***IACUC office use only***

***Date of receive:***

***Date of review:***

***Date of meet:***

***Endorsed by: Dean/Director/ Deputy Dean/ Deputy Director***

***Date:***

[](http://www.google.com.my/imgres?imgurl=http://mushroomresearchcenter.net63.net/logo/UPM.jpg&imgrefurl=http://mushroomresearchcenter.net63.net/partners.html&h=236&w=500&sz=33&tbnid=-j_6HaVO2vx-kM:&tbnh=62&tbnw=132&prev=/search?q=upm+logo&tbm=isch&tbo=u&zoom=1&q=upm+logo&docid=7dWSFiko9-6gBM&hl=en&sa=X&ei=v_2xT_f7Be2SiQfQgKX2CA&ved=0CHUQ9QEwBg&dur=4301)

**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

**Universiti Putra Malaysia**

***Animal Utilisation Protocol (AUP) – Teaching / Workshop***

*This completed Animal Utilisation Protocol (AUP) needs to be submitted to*

*The Secretariat, Institutional Animal Care and Use Committee, c/o Unit of Ethics Research, Level 5, Office of the Deputy Vice Chancellor (Research & Innovation), Universiti Putra Malaysia, and approved by UPM IACUC prior to commencement of the animal study.*

*Direct all enquiries to* [*iacuc@upm.edu.my*](mailto:iacuc@upm.edu.my) *or 03-9769 1431.*

**TEACHING / WORKSHOP / DISPLAY TITLE: *(Must include the animal species to be used)***

***For teaching purpose, course code and name must be included.***

**This course/display will be offered:**

**Once : Starting Date: ........................... Completion Date: ...........................**

**Yearly : Number of session / semester: ........................ Semester/Year: .......................................**

1. **PERSONNEL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Department and Institution** | **Phone Number and E-mail address** | **Signature** |
| **Course Coordinator, Lecturer or Instructor:** |  |  |  |
|  |  |  |  |
| **Other personnel:**  *Please indicate role (technical staff, demonstrator, GRA, students)* |  |  |  |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| **Attending Veterinarian:**  *(Please also read and sign on Appendix 1)* |  |  |  |
| **APC no:** |  |  |  |

**Please comment briefly on:**

1. Justification on the use of live animals or animal preparations over a demonstration, film, videotape, computer simulation or other model.

2. How you are maximizing the benefit and educational gain from the animals used.

3. The on-site supervision provided for the students/participants working on animals during the teaching exercise.

4. The expected number of students/participants.

5. The number of students/participants per animal or group of animals.

6. The participant / instructor ratio.

**2. CATEGORY**

**Classification (check one):**

[ ] ***Acute*** - utilising an animal for a brief period (less than 24 hrs.), followed by euthanasia or return of the animal to source, **or** humanely killing an animal upon receipt or after a brief housing period during which time no manipulations other than standard management procedures are performed, i.e. anaesthetized without recovery, euthanised for tissue collection, etc.

[ ] ***Chronic*** - maintaining the animal and performing experimental procedures during this time, i.e. feeding trials, antibody production, breeding colony, recovery surgery.

**Category of Invasiveness (check one):**

|  |  |
| --- | --- |
| **A** | Involve either no living materials or use of no living materials, or use of plants, bacteria, protozoa,  - studies on tissues obtained from autopsy or slaughterhouse. THIS CATEGORY DOES NOT NEED AN AUP |
| **[ ] B** | Experiments on vertebrates species, expected to produce little or no discomfort  - mere restraint for blood sampling, injection of harmless substance, physical examination,  - experiment on completely anaesthetised animals which do not regain consciousness, food/water deprivation for few hours, standard methods of euthanasia (anaesthetic overdose or sedation/light anaesthesia follow by decapitation) |
| **[ ] C** | Experiments that involve some minor pain/discomfort for short duration to vertebrate species  -exposure of blood vessels, implant chronic catheters, behavioural study involving short-term stressful restraint, immunization employing Freund’s adjuvant, surgery under anaesthesia resulting in minor post-surgical discomfort |
| **[ ] D** | Experiments that involve significant but unavoidable stress or pain to vertebrate species  -deliberate induction of behavioural stress, major surgical procedure resulting in significant post-operative discomfort, induction of anatomical/physiological deficit resulting in pain/distress, application of noxious stimuli from which escape is impossible, prolonged (> several hours) physical restraint, procedures that produce pain in which anaesthetics are not used (toxicity testing with death as end-point, production of radiation sickness, certain injections, stress and shock research resulting in pain approaching pain tolerance threshold/point of intense reaction) |
| **[ ] E** | Procedures that involve inflicting severe pain near, at, or above the pain tolerance threshold of unanaesthetised, conscious animals  -use of paralytic agent alone for surgical restraint without use of anaesthetics, severe burn or trauma infliction on unanaesthetised animals, inescapable severe stress or terminal stress |

