**Instructions For Completing**

**Oregon State University’s**

**Animal Care And Use Proposal**

**(ACUP)**

All activities that involve the use of live vertebrate animals by OSU personnel for research, teaching, and testing require Institutional Animal Care and Use Committee (IACUC) approval. Animal use cannot begin until IACUC approval is obtained. Animal use includes obtaining animals in advance of approval. Procedures cannot be implemented and animals cannot be obtained without advanced approval from the IACUC.

The IACUC uses the information on this form to determine if the proposed use meets the guidelines for humane care and use as well as objectives to reduce, replace, and refine the use of animals in research.

The information required in the ACUP includes the following:

* Justification for the use of animals, rationale for species selected, and number of animals
* Justification of procedures that involve discomfort, distress, or pain
* Measures to minimize discomfort, distress, or pain and alternatives to use of live animals
* Housing and care of the animals and special care requirements
* Method of euthanasia and proper disposal, if applicable, or other disposition
* Qualifications and training of all individuals working with the animals
* Occupational health and safety risk assessment for all individuals working with the animals

Your responses to the questions document compliance with the Animal Welfare Act (AWA) and Public Health Service (PHS) policy. Complete and detailed responses to the questions are essential for timely review. A guide has been created to provide information on answering the questions. If you have any questions, please contact the IACUC Administrator at (541-737-2762) or [IACUC@oregonstate.edu](mailto:IACUC@oregonstate.edu)

Applications should be submitted electronically. Please send the completed document as an e-mail attachment to [IACUC@oregonstate.edu](mailto:IACUC@oregonstate.edu). A signed signature page (the second page of the ACUP) must be submitted in hard copy or by fax (541-737-3093). Be sure to attach a copy of the grant proposal or class syllabus for review by the IACUC to ensure that the use of animals as described in the ACUP matches the description in the grant proposal or class syllabus.

**PI Assurance and Funding Information**

ACUP ID (IACUC Office assigned number):        
**1. Principal Investigator (PI):**

**(Students may not serve as PIs)**

**2. Department:**

3. **Assurance: I accept and assure compliance with all federal, state and institutional regulations concerning the care and use of animals. I will notify the Institutional Animal Care and Use Committee of any changes in the proposed project or personnel prior to initiating or continuing any animal use and will report any adverse events. I certify that all laboratory personnel handling animals will be adequately trained for all animal protocols used in the project and will be enrolled in the Institutional Occupational Health Program for Personnel with Animal Contact. I attest that the information contained in this ACUP submission is complete and accurate to the best of my knowledge.**

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**Principal Investigator signature Date**

**4. Project title or course name and number:**

**5. Is this a project continuation from an expired/expiring ACUP?** Yes  No

If yes, prior ACUP #     

**6. Funding source(s) list all that apply, including departmental. Include associated titles:**      

Provide a copy of the grant proposal or class syllabus. An electronic version is preferred.

**JUSTIFICATION FOR USE OF LIVE VERTEBRATES**

**7. In lay terms, explain the objectives or goals and benefits or significance of the proposed research, testing, or instructional use of animals. This section should be drafted so a non-scientist would understand it. If technical terms or scientific jargon need to be used, please provide explanations the non-scientist will understand.**

**8. Provide an explanation for why live vertebrate animals are needed for the proposed project. In addition, please describe the non-animal alternatives that were considered.**

**9. Explain why each specific species was selected. What biological characteristics make this the best model for the work?**

**Animal Species and Use Categories**

**10. List the species and total number of animals that will be used by category below. The category indicated is determined by the procedures to be performed on the animals. A description of each category, as defined by the USDA's Animal Welfare Act, is provided below.**

**Animal numbers must include the total number for all three years of the ACUP.**

Add additional lines or submit additional pages, as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Common name of species** | **B** | **C** | **D** | **E** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Grand Total (all 3 years) |  |  |  |  |

**“B” Breeding Colony or Holding Protocols-No procedures performed, aside from breeding (e.g., no tail biopsy/clips, etc.)**

