



Psychology Academic Policy Committee

Animal Research Approval Form

Principal Investigator (must be MSUM faculty):
Name: _____ Address where you want to receive APC correspondence: _____
Telephone: _____
E-mail address: _____
Signature: _____ Date: _____

Co-Investigator: Attach separate sheet if more than two
Name: _____
__ Faculty __ Graduate Student __ Undergraduate Student
If graduate student, is this research part of your final project?
__ Yes __ No
Telephone: _____
E-mail address: _____
Signature: _____

Title of Study: _____
Date submitted: _____ Project starting date: _____ Project ending date: _____
Request: __ Expedited Review (include reasons below) __ Full Review
Submit original and 1 photocopy Submit original and 3 photocopies
Reasons for requesting Expedited Review:

Academic Policy Committee Recommendation:

Expedited Review Approval: __Yes __No __ Revise and Resubmit (see attached)

Full Review Approval: __Yes __No __ Revise and Resubmit (see attached)

APC Chair's Signature

Date

Section 1.

I. CATEGORY OF RESEARCH: The investigator should check the appropriate category(ies) of experimentation.

- _____ A. The research involves no pain, discomfort or distress greater than that produced by routine injections or venipuncture. Includes simple anesthetic surgery, collection of tissues preceded by standard euthanasia, behavioral testing without stress.
- _____ B. The research involves minor short-term pain, discomfort or distress. Includes anesthetic survival surgery without significant pain and/or functional deficit (e.g. gonadectomy, exploratory abdominal surgery), implantation of chronic catheters, short-term physical restraint (<60 min) of awake animals, induction of minor behavioral stress.
- _____ C. The research involves chronic maintenance of animals with a disease/functional deficit and/or procedures inducing moderate to significant but tolerable pain, discomfort or distress. Includes major anesthetic survival surgery with significant post-op pain and/or functional deficit (e.g. orthopedic surgery of femer, amputation, bowel resection, cardiac surgery, adrenalectomy, nonpainful tumor inducement, use of immunological adjuvants), physical restraint (>60 min) of awake animals, induction of more than minor behavioral stress.
- _____ D. The research potentially involves pain, discomfort or distress (greater than that attending routing injection which cannot/will not be alleviated through the administration of appropriate anesthetic, analgesic or tranquilizer drugs).

In order for a protocol to qualify as category A, B, or C, **appropriate** anesthetics/analgesics **must** be used if the animal will experience **more** than momentary slight pain. Momentary slight pain is defined as pain **not greater** than the **level** and **duration** of pain attending a routine injection. Alternately, the animal must be immediately euthanized upon evidence of such pain or the protocol must be classified as category D.

II. ANIMAL CHARACTERISTICS: The investigator should state the required number of animals to be used in the research project.

Species	Sex	Age/Weight	Animal Vendor	Location of Housing	Total

III. BIOHAZARDOUS MATERIAL: If the animal use involves biohazardous materials the appropriate category should be checked and approval obtained from other required review committees:

Infectious agents _____, Carcinogens _____, Radioisotopes _____, Recombinant DNA _____, Other _____.

SECTION 2.

- I. Purpose of the Study.**
- II. Potential Value of the Study.**
- III. Alternatives to Animal Use.**
- IV. Species Justification.**
- V. Justification of the Number of Animals Requested Based Upon Experimental Design.**
- VI. Procedures.**
- VII. Alternatives to Painful Procedure(s).**

- VIII. Restraints.**
Surgery to be performed Yes _____ No _____
a) Building in which surgery will be performed
b) Indicate training/qualifications/supervision to perform surgery
- IX. Pain Control During the Procedure(s).** (anesthetic method, drugs, routes of administration, supplementation, schedules)
- X. Estimation of Potential Postoperative/Intervention Pain.**
- XI. Multiple surgery on one animal** Yes _____ No _____
a) Justify:
- XII. Post-Procedure/Chronic Care.**
a) Post-Procedure Monitoring:
b) Criteria for Pain
c) Analgesic(s):
d) Antibiotics:
- XIII. Investigator(s) Qualifications/Experience**
a) Knowledge of Species:
b) Relevant Experience:
c) Responsibilities:
- XIV. Person(s) or unit responsible for animal husbandry (daily care) and location of animal facilities.**
- XV. How will animals be disposed of?**
- XVI. References:**