**Eastern Washington University**

**Institutional Animal Care and Use Committee (IACUC)**

**Protocol Review Form (PRF)**

*Instructions for completing the Protocol Review Form are available on the EWU IACUC website and EWU IACUC Canvas course site (or contact Charlene Alspach:* *calspach@ewu.edu**).*

**Project title:**

**Faculty Supervisor/Principal Investigator:**

**Contact person’s name:**

**Contact person’s email:**

**Contact person’s phone**:

**Project type:** \_\_\_\_\_ *Classroom activity - If yes, specify course:*

\_\_\_\_\_ *Student research for a class - If yes, specify course:*

\_\_\_\_\_ *Master’s thesis research*

\_\_\_\_\_  *Faculty research*

 *\_\_\_\_\_ Other, please specify:*

**Projected project start date:** **Projected project ending date:**

**Has this project been approved by IACUC before?** Yes/No

*If yes, Protocol number: Date approved:*

**Is this project part of a funded grant proposal?** *Yes / No*

*If yes, state the funding agency (internal/EWU or external), grant number, and if the grant proposal includes funds for the EWU mammal or aquatics facilities.*

**Are any permits (state and/or federal) required for this project?** *Yes / No*

*If yes, state the permit type (include permit number, if available) and date of acquisition.*

**Does the project involve any USDA covered species?** *Yes / No*

*If yes, indicat*

*e name of species*

**Is recombinant DNA or select agents involved in the research for this project?** *Yes / No*

*If yes, indicate name Type: BSL1 BSL2 BSL3 BSL 4*

**Are biohazards or Select Agents involved and risk group level in the research for this project?** *Yes / No*

*If yes, indicate name Type: RG1 RG2 RG3 RG4*

**I. Purpose of the project:**

**II. Animal information and justification:**

**III. Animal housing, general care and comfort:**

**IV. Describe and justify all methods and procedures to be done with the animals:**

**V. Pain and/or discomfort management:**

*Do the procedures subject animals to more than momentary pain or distress? Yes / No*

*If yes, how will pain or distress be monitored and alleviated?*

**VI. Euthanasia or final animal destination:**

*Will the animals be euthanized? Yes / No*

*If no, describe what will be done with the animals at the conclusion of the project.*

*If yes, describe the specific euthanasia method and who will perform the procedure.*

**VII. Irregular EWU vivarium operating hours:**

*Will any procedures be conducted in the vivarium outside of normal hours (M-F, 8am – 5pm)?*

*Yes / No*

*If yes, describe why, who will perform the procedures, and who will supervise.*

**VIII. Experimenter health and safety:**

*Are there any human safety hazards involved in the project? Yes / No*

*If yes, describe the specific hazard(s) and how health and safety will be ensured.*

**IX. Students:**

**X. Training and experience:**

**XI. Literature cited:**

**XII. Figures and tables (optional):**

Questions should be addressed to Dr. David Daberkow, Chair of IACUC Committee

ddaberkow@ewu.edu or (509) 359-2259

**FOR IACUC USE ONLY:**

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| **ICAUC Committee Recommendation**  |
| 1. I approve the protocol in its final submission
2. I request a full committee review
 |
| **Member**  | **Date**  | **Recommendation**  |
| David Daberkow |  |  |
| Charlene Alspach  |  |  |
| Paul Spruell  |  |  |
| Javier Ochoa Reparaz |  |  |
| Jason Ashley  |  |  |
| Rob Bancroft  |  |  |
| **Veterinarian Approval**  |
| Steve Russell  |  |  |

**Date approved:**

**Date of expiration:**