**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*](mailto:calspach@ewu.edu)*). Submit form via email to* [*ddaberkow@ewu.edu*](mailto:ddaberkow@ewu.edu) *and* [*caslpach@ewu.edu*](mailto:caslpach@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, indicate 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*  *BSL4*

**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. Discuss caging, care and feeding:**

**IV. Describe and justify all methods and procedures to be performed on the animals:**

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

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

*If yes, discuss methodology and the procedures that will be used to minimize discomfort, distress and paint and/or 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, justify the reason for euthanizing and specifically 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:**

1. *Have all individuals associated with this project completed the Medical History and Risk Assessment Questionnaire?*  *Yes*  *No*
2. *Are there any human safety hazards involved in the project?*  *Yes*  *No*

*If yes, has the Safety Officer been notified?*

*Attach any relevant documentation.*

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

**IX. List Students who will be participating in the project:**

**X. Training and experience:**

*Have all individuals associated with this project completed the required training relevant to the project?*

*Yes*  *No*

*List forms and topics of training (e.g. CITI Modules, CANVAS modules)*

**XI. Literature cited:**

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

* **While many protocols are approved within two weeks, protocols may take up to 30 days for review and approval depending on completeness and timeliness of information provided.**
* **Approved protocols are approved based on the information provided. Any changes MUST be approved by the IACUC before they can be implemented.**

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

[ddaberkow@ewu.edu](mailto: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 |  |  |
| Jason Ashley |  |  |
| Rob Bancroft |  |  |
| **Veterinarian Approval** | | |
| Steve Russell |  |  |

**Date approved:**

**Date of expiration:**

***All protocols must cease and desist on the expiration date. New protocols must be submitted prior to the expiration date and approved prior to any work beginning.***