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| **APPENDICES CHECKLIST** | | |
| Federal regulations and University policy require prior IACUC review and approval of research involving animal subjects. Always use the most recent version of this form and the signature page, available [here](https://www.usm.edu/research-integrity/iacuc-forms.php).   * All necessary appendices must be completed and included with your submission. * Submit this form and all required documents electronically to [iacuc@usm.edu](mailto:iacuc@usm.edu).     Last Updated 02/13/2025 | |
| Indicate below the appendices you are submitting with your application: | | |
|  | | [Appendix A: Trapping/Capturing Wild Animals](#A) |
|  | | [Appendix B: Non-standard Breeding Colony](#B) |
|  | | [Appendix C: Animal Owner/Client Consent](#C) |
|  | | [Appendix D: Aquaculture](#D) |
|  | | [Appendix E: Non-Standard Housing](#E) |
|  | | [Appendix F: Long-term Restraint](#F) |
|  | | [Appendix G: Surgery](#G) |
|  | | [Appendix H: Anesthesia/Analgesia](#H) |
|  | | [Appendix I: Antibodies](#I) |
|  | | [Appendix J: Biohazards](#J) |
|  | | [Appendix K: Radiation](#K) |
|  | | [Appendix L: Hazardous Chemicals](#L) |

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| **APPENDIX A:**  **TRAPPING/CAPTURING WILD ANIMALS** | | |
| This appendix must be filled out for all protocols involving animals that will be trapped or captured from the wild. Complete the following information for all requested animal species: | | |
| Species | Issuing Authority | License/Permit Holder |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Briefly describe the trapping mechanisms that will be employed. | | |
| Click or tap here to enter text. | | |
| Briefly describe how each wild animal species will be trapped/captured, where the trapping/capturing will be done, who will be doing the trapping, and how frequently traps will be monitored. | | |
| Click or tap here to enter text. | | |
| Briefly describe how captured wild animals will be restrained, handled, and/or transported to and from the laboratory. | | |
| Click or tap here to enter text. | | |
| List all personal protective equipment that will be employed. | | |
| Click or tap here to enter text. | | |

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| **APPENDIX B:**  **NON-STANDARD BREEDING COLONY** | | | |
| This appendix must be filled out for all protocols involving animals that will be acquired via in-house breeding colonies that are not covered under an IACUC-approved breeding protocol. | | | |
| List the strain/stock breed that will be used: | Click or tap here to enter text. | Indicate the number of males/females that will be used: | Click or tap here to enter text. |
| Briefly describe the breeding/mating system that will be used, including (where applicable) how estrus will be detected, how males/females will be paired for mating, how mating/pregnancy will be verified, what age offspring will be weaned, etc. | | | |
| Click or tap here to enter text. | | | |
| Briefly describe what breeding records will be maintained and indicate who is responsible for maintaining these records. | | | |
| Click or tap here to enter text. | | | |
| Indicate any special husbandry procedures/practices not already addressed in Section 3 of the Animal Subjects Research Application Form. | | | |
| Click or tap here to enter text. | | | |