**“C” No more than momentary or slight pain or distress and no need for pain-relieving drugs, or no pain or distress.**

**“D” More than momentary discomfort, distress, or pain in which a veterinarian or human doctor would require relieving this with anesthetics, analgesics and/or tranquilizer drugs or other methods for relieving discomfort, distress, or pain.**

**“E” More than momentary discomfort, distress, or pain in which a veterinary or human doctor would require relief, however, the use of these agents would interfere with the scientific outcome. Requires completion of Category "E" supplement.**

**11. Specify the number of animals needed and include any calculations used to determine minimum group or sample size. Also, include the “Animal Use Category” that corresponds to the proposed work and provide an explanation/justification for selection. It is suggested that tables or charts be used so that experimental groups are clear and can be matched to procedures performed. An explanation of the procedures should not be included in this section.**

**12. Provide a narrative description of the methods and sources that were used in consideration of alternatives to the use of animals and alternatives to painful procedures. An alternative is any procedure that results in a Reduction in the number of animals used, Refinement of techniques (less painful or invasive), or Replacement of animals with non-animal models (the 3 R’s).**

**The minimal narrative should include: the sources and/or databases searched (i.e., index Medicus, Medline, Current Research Information Services, Animal Welfare Information Center), the date of the search, years covered by the search, and the key words and/or search strategy used to determine that no alternatives were available to the painful or distressful procedure. The IACUC Guideline for Literature Searches:** <http://oregonstate.edu/research/iacuc/iacuc-guideline-literature-searches-alternatives-animal-use>

**13. Does this proposal duplicate a previous use of animals in teaching or research?**

Yes  No If yes, why is duplication necessary (e.g., new group of students, more rigorous study design, new information, components that were not evaluated previously, etc)?

**ANIMAL CARE**

**14. Animal housing location: List building, floor, room, barn, corral, paddock, or pasture as applicable. Please note that if this is a new housing area, approval from the OSU Attending Veterinarian and IACUC will be needed prior to housing animals.**

**15. Indicate the source providing the animals (e.g., Jackson Labs, etc.). If source is a private owner, check Client Consent Form supplement box in Question 22 and complete form.**

**16. Who will provide husbandry care for the animals? List unit or person's name.**

**17. Who will provide veterinary care for sick or injured animals? If someone other than the OSU Attending Veterinarian will provide this care, please list the individual, their relevant credentials, and their contact information. The OSU Attending Veterinarian has the ultimate responsibility for the veterinary care of all animals used for teaching, research, and testing at Oregon State University. Others may provide veterinary care, with the approval of the University Attending Veterinarian and IACUC. Regardless, the OSU Attending Veterinarian must be listed below and contacted for unexpected animal health-related events.**

**ANIMAL USE**

**18. Identify all areas where animal procedures will be performed. If procedures will be performed in housing areas, please include these in the list. The information should include: building, room or any other relevant description.**

**19. Describe in detail all procedures involving the animal(s). This section should include sufficient description of the experimental design or teaching activities, such that it is clear which animals, or groups of animals, will undergo which procedures. Include doses and routes of administration for all agents, medications, chemicals, etc. Describe the order in which procedures will be performed, including the endpoints of the study or animal involvement in the teaching activities. There should be direct correspondence between the descriptions of groups in the "Justification for Use of Live Vertebrates" section, Questions 11 and 12. Do not copy and paste grant information into this section.**

**20. Describe method(s) of euthanasia and carcass disposal or other disposition, if applicable. Methods of euthanasia employed should be acceptable, according to the American Veterinary Medical Association (AVMA) "Guidelines on Euthanasia". If a method is considered conditionally acceptable or unacceptable, scientific justification is required. Methods utilized to ensure euthanasia (i.e., secondary means) also should be included in this description.**

**21. Describe potential adverse consequences that may occur to the animal. These can include expected sources of discomfort, distress, or pain from the procedures performed, loss of life (death), adverse phenotypes from transgenic strains, surgical complications, etc.**

