relevant scientific literature and data regarding the experimental protocols for the USDA-D and USDA-E pain level animals in column E of this plan. Although this method may cause certain pain or tension, no alternative method has been found. I am sure to inform IACUC of any unexpected results affecting animals. Any unexpected pain and tension, illness and death will be reported to the chief veterinarian and IACUC.

4. If the animal shows clinical symptoms that require euthanasia, I promise to accept the arrangement of the veterinarian of the laboratory animal resource center and euthanize the animal timely.

5. I promise to abide by the rules and regulations formulated by the laboratory animal management committee of CIBR and IACUC of CIBR, and I will abide by the relevant laws and regulations of the state.

PI Signature**：** Date**：**

1. **Veterinarian’s suggestion**:

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**Chief veterinarian signature** Date:

1. **Laboratory Safety Committee**:

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**Signature (stamp)**:Date:

1. **Laboratory Animal Welfare Ethics Committee approved and signed**:

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**Signature (stamp)**:Date:

**Laboratory Animal Welfare and Ethics Committee**

**Chinese Institute for Brain Research, Beijing (CIBR)**

**Attachment 1 The qualified personnel in this animal protocol**

Basic Information

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| --- | --- |
| Protocol Title |  |
| PI |  | AP |  |

Please list all the qualified personnel in this animal protocol:

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| --- | --- | --- | --- | --- |
| Name | License No. | Mobile phone | E-mail | Responsibility in this animal protocol |
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Notice: 1. Personnel change in the approved IACUC protocol should fill in the basic information.

2. Responsibilities can be protocol design, main operation, auxiliary operation, surgical operation, animal management, etc

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| **Opinions**  | **Feedback** |
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**Attachment 2: Opinions of the Laboratory Safety Committee**

**Attachment 3: Opinions of the Laboratory Animal Welfare Ethics Committee**

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| **Opinions** | **Feedback** |
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**Laboratory Animal Welfare and Ethics Committee**

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| **Title：** |  | **AP#：** |  |
| **PI：** |  | **Approved Date** |  |
| **Title of Sub-task** | **Person in Charge** | **Sub-task Source** | **Start and end time**  |
| **1.** |  |  |  |
| **2.** |  |  |  |
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**Attachment 4：List of Sub-task Included in Approved Applicantion of Laboratory Animal Welfare and Ethics**

**Note:**

* 1. **Please fill in all sub-task included in the application in this form, if no sub-topics are included, you do not need to fill in this form.**
	2. **The content of animal experiments of sub-task should not exceed the scope of the approved laboratory animal welfare and ethics review application.**
	3. **Laboratory Animal Welfare and Ethics Committee will issue a separate laboratory animal welfare and ethics review form for each sub-task based on this form.**

**Laboratory Animal Welfare and Ethics Committee**