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| **APPENDIX C:**  **ANIMAL OWNER/CLIENT CONSENT** | | | | | | | | | | |
| The purpose of this form is to secure an animal owner’s informed consent to enroll their animal(s) in non-terminal research/teaching protocols with the understanding that the animal(s) remain the property of the owner/client and will be returned to the owner/client at the end of the study/procedure. | | | | | | | | | | |
| SECTION 1: OWNER/CLIENT INFORMATION | | | | | | | | | | |
| Owner/Client Name: | | | Click or tap here to enter text. | | | Email Address: | | Click or tap here to enter text. | | |
| Home Phone Number: | | | Click or tap here to enter text. | | | Work Phone Number: | | Click or tap here to enter text. | | |
| Address: | | | Click or tap here to enter text. | | | | | | | |
| SECTION 2: ANIMAL INFORMATION | | | | | | | | | | |
| Complete the following for each animal or animal group: | | | | | | | | | | |
| Animal Name/Group Identifier | Animal ID/Tattoo/Tag Numbers | Number of Animals in Group | | Sex | | Age | Weight | | Color | Breed |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
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| SECTION 3: ANIMAL PROTOCOL INFORMATION | | | | | | | | | | |
| Detail all USM/PI care responsibilities. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| Detail all animal owner/client responsibilities. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| Describe any potential risks to the animal(s). | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| Describe any potential benefits to the animal(s). | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| The authorization of the PI indicates that the PI has explained to the Owner/Client the purpose of the study, the procedures that will be performed, and the potential benefits/risks of those procedures. The authorization of the Owner/Client indicates that they have read and understand Sections 1-3 of the Animal Subjects Research Application Form, that the PI has answered all of their questions to their satisfaction, and have voluntarily enrolled the animal(s) in this specific research/teaching protocol. By typing or signing their names below, each individual indicates their authorization. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | | | | |
| Principal Investigator Signature | | | | | Owner/Client Signature | | | | | |
| Date Click or tap to enter a date. | | | | | Date Click or tap to enter a date. | | | | | |

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| **APPENDIX D:**  **AQUACULTURE** | | | | |
| This appendix must be filled out for all protocols involving aquatic animals. | | | | |
| Indicate how the animals will be used (check all that apply): | | | | |
|  | Aquaculture/breeding | | | |
|  | Wildlife/ecology studies | | | |
|  | Biomedical studies | | | |
|  | Teaching/display | | | |
|  | Behavioral studies | | | |
|  | Other (describe below): | | | |
|  | Click or tap here to enter text. | | | |
| Number of animals per liter of water: | | Click or tap here to enter text. | Water temperature to be maintained: | Click or tap here to enter text. |
| Describe the type of food (floating, sinking, pellets, etc.) and feeding regime. | | | | |
| Click or tap here to enter text. | | | | |
| Describe water conditions to be maintained (pH level, salinity, etc.) | | | | |
| Click or tap here to enter text. | | | | |
| Filter system type: | | | | |
|  | Flow through natural source | | | |
|  | Recirculating | | | |
|  | Not applicable | | | |
|  | Other (describe below): | | | |
|  | Click or tap here to enter text. | | | |
| Flushing time: | | Click or tap here to enter text. | Filter/water changes: | Click or tap here to enter text. |
| Outline how animals will be captured, please include the type of capture mechanism (seines, electrofishing), how fish will be transferred, the length of time included in transfer, and how stress will be assessed during transfer. | | | | |
| Click or tap here to enter text. | | | | |

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| **APPENDIX E:**  **NON-STANDARD HOUSING** | |
| Complete this appendix if you have any housing requirements for non-aquatic animals not covered under a standard of care in an IACUC-approved holding protocol. | |
| Cage type: | |
|  | Aseptic microisolator |
|  | Indoor run/pen/stall |
|  | Shoebox |
|  | Metabolism |
|  | Microisolator |
|  | Wire bottom |
|  | Outdoor run/pen/stall |
|  | Bird housing |
|  | Other (explain below): |
|  | Click or tap here to enter text. |
| Type of bedding: | |
|  | Contact |
|  | Non-contact |
|  | None |
| Type of co-habitation: | |
|  | Group-housed |
|  | Individually-housed |
| Feed preparation: | |
|  | Autoclaved |
|  | Irradiated |
|  | Medicated/treated |
|  | Purified/chemically-defined |
|  | Semi-purified |
|  | Standard commercial diet |
| Feeding procedures: | |
|  | Ad libidum |
|  | Controlled feeding regimen |
|  | Food restriction |
| Water composition: | |
|  | Acidified |
|  | Autoclaved |
|  | Medicated/treated |
|  | Municipal tap |
|  | Water bottle |
|  | R/O |
|  | Other (well, pond, etc.) |
| Water provision: | |
|  | Automatic provision |
|  | Bowl/tank/trough |
|  | Water bottle |
| Water procedures: | |
|  | Ad libidum |
|  | Controlled watering regimen |
|  | Water restriction |
| Describe any non-standard environmental parameters (temperature, humidity, noise, or lighting requirements). | |
| Click or tap here to enter text. | |