**21A. Describe any actions that will be taken to prevent or minimize adverse consequences.**

**22. Check any of the following that apply. Complete and submit all applicable supplements.**

Antibody production ([Antibody Production Supplement](#Antibody))

Breeding colony or sentinel animals ([Breeding Colony & Surveillance Supplement](#Breeding))

Death of the animals as an indicator or data point in the research or instruction ([Death as an End Point Supplement](#Death))

Field studies ([Field Studies Supplement](#Field))

Surgery ([Surgery Supplement](#Surgery))

Herd animals including poultry or stocks of fish ([Herd/Flock Supplement](#Herd))

Category “E”, unrelieved discomfort, distress, or pain ([Category “E” Supplement](#CategoryE))

Client Consent Form for privately owned animals ([CCF Supplement](#ClientConcentForm))

**23. Other agents used in the research - check appropriate boxes and complete the Research Agent Use in Animals Form that can be found at: http://oregonstate.edu/ehs/forms/auf.doc. It is the responsibility of the PI to secure any other compliance committee approvals necessary. Questions regarding approval process for other safety committees (Institutional Biosafety Committee (IBC), Radiation Safety Committee (RSC), and Chemical Safety Committee (CSC)) should be directed to the appropriate committee. The IACUC Office can provide this contact information.**

Radioactive isotopes administered to the animal

Infectious agents administered to the animal

Carcinogens administered to the animal

Recombinant DNA products administered to the animal

Breeding or creation of genetically modified animals

**24. Will the project involve participants** [**diving and/or boating**](http://oregonstate.edu/research/diving/)**?** Yes  No

If yes, approval is needed from the Diving Board and/or Boating Safety Officer.

**PARTICIPANTS (P) SUPPLEMENT**

**List the PI and all staff that will perform work described in this application.**

**For class activities, include instructional staff . All Participants must complete Animal Welfare Education Training, the Animal Handler Safety Awareness Training, and enroll in the Animal Exposure Occupational Health and Safety Program. Complete instructions are available** [**here**](http://research.oregonstate.edu/files/iacuc/training_and_educational_requirements_for_acup_participants.pdf)**.**

**The PI responsible for this project should be the first person listed.**

**In the event that an emergency issue arises, it is important that the University Veterinary staff or IACUC be able to contact an individual who can make decisions for animals described in this proposal. Please list subsequent individuals in preferred contact order.**

**Add additional personnel boxes, or pages, as needed.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Department: |  | | |
| Work Address: |  | | | | | | |
| Work Email: |  | | | Work Phone: |  | | |
| Participant’s ACUP Role: |  | | | | | | |
| Experience & Qualifications  *specific to this ACUP*: |  | | | | | | |
| [Animal Welfare Education](http://oregonstate.edu/research/iacuc/trainingrequirements)  completed? | Yes | Pending | [Animal Exposure/OHS Enrollment](http://oregonstate.edu/occupationalhealth/animal-handler) completed? | | | Yes | Pending |
| [Animal Handler Safety Training](http://oregonstate.edu/ehs/bio/animal-handler) completed? | Yes | Pending |  | | |  |  |
| Has/will participant receive procedure-specific training? | Yes | Pending | Are personnel training records maintained?  Sample Records found [here](http://oregonstate.edu/research/iacuc/iacuc-forms). | | | Yes | Pending |

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| Name: |  | | | Department: |  | | |
| Work Address: |  | | | | | | |
| Work Email: |  | | | Work Phone: |  | | |
| Participant’s ACUP Role: |  | | | | | | |
| Experience & Qualifications  *specific to this ACUP*: |  | | | | | | |
| [Animal Welfare Education](http://oregonstate.edu/research/iacuc/trainingrequirements)  completed? | Yes | Pending | [Animal Exposure/OHS Enrollment](http://oregonstate.edu/occupationalhealth/animal-handler) completed? | | | Yes | Pending |
| [Animal Handler Safety Training](http://oregonstate.edu/ehs/bio/animal-handler) completed? | Yes | Pending |  | | |  |  |
| Has/will participant receive procedure-specific training? | Yes | Pending | Are personnel training records maintained?  Sample Records found [here](http://oregonstate.edu/research/iacuc/iacuc-forms). | | | Yes | Pending |