1. **SOURCE**

**Indicate the source or supplier:**

[ ] UPM Animal Resource Unit [ ] Client Owned [ ] Client Donated [ ] Resident Animal

[ ] Wildlife [ ] Field studies [ ] UPM Herd / Flock [ ] Local suppliers/farms

[ ] Other institution(s) [ ] Import (attach health certificate & import permit)

[ ] Transfer from other teaching/research (AUP No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

For the above, please provide details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SPECIES** | **SOURCE/SUPPLIER** | **ADDRESS/ LOCATION** | **PHONE NUMBER** | **MODE AND CONDITION OF TRANSPORTATION** |
|  |  |  |  |  |
|  | If you need more space for animals involved, please insert new rows |  |  |  |

1. **ANIMAL USE**

**List all animals involved in the study**.

| **Quantity** | **Species/Strain** | **Weight/Age** | **Gender** | **Accommodation**  **Building** | **Experimental Room\***  [Eg: procedure room/area, or hatchery/pond/tank (for aquatic animals)] |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  | If you need more space for animals involved, please insert new rows |

\*Please specify if experiments on infectious diseases can be carried out in the proposed area/room. Please note that experiments involving infectious diseases that can be a threat to healthy animals cannot be permitted in the same facility.

1. **ANIMAL CARE & HUSBANDRY**

|  |
| --- |
| 1. **Specify provisions of basic requirements for each species/strain of animals used**   **(For guide on species care and husbandry requirements, please refer to the UPM Code of Practice for the Care and Use of Animals for Scientific Purposes at http://www.rmc.upm.edu.my/dokumen/PTPPY1\_92272\_upm\_code\_of\_practice.pdf).** |
| **Species/strain 1**:\_\_\_\_\_\_\_\_\_\_\_\_\_  i. Caging: [ ] Plastic [ ] Metal [ ] Aquarium [ ] Tank [ ] Others-specify\_\_\_\_\_\_\_\_\_\_\_\_\_  For aquaculture research, please specify size & volume of space : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ii. Stocking density: \_\_\_\_\_\_\_animal per \_\_\_\_\_\_\_\_\_\_\_\_\_(cage/pen/paddock/tank dimension or floor space)  iii. Flooring/Bedding:[ ] Wood slatted [ ] Wire mesh [ ] Wood shaving [ ] Newspaper  [ ] Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  iv. Temperature of room: [ ] Not regulated [ ] Regulated at \_\_\_\_\_\_\_  v. Ventilation: [ ] Not regulated [ ] Regulated  vi. Feed: [ ] Custom-formulated [ ] Commercial – name of manufacturer\_\_\_\_\_\_\_\_\_\_\_\_\_\_  vii. Water: Source\_\_\_\_\_\_\_\_\_\_\_\_\_ Delivery: [ ] Bottle [ ] Water bowl  [ ] Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Species/strain 2**:\_\_\_\_\_\_\_\_\_\_\_\_\_  (please copy items above ) |

**b) Specify the frequency of the following activities (if applicable) and who will be performing**

|  |  |  |
| --- | --- | --- |
| **Activity** | **Frequency** | **Performed by (name)** |
| Feeding |  |  |
| Changing water bottle/bowl/tank |  |  |
| Changing bedding/litter tray/filter |  |  |
| Changing/cleaning cage/pen/tank/filter |  |  |

**c) Specify any enrichment provisions, i.e. space, specific materials or objects provide, if any.** *(e.g. tissue paper, cardboard shelter, cardboard tube etc.)*

|  |
| --- |
|  |

**6. PROCEDURES**

| **a)** **Using a FLOW DIAGRAM WITH TIMELINE, describe sequence of research procedures that involve animals in this project. THE COMPLETE FLOW DIAGRAM WITH TIMELINE SHOULD ONLY DESCRIBE THE PROCEDURES FROM THE POINT OF PURCHASE OR PROCUREMENT TO WHEN AND HOW THE ANIMALS ARE EUTHANISED. Please provide reference(s) where appropriate.**  **In cases of surgical procedures, description of the following should be included; patient preparation before surgery, pain and distress management, frequency of monitoring during and post-surgery as well as technical description of surgical procedures and post-operative care.** |
| --- |
| **FLOW DIAGRAM MUST BE CONCISE** |

**b) List ALL procedures, manipulations, and/or measurements that will be performed on the animals.**

\*Indicate the Category of Invasiveness as stated in page 2 for each procedure listed.