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| **APPENDIX F:**  **LONG-TERM RESTRAINT** |
| This appendix must be filled out for all protocols involving the restraint of animals lasting more than 4 hours. Complete the following information for all requested animal species. |
| Detail the justification for long-term restraint. |
| Click or tap here to enter text. |
| List and describe all long-term restraint devices/methods. |
| Click or tap here to enter text. |
| Indicate the maximum length of time an animal will be restrained per session, the interval of time between sessions, and the total number of sessions. |
| Click or tap here to enter text. |
| Briefly indicate how animals will be trained/acclimated to accept long-term restraint. |
| Click or tap here to enter text. |
| Describe how animals will be monitored during restraint. |
| Click or tap here to enter text. |
| Detail procedures for feeding and watering animals during long-term restraint. |
| Click or tap here to enter text. |

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| **APPENDIX G:**  **SURGERY** | | | |
| This appendix must be filled for all protocols involving animal surgery. | | | |
| Detail minor surgery procedures below. Minor survival surgery is defined as surgery that does not penetrate/expose a body cavity and/or causes little or no impairment of physical or physiologic functions after the animal is allowed to recover from anesthesia, if any. | | | |
| Species | Type of Procedure | Location of Surgery | Person(s) Performing Surgery |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Detail major surgery procedures. Major survival surgery is defined as surgery that penetrates/exposes a body cavity and/or produces substantial impairment of physical or physiologic functions after the animal is allowed to recover from anesthesia. | | | |
| Species | Type of Procedure | Location of Surgery | Person(s) Performing Surgery |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Detail non-survival surgery procedures. Non-survival surgery is defined as surgery where the animal is euthanized while still anesthetized and is not allowed to regain consciousness. | | | |
| Species | Type of Procedure | Location of Surgery | Person(s) Performing Surgery |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| If you will be carrying out multiple major survival surgeries, detail the justification for these procedures.\* | | | |
| Click or tap here to enter text. | | | |
| \*Note: Multiple major survival surgery is defined as subjecting an animal to 2 or more major survival surgical procedures in which the animal is allowed to recover from anesthesia after each major surgical procedure. Cost savings are not sufficient justification. | | | |
| Briefly describe how animals will be prepped for surgery, how long they will be fasted, etc. | | | |
| Click or tap here to enter text. | | | |
| Briefly describe how animals will be monitored post-op. | | | |
| Click or tap here to enter text. | | | |
| List medications that will be given post-op. | | | |
| Click or tap here to enter text. | | | |

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| **APPENDIX H:**  **ANESTHESIA/ANALGESIA** | | | | | |
| This appendix must be filled out for all animal protocols that employ the use of anesthesia/analgesia. | | | | | |
| Drug | Concentration | Dose | Frequency | Administration | Purpose |
|  |  |  |  | Choose an item. | Choose an item. |
|  |  |  |  | Choose an item. | Choose an item. |
|  |  |  |  | Choose an item. | Choose an item. |
|  |  |  |  | Choose an item. | Choose an item. |
| Briefly describe when and how each of the above-listed drugs will be used, either by itself or in combination with other drugs. | | | | | |
| Click or tap here to enter text. | | | | | |
| Detail the method that will be used to monitor the depth of anesthesia/analgesia/tranquilizer/sedation. | | | | | |
| Click or tap here to enter text. | | | | | |
| Explain the justification for the use of any paralytics/muscle relaxants listed above and the methods used to ensure adequate anesthesia and/or analgesia. | | | | | |
| Click or tap here to enter text. | | | | | |