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| Name: |  | | | Department: |  | | |
| Work Address: |  | | | | | | |
| Work Email: |  | | | Work Phone: |  | | |
| Participant’s ACUP Role: |  | | | | | | |
| Experience & Qualifications  *specific to this ACUP*: |  | | | | | | |
| [Animal Welfare Education](http://oregonstate.edu/research/iacuc/trainingrequirements)  completed? | Yes | Pending | [Animal Exposure/OHS Enrollment](http://oregonstate.edu/occupationalhealth/animal-handler) completed? | | | Yes | Pending |
| [Animal Handler Safety Training](http://oregonstate.edu/ehs/bio/animal-handler) completed? | Yes | Pending |  | | |  |  |
| Has/will participant receive procedure-specific training? | Yes | Pending | Are personnel training records maintained?  Sample Records found [here](http://oregonstate.edu/research/iacuc/iacuc-forms). | | | Yes | Pending |

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| Name: |  | | | Department: |  | | |
| Work Address: |  | | | | | | |
| Work Email: |  | | | Work Phone: |  | | |
| Participant’s ACUP Role: |  | | | | | | |
| Experience & Qualifications  *specific to this ACUP*: |  | | | | | | |
| [Animal Welfare Education](http://oregonstate.edu/research/iacuc/trainingrequirements)  completed? | Yes | Pending | [Animal Exposure/OHS Enrollment](http://oregonstate.edu/occupationalhealth/animal-handler) completed? | | | Yes | Pending |
| [Animal Handler Safety Training](http://oregonstate.edu/ehs/bio/animal-handler) completed? | Yes | Pending |  | | |  |  |
| Has/will participant receive procedure-specific training? | Yes | Pending | Are personnel training records maintained?  Sample Records found [here](http://oregonstate.edu/research/iacuc/iacuc-forms). | | | Yes | Pending |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Department: |  | | |
| Work Address: |  | | | | | | |
| Work Email: |  | | | Work Phone: |  | | |
| Participant’s ACUP Role: |  | | | | | | |
| Experience & Qualifications  *specific to this ACUP*: |  | | | | | | |
| [Animal Welfare Education](http://oregonstate.edu/research/iacuc/trainingrequirements)  completed? | Yes | Pending | [Animal Exposure/OHS Enrollment](http://oregonstate.edu/occupationalhealth/animal-handler) completed? | | | Yes | Pending |
| [Animal Handler Safety Training](http://oregonstate.edu/ehs/bio/animal-handler) completed? | Yes | Pending |  | | |  |  |
| Has/will participant receive procedure-specific training? | Yes | Pending | Are personnel training records maintained?  Sample Records found [here](http://oregonstate.edu/research/iacuc/iacuc-forms). | | | Yes | Pending |

**FIELD STUDIES (F) SUPPLEMENT**

**(FILL OUT ONLY IF APPLICABLE)**

**F1. Are the animal species to be used listed as endangered or threatened?** Yes  No

**F2. Are permits required?** Yes  No

If yes, list the necessary permits and confirm that all necessary permits have, or will be obtained prior to initiation of animal work. If none are required, please explain why.

**F3. Field Study Location(s):**

**F4. Will animals be captured alive?**  Yes  No

1. **Method of capture and frequency of trap checks?**

1. **If released, where will captured animals be released?**

1. **If not released, what will happen to the animals?**

1. **What precautions will be taken to prevent capture of non-target species?**

1. **What is the expected injury or death rate during capture?**

     

1. **What precautions will be used to minimize distress, injury or death during capture?**

**F5. In the event of injury or illness necessitating euthanasia or for non-survival capture, what method of euthanasia will be used? List agent, dose, and route.**

**F6. Does this study involve predator and prey interaction?** Yes  No

If yes, what consideration was given to use of non-live animal prey?

