

**SFASU Institutional Animal Care and Use Committee  
Short Form Application**

**IMPORTANT:** This form is used to screen activities carried out in instructional and research settings that involve vertebrate species that SFA faculty and staff are authorized to study.

SFA follows the guidelines set forth by the U.S. Department of Agriculture (USDA) and the Animal Welfare Act (Eighth Edition), which is enforced by USDA, to protect certain animals from inhumane treatment and neglect. The regulations are followed with respect to the animals utilized by SFA which include: agricultural animals, horses, fish, amphibians, and wildlife (birds, mammals, etc.).

The IACUC committee recognizes that many of the animal care practices at SFA constitute routine animal care. The committee therefore acknowledges the following animal management and care practices as acceptable and, upon approval of the IACUC chair, exempts them from further committee review.

**Please complete this form and the IACUC committee will determine if your planned activities qualify for exemption or if further documentation or a full protocol review is required.**

**A. Project Information**

Principal Investigator(s): \_\_\_\_\_

PI Department: \_\_\_\_\_ PI Email: \_\_\_\_\_

Student Investigator(s): \_\_\_\_\_

Title of Project: \_\_\_\_\_

Duration of study: \_\_\_\_\_ to \_\_\_\_\_

Funded Project:  No  Yes Sponsor: \_\_\_\_\_**B. Type of Project:**

- |   |   |
|---|---|
| <input type="checkbox"/> Class Project (List Course(s): _____ | Completed CITI Animal Care and Use training courses?<br><a href="https://www.citiprogram.org/">https://www.citiprogram.org/</a> |
| <input type="checkbox"/> Thesis                               | <input type="checkbox"/> Yes Date of Completion: _____ <input type="checkbox"/> No  |
| <input type="checkbox"/> Dissertation                         |   |
| <input type="checkbox"/> Faculty Research                     | PI(s): _____  |
| <input type="checkbox"/> Other: _____                         | Student(s): _____   |

Please check the activities you plan to perform:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation of animals in their natural habitat	Holding or weighing animals	Observation of animal behavior in a lab	Routine agricultural animal husbandry	Positive reward training	Routine injections and drawing blood	Animals used or intended for use as food or fiber
<b>NOTE: If your research and/or teaching activities are not listed above, a full protocol may be required.</b>						

**C. Species Information & Location:**

Taxa or Species and Common name	Characteristics (age, sex, weight)	Number of animals to be used

Building(s) & room(s) where animals will be housed: \_\_\_\_\_

**D. Source of animal subjects:**

- Approved Vendor: \_\_\_\_\_
- \*Non-approved Vendor: \_\_\_\_\_
- \*Other Institution: \_\_\_\_\_
- Breed at SFA (include approved breeding protocol number): \_\_\_\_\_
- \*Wild-caught                       Private Owner (i.e., dogs, horses, etc.)
- Other: \_\_\_\_\_

\*May require quarantine.

**E. Procedure**

Please explain in lay terms how you plan to carry out your research and/or teaching activities:

**Signature Assurance**

By submitting an animal care and use proposal (ACUP), or protocol, to the IACUC for review, the Principal Investigator is certifying the following:

- I assure that all students, staff, and faculty on this project are familiar with the Animal Welfare Act (AWA) and the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals, the National Institute of Health (NIH) *Guide for the Care and Use of Laboratory Animals*, the *Guide for the Care and Use of Agricultural Animals in Research and Teaching*, and recognize their responsibility in strictly adhering to approved protocols.
- I assure that all individuals listed on this project are qualified or will be trained to conduct procedures involving animals under this proposal.
- I assure that all procedure will be conducted in accordance with SFASU safety procedures, including those pertaining to personal protective equipment.
- I assure that ANY change in the care and use of animals involved in this protocol, including ANY change in the personnel listed on this protocol, that would affect their welfare will be promptly forwarded to the IACUC for review via an amendment application. Such changes will not be implemented until approval is obtained from the IACUC. Animals will not be transferred between investigators without prior approval.
- I assure that I have reviewed the pertinent scientific literature and the sources and/or databases and have found no valid alternative to any procedures described herein which may cause more than momentary or slight pain, distress, or generalized discomfort to animals, whether it is relieved or not.
- I assure that every effort has been made to minimize the number of animals used and reduce the amount of pain, distress, and/or discomfort these animals must experience.
- I assure that the activities described with in this document submitted for IACUC review are consistent with those described in any related grant, contract, or subcontract.
- I assure that the information contained in this application for animal use is accurate to the best of my knowledge.
- I understand that this application and/or my animal use privileges may be revoked by the IACUC if I violate any of the aforementioned assurance statements.

In signing this form, I assure that discomfort and injury as disclosed to animals will be limited to that which is unavoidable in the conduct of valid scientific research. I will consult with the IACUC Chair and SFA affiliated veterinarian when potentially painful procedures are to be performed beyond the normal expectations of the procedure(s). I further assure that all applicable licenses and permits have been obtained and copies are attached to this document. I agree to comply with SFA's IACUC policies and procedures, and all applicable state and federal laws governing animal welfare.

It is implicit upon submission of the protocol that the Principal Investigator has read and agrees to abide by the above obligations.

\_\_\_\_\_  
Principal Investigator Signature\*

\_\_\_\_\_  
Date

\*Only required if not submitted from the PI's SFASU or Chair/Dean's email account

**FOR IACUC USE ONLY**

Project #: \_\_\_\_\_

Decision Date: \_\_\_\_\_

Exemption Approved     Full Protocol Required

\_\_\_\_\_  
IACUC Chair, Dr. Jessica Glasscock

\_\_\_\_\_  
Date