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| **APPENDIX I:**  **ANTIBODIES** | | | | | | | | |
| This appendix must be filled out for all animal protocols that employ the use of antibodies. | | | | | | | | |
| Type of antibody production: | | | | | | | | |
|  | | Monoclonal | | | | | | |
|  | | Polyclonal | | | | | | |
| Describe the method of animal restraint and preparation for antibody induction. | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
| Antigen | Adjuvant | | | Time Between Initial & Booster | Route/Site | Volume | | Total Number of Immunizations |
|  | Initial Dose | | Booster Dose |  |  | Per Site | Total |  |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Briefly describe how antigens/adjuvant mixtures will be prepared. | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
| Briefly describe how animals will be prepped and restrained for harvesting antibodies. | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
| Tissue/Fluid Harvested | | | Method | | Amount/Volume | | Frequency | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | |
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| **APPENDIX J:**  **BIOHAZARDS** | | | | | | | | | | | | | | |
| This appendix must be filled out for all protocols involving the usage of biohazards. | | | | | | | | | | | | | | |
| Transgenic organisms (check all that apply): | | | | | | | | | | | | | | |
|  | | | Purchased transgenic rodents | | | | | | | | | | | |
|  | | | Creation of transgenic rodents | | | | | | | | | | | |
|  | | | Transgenic animals other than rodents (explain): | | | | | | | | | | | |
|  | | | Click or tap here to enter text. | | | | | | | | | | | |
| List strains of all transgenic animals that will be used. | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
| Describe how animals will be monitored during restraint. | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
| Detail procedures for feeding and watering animals during long-term restraint. | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
| Agent Category | | USDA Categorization | | | Agent | Concentration | | | | Dosage | | Route | | Frequency |
| Choose an item. | | Choose an item. | | |  |  | | | |  | |  | |  |
| Choose an item. | | Choose an item. | | |  |  | | | |  | |  | |  |
| Choose an item. | | Choose an item. | | |  |  | | | |  | |  | |  |
| Choose an item. | | Choose an item. | | |  |  | | | |  | |  | |  |
| Choose an item. | | Choose an item. | | |  |  | | | |  | |  | |  |
| Choose an item. | | Choose an item. | | |  |  | | | |  | |  | |  |
| Will recombinant animals or agents be generated for this project? | | | | | | | Agent pathogenicity/toxicity (check all that apply): | | | | | | | |
|  | Yes | | | | | |  | | Non-pathogenic/non-toxic | | | | | |
|  | | Animals | | | | | |
|  | No | | | | | |  | | Humans | | | | | |
|  | | Plants | | | | | |
| Describe the toxic effects of any materials indicated above. | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
| Describe any required animal containment, isolation, or quarantine procedures. | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
| Detail all required biohazard signage. | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
| Briefly describe how contaminated consumables, equipment, carcasses, bedding, urine, feces, etc. will be handled and disposed of. | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | |
| The principal investigator/instructor (PI) is responsible for ensuring that all special requirements for personal protective equipment (PPE), agent handling/containment, animal handling/containment, and waste disposal are conducted in accordance with the provisions set forth in an approved IBC protocol and that the procedures described in this animal use protocol comply with all applicable USM, state, and federal regulations governing the possession and/or use of human pathogens, CDC/USDA select agents, USDA restricted animal pathogens, and/or recombinant DNA (rDNA).  IACUC approval shall be withheld until the PI has an approved IBC protocol/permit to work with the listed agents (see Vice President for Research Website) and the IBC has determined the animal protocol procedures/practices described herein are in full compliance with the approved IBC protocol/permit. NOTE – outside USM authorization and training may be required to use certain agents.  This appendix and all relevant information in this animal protocol have been reviewed for IBC compliance. I hereby assure that the procedures/practices described are in accordance with the PI’s approval to work with the items listed. | | | | | | | | | | | | | | |
| IBC Protocol Principal Investigator: | | | | Click or tap here to enter text. | | IBC Protocol Number | | Click or tap to enter a date. | | | IBC Protocol Expiration Date: | | Click or tap to enter a date. | |
| Principal Investigator Signature: | | | | Click or tap here to enter text. | | | | Date: | | | Click or tap to enter a date. | | | |