Please consult your AV for procedures involved the usage of drug (dosage, route, volume etc.).

| **PROCEDURE(S)**  E.g. transportation, physical restraint, blood sampling, administration of compounds or chemicals, injection of anaesthetics, analgesics, antibiotics, behavioural test, euthanasia etc.  (Please list procedures in sequence) | | **Compound name, dosage, route & volume**  (if applicable) | **No. of animals involved** | **Frequency and duration** | **State category of invasiveness**  \*B-E *(Please refer to page 2)* |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
|  | If you need more space for animals involved, please insert new rows |  |  |  |  |

**c) List ALL individuals who will carry out the procedures listed in 9 b).**

**Provide their technical qualifications and relevant experience in performing these procedures**.

|  |  |  |
| --- | --- | --- |
| **Name\*** | **Procedure(s) to be** p**erformed**  (Refer the procedure number as listed in table 9b above. Eg: 1, 2, 3) | **Qualifications/experience with these procedures** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  | If you need more space, please insert new rows |

\*All individual names should also be listed in page 1.Procedure involved the usage of controlled drug should be done by AV. Any incompetent personnel with the procedure(s) should be supervised by AV.

| **d) Specify the criteria used to assess the level of anaesthesia required for invasive procedures**  **(if relevant)** |
| --- |
| [ ] Not applicable [ ] Respiratory rate [ ] Heart rate [ ] Corneal reflex [ ] Toe pinch [ ] Tail pinch  [ ] Response to procedures [ ] Others – specify: |
| **e) Specify the methods/criteria for monitoring the condition/level of pain and distress of the animals following the above listed procedures.**  **(Please attach Template of Animal Assessment/Monitoring Sheet)** |
| [ ] Not applicable [ ] Loss of appetite [ ] Loss of weight [ ] Restlessness  [ ] Laboured breathing [ ] Loss/reduce mobility [ ] Abnormal resting posture [ ] Unresponsiveness  [ ] Failure to show natural inquisitiveness [ ] Failure to groom/unkempt appearance  [ ] Red stains around eyes of rats [ ] Guarding/protecting painful area  [ ] Licking, biting, scratching, shaking of affected area  [ ] Others – specify: |
| **f) Specify frequency of animal observations:**  1. Daily husbandry routine: \_\_\_\_\_\_times per hour / day / week \**(delete where not relevant)*  2. Following experimental procedures: \_\_\_\_\_\_times per hour / day / week \**(deletel where not relevant)* |

**7. EXPERIMENTAL AND/OR ANIMAL USE ENDPOINT**

When experimental procedures produce animals that may become ill, it is necessary to define an endpoint to ensure that an experimental animal’s discomfort, pain and/or distress is terminated, minimised or reduced.

| **a) List any *expected* clinical conditions or abnormalities as a result of the proposed study** *(e.g. behavioural changes such as increased grooming, vocalization or postural changes, or physical abnormalities such as anorexia, dehydration, diarrhoea, etc.).* ***All expected clinical abnormalities that could arise need to be included in Animal Assessment/Monitoring sheet in 6e.*** |
| --- |
|  |
| **b) List the criteria to trigger the decision to remove an animal from the experiment, or to terminate the experiment** *(e.g. moribound, 20% body weight loss for a week, etc.)*. **If death is required as the endpoint, please provide adequate justification.** |
|  |

**8. DISPOSAL OF ANIMALS**

|  |  |  |
| --- | --- | --- |
| **SPECIES,**  **QUANTITY** | **TO BE RETAINED/ SOLD TO/ DONATED TO/ TRANSFERRED TO/ ADOPTED BY *(****specify location or to/by whom and purpose if animals are retained)* | **TO BE EUTHANISED** *(specify method/drug/dose. If a physical method of euthanasia is to be used i.e. cervical dislocation, justify its use)*  **TO BE DISPOSED** (*specify method)* |
|  |  |  |
|  |  |  |

1. **EMERGENCY VETERINARY CARE**

Is routine veterinary care appropriate for animals in this project? **[ ] YES [ ] NO**

If NO, attach specific instructions in case an emergency should arise.

*In the event of an animal health emergency, if the personnel LISTED IN SECTION 1 COULD NOT BE CONTACTED, the decision of a Clinical Veterinarian APPOINTED BY THE IACUC will be final.*

**10. HAZARDS:**

**Does this project involve hazardous agent or animal? [ ] YES [ ] NO**

**If YES, please complete the details as below.**

|  |  |
| --- | --- |
| **TYPE** | **SPECIFY AGENT, DOSAGE, ROUTE, FREQUENCY** |
| Radio-Isotope |  |
| Carcinogen |  |
| Dangerous chemical |  |
| Contagious pathogen to  humans [ ] animals [ ] |  |
| \*Recombinant DNA/RNA |  |
| Other (e.g. \*GMO, electroshock) |  |
| **Precaution step(s) and/or special animal care or containment procedure required for the hazard(s):** | |

**\*Project involving Recombinant DNA/RNA/GMO needs to apply for acknowledgement (contain used) or approval (field trial) from National Biosafety Board or UPM Institutional Biosafety Committee (IBC).**

