

**Institutional ANIMAL CARE AND USE COMMITTEE**

**department of veterinary services**

***Animal Utilisation Protocol Review Form***

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| **Principal Investigator:** |  | **Phone No.:** |  |
| **Project Title:** |  | ***For office use only******IACUC-DVS No:*** |  |

**Please Tick [√] if YES, [X] if NO and [O] if not applicable.**

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| --- | --- | --- | --- |
| No | Items | IACUC Member | Comments by IACUC member |
| 1. | a | The title is appropriate and includes the animal model/species to be used. |  |  |
|  | b | The names and roles of **ALL** personnel are clearly stated. |  |  |
| 2. | a | For research project, satisfactory peer review of scientific merit has been performed. |  |  |
|  | b | Checked appropriate animal use, classification and category of invasiveness.  |  |  |
| 3. | a | i) Summary written in layman’s terms. |  |  |
|  |  | ii) Objectives of animal use/study are clearly stated. |  |  |
|  | b | Adequate justification on the impact/benefit to animal and/or human. |  |  |
| 4. |  | Adequate justification of the proposed animal (disease) model with appropriate reference(s). |  |  |
| 5. |  | Adequate justification to use live animal/carry out *in vivo* study with appropriate reference(s).  |  |  |
| 6. | a | Proposed accommodation and procedure room is appropriate for the proposed experiment. |  |  |
|  | b | Adequate justification for number of animals requested. |  |  |
| 7. |  | Copy of agency/institutional’s permit/consent or template of owner’s consent form submittted (if applicable). |  |  |
| 8. |  | Proposed animal care and husbandry is appropriate. |  |  |
| 9. | a | The experimental flow, duration and procedures to be performed on each animal are clearly stated, with appropriate reference(s). |  |  |
|  | b | i) Frequency and invasiveness of ALL procedures are clearly  written, with appropriate dosage, volume and route of  compounds, antibiotics, analgesics & anaesthetics. |  |  |
|  |  | ii) Surgeries/invasive procedures are scientifically justified, with appropriate references (if applicable).  |  |  |
|  | c | All personnel have appropriate qualification/experience.  |  |  |
|  | d | Animal monitoring and post-procedural care is adequate and appropriate (if applicable). |  |  |
|  | e | Template of animal assessment/monitoring sheet is attached (if applicable). |  |  |
| 10. | a | All potential adverse effects of experimental procedures to animals are clearly listed. |  |  |
|  | b | Criterias for endpoints are clear and appropriate. |  |  |
| 11. |  | Method of euthanasia and carcass disposal is appropriate (if applicable). |  |  |
| 12. |  | Emergency veterinary care is appropriate. |  |  |
| 13. | a | Use of scheduled toxins/drugs/radio-isotope/carcinogens/ dangerous chemicals/pathogens/other hazardous agents are declared, with appropriate animal care. |  |  |
|  | b | Handling/containment procedures for hazardous agents is appropriate. |  |  |
| 14. |  | There is no major ethical issue with this proposal. |  |  |
| 15. |  | Appropriate AV for this proposed animal model/study. |  |  |
| 16. |  | The project has not been applied elsewhere for IACUC approval (if applicable).  |  |  |

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| FOR IACUC USE ONLY |
| Further comments/suggestions by IACUC member: |
| Recommendation by IACUC member:

|  |  |  |
| --- | --- | --- |
| [ ]  Approve  | [ ]  Approve with revisions | [ ]  Full committee review required |
| [ ]  Invite researchers to present/discuss | [ ]  Invite attending veterinarian to discuss  |

Signature/Name: Date: |