**F7. Will a telemetry unit be implanted or attached?** Yes  No

1. **If yes, who will do the implantation (please complete the "Surgery (S)" supplement)?**

1. **What are their qualifications and experience with performing the procedure?**

1. **Describe dimensions and weight of the unit; anatomical site and method of attachment to the animal; procedure for removal at the conclusion of the study or probable consequences to the animal if not removed.**

**SURGERY SUPPLEMENT (S)**

**(FILL OUT ONLY IF APPLICABLE; ONE SUPPLEMENT FOR EACH SURGERY TYPE)**

**S1. Will this be a survival or non-survival (terminal) procedure?**

**Please list the type (name) of the surgical procedure(s).**

**S1a. If this is a survival surgery, is this a minor or major procedure? A major surgery is defined as one that penetrates or exposes a body cavity or produces substantial impairment of physical or physiological function.**

**S2. If the surgery involves recovery from general anesthesia (survival), will more than one survival surgery be performed on the same animal during its lifetime?**

Yes  No

If yes, what is the time frame between surgeries and the scientific justification for multiple survival surgeries on the same animal?

**S3. Where will the procedure be performed? List the building, floor and room number or field site, as appropriate.**

**S4. Describe pre-operative preparation of the animal, including; preparation of the surgical location, and surgeon. Include any anesthetic and analgesic agents (list name(s), dose(s) and route(s) of administration).**

Perioperative preparations:

Anesthetic, analgesic agents & administration:

**S5. Describe in detail the surgical procedures.**

**S5a. Who will perform the surgery? List that person’s name, training and/or experience (recent or other) with the surgical procedure.**

**S6. Describe sterile techniques that will be used during the survival procedures or provide a copy of a current standard operating procedure (SOP).**

**S7. Describe postoperative care procedures and practices (e.g., pain management, wound and infection control, diet augmentation, physical therapy, monitoring frequency, etc.) or provide a copy of a current SOP. Include the name of medications, doses, route, and frequency of administration.**

**Post-operative procedures:**

**Post-operative medication agents & administration:**

**BREEDING COLONY AND SURVEILLANCE (BC) SUPPLEMENT**

**(FILL OUT ONLY IF APPLICABLE)**

**Please provide a copy of the standard operating procedures (SOP) for the breeding colony/herd/stock, etc. This should describe:**

* **Primary and secondary uses of the animals**
* **What type of animal**
* **How is population maintained (e.g., Number, gender, partition by age)**
* **Source of the animals, removal criteria (e.g., age, genotype, etc.), and euthanasia procedures**
* **For Breeding Colony, include:**
  + **Number of breeder and number of young per cage**
  + **Breeding system used e.g. ratio of males to females, continuous or interrupted mating**
  + **Weaning age**
  + **Separation of animals at weaning**
  + **Method of identification of individual animals**

**Is a breeding SOP provided?** Yes  No

**BC1. Estimated number of adult and weaned animals to be subjected to experimental manipulations:**

**BC2. Estimated number of suckling animals to be subjected to experimental manipulations:**

**BC3. Estimated number of breeder held but not subjected to experimental manipulations:.**

**BC4. Estimated number of suckling animals to be euthanized at or prior to weaning and not subjected to experimental manipulation:**

**BC5. Please describe any expected adverse phenotypes associated with this colony of animals (e.g., health issues or abnormalities).**

**For sentinel animals:**

**Is a sentinel SOP provided?** Yes  No

**Briefly describe the purpose of the program:**

**What animals will be used?**

**How many sentinels will be used?**

**How will the sentinels be exposed?**

**How will the sentinels be used & disposed of following exposure?**

**HERD/FLOCK (H) SUPPLEMENT   
(FILL OUT ONLY IF APPLICABLE)**

**Please provide a copy of the standard operating procedures (SOPs) for the herd/stock, etc. This should describe:**

* **Primary and secondary uses of the animals**
* **What type of animal**
* **How is population maintained**
* **Veterinary care, vaccinations, quarantine, etc.**
* **Source of the animals, removal criteria, other disposition, and euthanasia procedures**
* **Method of identification of individual animals**
* **Identification of person who will receive and approve requests for herd animal use on other ACUPs and how this use will be monitored**