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| **APPENDIX K:**  **RADIATION** | | | | | | | | | | |
| This appendix must be filled out for all protocols involving the usage of radioactive materials. | | | | | | | | | | |
| List all isotopes that will be used in the table below: | | | | | | | | | | |
| Radioactive Material/Ionizing Radiation | | | Activity | | | | Quantity | | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |
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| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | | | |
| Location radioactive materials/ionizing radiation will be used: | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| Indicate the dosage regimen for each isotope and briefly describe administration procedures in the table below: | | | | | | | | | | |
| Radioactive Material/Ionizing Radiation | Concentration | | | Dosage | | Route/Site | | Frequency | | Method of Administration |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
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| Describe all required personal protective equipment. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| List personnel responsible for monitoring procedures. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| Briefly explain how contaminated consumables, equipment, carcasses, bedding, urine, feces, etc. will be handled and disposed of. | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | |
| The principal investigator/instructor (PI) is responsible for ensuring that all special requirements for personal protective equipment (PPE), agent handling/containment, and waste disposal are conducted in accordance with the provisions set forth in an approved application and that the procedures described in this animal use protocol comply with all applicable USM, state, and federal regulations governing the possession and/or use of radioisotopes and ionizing radiation. IACUC approval shall be withheld until the PI has an approved application to work with the listed isotope(s) and the RSO has determined the animal protocol procedures/practices described herein are in full compliance with USM’s Institutional NRC license (see Vice President for Research website).  This appendix and all relevant information in this animal protocol have been reviewed for RSC compliance. By typing my name below, I hereby assure that the procedures/practices described are in accordance with the PI’s approval to work with the items listed. | | | | | | | | | | |
| Radioactive Isotope Application Number: | | Click or tap here to enter text. | | | Authorized User: | | | | Click or tap here to enter text. | |
| Radiation Safety Officer Signature: | | Click or tap here to enter text. | | | Date: | | | | Click or tap to enter a date. | |

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| **APPENDIX L:**  **HAZARDOUS CHEMICALS** | | | | | | | | |
| This appendix must be filled out for all protocols involving the usage of hazardous chemicals | | | | | | | | |
| List all hazardous chemicals that will be used in the following table: | | | | | | | | |
| Chemical Name | Laboratory Location | | | Animal Facility Location | | PELS | | Description of Chemical Use/Application |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Describe all required personal protective equipment. | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
| List personnel responsible for monitoring procedures. | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
| Briefly explain how contaminated consumables, equipment, carcasses, bedding, urine, feces, etc. will be handled and disposed of. | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | |
|  | | I will submit a copy of the ChemTracker inventory as an attachment when I submit my application to [iacuc@usm.edu](mailto:iacuc@usm.edu). | | | | | | |
| The principal investigator/instructor (PI) is responsible for ensuring that all special requirements for personal protective equipment (PPE), agent handling/containment, animal handling/containment, and waste disposal are conducted in accordance with the provisions set forth in an approved laboratory Chemical Hygiene Plan and that the procedures described in this animal use protocol comply with all applicable USM, state, and federal regulations. IACUC approval shall be withheld until a USM chemical inventory list (CIL) that includes all hazardous chemicals listed below is on file with EHS and EHS has determined that hazardous chemical usage/procedures/practices described herein are in full compliance. Contact Martha Sparrow ([martha.sparrow@usm.edu](mailto:martha.sparrow@usm.edu)) for initiation of laboratory management plan.  This appendix and all relevant information of this animal protocol have been reviewed for EHS compliance. I hereby assure that the CIL and procedures/practices described are in accordance with EHS standards. | | | | | | | | |
| Radioactive Isotope Application Number: | | | Click or tap here to enter text. | | Authorized User: | | Click or tap here to enter text. | |
| Radiation Safety Officer Signature: | | | Click or tap here to enter text. | | Date: | | Click or tap here to enter text. | |

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| **APPENDIX M:**  **CATEGORY E PALLIATIVE MEASURES** |
| TBD |
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