

Committee Use Only:

ACUCProt2 (2/21/98)

Protocol Code: _____ - _____

ANIMAL CARE AND USE EXPEDITED PROTOCOL REVIEW FORM

Forms should be typed or in computer-printed format.

IBM word processing diskettes are available through the Office of Sponsored Programs.

**Return Completed Forms to: Office of Sponsored Programs, 321 Brigham,
University of Wisconsin - Platteville, Platteville, WI 53818**

1. Principal Investigator/Project Director:
Campus Address:

Campus Phone:

Home Phone:

2. University Department (of PI):

3. Is this protocol a: **NEW** or **RENEWAL** application? (Circle appropriate category)

If Renewal application, please give previous protocol code:

4. Is this protocol for teaching, research or both? (Other, please explain)

5. Title of this Project:

6. Classification of Research Animal Use (See attached schedule) **1 2 3 4 5**

7. Will ANY surgery be performed on any of the animals? **YES NO** If yes, you must complete full review form.
Will euthanasia be performed on any of the animals? **YES NO** If yes, you must complete full review form.
Will you be working with wild-caught animals? **YES NO** If yes, you must complete full review form.
Will you be using non-human primates? **YES NO** If yes, you must complete full review form.

8. Anticipated start date (month, day, year):

Anticipated length of project:

9. Species of Animal: Total Number: Source of Animals (e.g. commercial, UW breeding colony or list other):
(#1)

(#2)

(#3)

10. Building or facility where the animals will be housed:

11. Outline the specific scientific goal(s) and significance of this teaching/research in language understandable to a lay-person.

Also include:

Why it is necessary to use animals for this teaching/research, why you have chosen the species, and provide the basis for your estimate for the number of animals required.

12. Personnel working with animals: Everyone must take the “Responsible Use and Care of Laboratory Animals” exam. Protocols cannot be processed until PI and all personnel are certified. For information or exams, call the Office of Sponsored Programs at 342-1456.

Name	Address	Phone number	Type and length of training/experience
	campus	office	
	e-mail	home	
	campus	office	
	e-mail	home	
	campus	office	
	e-mail	home	

13. Investigator assurances:

The information provided herein is accurate to the best of my knowledge.

Procedures involving vertebrate animals will be performed only by trained or experienced personnel, or under the direct supervision of trained or experienced persons.

Any change in care and use of vertebrate animals involved in this protocol, which would affect the health and welfare of the animals, will be promptly forwarded to the UWP ACUC for review; such changes will not be implemented until the committee’s approval is obtained.

The number of animals proposed is the minimum necessary to conduct valid experimentation.

I have conducted a literature search to ensure that I am not unnecessarily duplicating previous experiments.

I have considered alternative methods to using animals.

I plan to follow the provisions for the care, use and treatment of animals found in the NIH “Guide for the Care and Use of Laboratory Animals,” or the “Guide for the Care and Use of Agricultural Animals in Agricultural Research and Teaching”.

PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR: _____

Date: _____

I am aware of this protocol _____ **Date:** _____

Signature of DEPARTMENT CHAIRPERSON

Animal Care Committee Chair Signature: _____ **Date:** _____