**Are herd/stock/animal husbandry SOPs provided?** Yes  No

**ANTIBODY PRODUCTION SUPPLEMENT (AP)  
(FILL OUT ONLY IF APPLICABLE)**

**AP1: Indicate the type(s) of antibodies to be generated. Check all that apply:**

Polyclonal antibody blood collection

Monoclonal antibody production

Monoclonal antibody requiring hybridoma growth in animals rather than in culture

**AP2: Indicate if this antibody is available commercially:** Yes  No

**AP2a: If yes, provide scientific justification for the need to generate the antibody.**

**AP3: Where will the antibodies be produced?** OSU  Outside facility

**If an outside facility will be used to generate antibodies, please complete question AP3a below.**

**AP3a. Outside Facility**

**Provide the following information regarding that facility and contact the IACUC Office if you need assistance.**

**PHS Animal Welfare Assurance #:**

**USDA Registration #:**

**Note:** If the facility is not PHS assured, antibodies cannot be obtained from that source. If the facility is not USDA registered, only Mus musculus, Rattus norvigicus or Gallus domesticus (chickens/eggs) may be used for antibody production.

**Date of applicable IACUC protocol approval:**

**AAALAC, International accreditation status:** Accredited  Not Accredited

**Ownership of the animals to be used for antibody production:**

Animals are owned by an outside facility (if yes, then stop. No additional answers are needed)

Animals are owned by OSU.

**AP4: List the antigen(s) to be used:**

**AP5: Describe how antigen(s) will be prepared. If more than one will be used, organize the response here to match the list in AP4.**

**AP6: Describe the adjuvant to be used for the primary and secondary immunization(s), route, frequency, volume, and location of injection:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Adjuvant** | **Route** | **Frequency of Administration** | **Volume** | **Primary or Secondary Immunization** | **Location(s) of Injection on Animals** |
|  |  |  |  |  |  |

**AP7: If complete Freund’s adjuvant will be used, provide scientific justification for its use and describe why other adjuvants cannot be used.**

**AP8: Describe how animals will be monitored following immunization(s). Include the person(s) responsible, clinical signs that will be monitored, actions taken if these signs are observed, and the frequency at which monitoring will be performed.**

**AP9: Describe how blood will be sampled for determining antibody titers. Include method for repeat collections, frequency of collection, and volume collected. Include any terminal blood collection procedures in this description.**

**AP10: Describe clinical signs that, if observed, would warrant euthanasia of the animal.**

**AP11: Describe any expected complications and steps taken to minimize antibody related complications.**

**For Monoclonal Antibody Production Only**

**AP12: Provide justification on why hybridomas must be grown in animals, rather than in culture.**

**AP13: Describe how frequently animals will be monitored for abdominal distention and what steps will be taken if this is observed. The minimal expectation is that animals will be monitored at least daily by the laboratory staff.**

**AP14: Provide the agent and volume to be used to prime the animals.**

**AP15: Describe the frequency of abdominal taps to remove fluid from the abdomen.**

**AP16: Indicate how many taps will be performed (i.e., fluid withdrawn) on any one animal before euthanasia.**

**AP17: Describe the monitoring plan for animals after abdominal fluid withdrawal. The LAR Veterinary staff recommends monitoring occur for at least 20 minutes post-tap.**

**DEATH AS AN END POINT SUPPLEMENT (D)**

**(FILL OUT ONLY IF APPLICABLE)**

**DEATH AS AN ENDPOINT STUDIES ARE ONES IN WHICH THE ANIMALS ARE ALLOWED TO DIE, WITHOUT INTERVENTION, TO FULFILL THE SCIENTIFIC AIMS. IF ANIMALS BECOME ILL OR DEBILIATED AS PART OF THE EXPERIMENTAL DESIGN, PRE-EMPTIVE EUTHANASIA BASED ON HUMANE ENDPOINTS IS EXPECTED, CONSISTENT WITH THE US GOVERNMENT PRINCIPLES FOR THE UTILIZATION AND CARE OF VERTEBRATE ANIMALS USED IN TESTING, RESEARCH, AND TRAINING.**