**11. INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE APPROVAL**

Upon approval, a protocol number will be assigned. This number must be used when ordering animals. This Animal Utilisation Protocol is valid for the duration of the project pending on submission of annual progress report by the investigator and recommendation by the animal facility manager.

|  |  |  |
| --- | --- | --- |
| **PRINCIPAL INVESTIGATOR’S DECLARATION** | | **TICK** |
| By signing this form, I certify that:   1. this project will be conducted in accordance with the Animal Welfare Act 2015 (<https://www.aaalac.org/resources/Malaysia.pdf>), UPM policy and Code of Practice for the Care and Use of Animals for Scientific Purposes (<http://www.tncpi.upm.edu.my/upload/dokumen/20180522091735PTPPY1_92272_ethicspolicy.pdf>) and Institutional Care and Use Committee (IACUC) guidelines, and any other applicable federal/state laws and regulations. | |  |
| 1. the information provided in this AUP is complete and accurate. | |  |
| 1. the proposed experimental activities described above have not been carried out by myself or other researchers in this institution or elsewhere. | |  |
| 1. all activities are designed to assure that pain/distress/discomfort of animals is minimized. | |  |
| 1. all personnel listed in section 9c are aware of, and will follow the approved procedures outlined in this form. They will be appropriately trained and qualified, and that I am responsible for the supervision, training, and work of said personnel. | |  |
| 1. I will maintain appropriate animal records (e.g. animal monitoring sheet, veterinary care, euthanasia, surgery, anesthesia etc.). | |  |
| 1. veterinary care will be available when necessary,and provided by the qualified attending veterinarian (AV). I will immediately notify his/her regarding any unexpected study results that negatively impact the animals, and any unanticipated pain or distress, morbidity or mortality will be documented and reported to the IACUC. | |  |
| 1. the information provided in this AUP will be kept current and any changes must be notified by submitting Form IACUC/105. I aware that IACUC approval must be obtained prior to performing the revised animal procedures described therein. | |  |
| 1. I understand that approval of proposed project is valid for a maximum of one (1) year from the date of approval. I aware that extension of the approval need to be requested at least one (1) month prior to project completion by submitting Form IACUC/106. | |  |
| 1. I will notify and submit Form IACUC/106 following the completion of project. I understand that my new AUP application will not be processed before report submission. | |  |
| 1. I understand that the IACUC may approve the application as submitted, required modifications in order to receive approval, or rejected, and the approval may be subject to further review.   **By submitting this form, I have read and understood the above declaration.** | |  |
| Project Title: | | |
| Signature and stamp of Principal Investigator: | Date: | |

**Appendix 1**

|  |  |  |
| --- | --- | --- |
| **ATTENDING VETERINARIAN’S DECLARATION** | | **TICK** |
| By signing this form, I certify that:   1. I should provide input in protocol review, the development of study removal criteria, and responsible conduct of research activities and can be invited to attend the IACUC meeting together with the research team if required. | |  |
| 1. I oversee the well-being and clinical care of animals used in research, testing and teaching. The responsibility extends to monitoring and promoting animal well-being at all times during animal use and during all phases of the animal’s life. Well-being is determined by considering physical, physiological and behavioural indicators. | |  |
| 1. I shall provide guidance to investigators and all personnel involved in the care and use of animals to ensure appropriate husbandry, handling, medical treatment, immobilization, sedation, analgesia, anaesthesia and euthanasia. | |  |
| 1. I shall provide guidance and oversight to surgery and perioperative care involving animals in accordance with current established veterinary medical and nursing procedures, if applicable. | |  |
| 1. I am expected to carry out daily observation of all animals in the study project to assess their health and well-being. However, the daily observation of animals may be accomplished by someone else other than myself provided that there is a mechanism of direct and frequent communication between the researchers and I so that timely and accurate information on problems of animal health, behaviour, and well-being is conveyed to me. | |  |
| 1. if I am on leave or will be otherwise unavailable to provide any general or emergency veterinary care, interim arrangements are made to ensure that there is always ready access to veterinary care. Timely provision of veterinary medical care and emergency veterinary care is always available after working hours, on weekends, and on holidays. | |  |
| 1. any unethical events or animals are not kept to optimum welfare care or found during an audit will be reported to the IACUC. I aware that the IACUC will initiate investigations where the researchers and I can be summoned for explanation and deliberation on the matter. | |  |
| 1. following the completion of project, I will notify the PI to submit a final report to the IACUC on the care and ethical use of animals in the project, including animal monitoring log if necessary.   **By submitting this form, I have read and understood the above declaration**. | |  |
| Project Title:  Name of Principal Investigator: | | |
| Signature and stamp of Attending Veterinarian: | Annual Practicing Certificate (APC) number: | |
| Date: | |