**Please note that studies utilizing death as an endpoint are categorized as Animal Use Category "E". This may require changes to occur to Question 10 and Question 21A.**

**D1. Describe the expected progression of clinical signs up to and including death for the animals.**

**D2. Provide scientific justification for the use of death as an endpoint.**

**D3. Provide a description of alternatives that were considered to using death as an endpoint, indicating for each alternative cited the specific criteria that prevent this alternative from being used.**

**CATEGORY “E” SUPPLEMENT (E)**

**(FILL OUT ONLY IF APPLICABLE)**

**E1. Provide the scientific justification for animals experiencing unrelieved discomfort, distress, or pain.**

**This information should describe the specific rationale for why the expected discomfort, distress, or pain cannot be relieved and/or why relief would interfere with the scientific objectives of the project.**

**CLIENT CONSENT FORM SUPPLEMENT (CCF)**

**(FILL OUT ONLY IF APPLICABLE)**

If a research, teaching, or testing endeavor performed by OSU faculty and/or on OSU property involves the use of privately owned animals, then the responsible Principal Investigator (PI) must submit a client consent form with the appropriate Animal Care and Use Proposal (ACUP) for IACUC review. ACUPs that involve the use of privately owned animals cannot be approved without review and approval of the consent form.

The consent form must include or address the following items. A sample is included below.

1. Injured or ill animals must receive timely, appropriate, and documented treatment/care. Arrangements for providing care should be listed and detailed in the ACUP and client consent form.
2. Animals must have documentation of a preventive health program, as evidenced by current vaccination and/or testing records as appropriate.
3. Adequate food and housing for the animals must be available if in residence and at a minimum, must conform to IACUC requirements.
4. Animals must be appropriately restrained to minimize potential injuries to themselves, personnel, students, and/or other animals.
5. Costs incurred and responsibility for payment for participation or as a result of adverse events must be clearly described in the ACUP and client consent form.
6. Approval is required from the appropriate department after which the ACUP can to be submitted for IACUC review.

See Form on following page.

**Client Consent Form for Animal Owners**

Project Title:

Principal Investigator: (Name and Department)

Co-Investigators:

**PURPOSE OF STUDY**:

**PURPOSE OF THE FORM:**

You are being asked to give your consent to have your *(type of animal)* participate in a research study. This consent form gives you the information you will need to help you decide whether to allow your animal to participate. Please read the form carefully. You may ask any questions about the research, the possible risks and benefits, rights as a volunteer participant, and anything else that is not clear. When all of your questions have been answered, you can decide if you will allow your animal to be in this study or not.

**WHAT WILL HAPPEN IN THE STUDY?**

**RISKS OF THE STUDY:**

**BENEFITS OF THE STUDY:**

**IS THERE COMPENSATION FOR PARTICPATING?**

**ARE THERE ANY COSTS FOR PARTICIPATING?**

**IN CASE OF INJURY:**

**WITHDRAWING MY ANIMAL FROM THE STUDY:**

Your participation in this study is entirely voluntary and you may withdraw your animal at any time. You also understand that your animal may be withdrawn from the study if the investigators find it necessary. If your animal is withdrawn from the study for any reason, data already collected may continue to be used for research purposes.

You will not be treated differently if you decide to not participate in this study. Your decision to participate, not participate, or withdraw from the study will not affect your relationship with OSU.

**WHAT IF I HAVE QUESTIONS?**

If you have any questions about the study, you may contact Dr.       at

Your signature indicates that this research study has been explained to you, that your questions have been answered and that you agree to allow your animal to be in the study. You will receive a copy of this form.

**Animal’s Name:**      

**Owner’s Printed Name:**      

**Owner’s Signature:**       **Date:**      

**Principal Investigator’s Printed Name:**      

**Principal Investigator’s Signature:**       **Date:**      