Office use

AUP No:

**Universiti Putra Malaysia**

**Institutional ANIMAL CARE AND USE COMMITTEE**

***Animal Utilisation Protocol CHECKLIST aND Review Form***

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Principal investigator: |  | Phone No: |  |

|  |  |
| --- | --- |
| Project Title: |  |

**Please Tick [√] if YES, [X] if NO and [O] if not applicable.**

***Note for PI: Please complete the column for Principal Investigator.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | | Items | Principal Investigator | IACUC Member | Comments by IACUC member |
| 1. | a | The title is appropriate and includes the animal model/species to be used. |  |  |  |
|  | b | The names and roles of **ALL** personnel are clearly stated. |  |  |  |
| 2. | a | For research project, satisfactory peer review of scientific merit has been performed. |  |  |  |
|  | b | Checked appropriate animal use, classification and category of invasiveness. |  |  |  |
| 3. | a | i) Summary written in layman’s terms. |  |  |  |
|  |  | ii) Objectives of animal use/study are clearly stated. |  |  |  |
|  | b | Adequate justification on the impact/benefit to animal and/or human. |  |  |  |
| 4. |  | Adequate justification of the proposed animal (disease) model with appropriate reference(s). |  |  |  |
| 5. |  | Adequate justification to use live animal/carry out *in vivo* study with appropriate reference(s). |  |  |  |
| 6. | a | Proposed accommodation and procedure room is appropriate for the proposed experiment. |  |  |  |
|  | b | Adequate justification for number of animals requested. |  |  |  |
| 7. |  | Copy of agency/institutional’s permit/consent or template of owner’s consent form submittted (if applicable). |  |  |  |
| 8. |  | Proposed animal care and husbandry is appropriate. |  |  |  |
| 9. | a | The experimental flow, duration and procedures to be performed on each animal are clearly stated, with appropriate reference(s). |  |  |  |
|  | b | i) Frequency and invasiveness of ALL procedures are clearlywritten, with appropriate dosage, volume and route ofcompounds, antibiotics, analgesics & anaesthetics. |  |  |  |
|  |  | ii) Surgeries/invasive procedures are scientifically justified, with appropriate references (if applicable). |  |  |  |
|  | c | All personnel have appropriate qualification/experience. |  |  |  |
|  | d | Animal monitoring and post-procedural care is adequate and appropriate (if applicable). |  |  |  |
|  | e | Template of animal assessment/monitoring sheet is attached. |  |  |  |
| 10. | a | All potential adverse effects of experimental procedures to animals are clearly listed. |  |  |  |
|  | b | Criterias for endpoints are clear and appropriate. |  |  |  |
| 11. |  | Method of euthanasia and carcass disposal is appropriate. |  |  |  |
| 12. |  | Emergency veterinary care is appropriate. |  |  |  |
| 13. | a | Used of scheduled toxins/drugs/radio-isotope/ carcinogens/ dangerous chemicals/pathogens/other hazardous agents are declared, with appropriate animal care. |  |  |  |
|  | b | Handling/containment procedures for hazardous agents is appropriate. |  |  |  |
|  |  | Institutional Biosafety and Biosecurity Committee (IBBC) application is required. |  |  |  |
| 14. |  | There is no major ethical issue with this proposal. |  |  |  |
| 15. |  | Appropriate AV for this proposed animal model/study. |  |  |  |

**I have read and completed this AUP checklist and review form.**

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Signature of Principal Investigator

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| --- |
| FOR IACUC USE ONLY |
| Further comments/suggestions by IACUC member: |
| Recommendation by IACUC member:   |  |  |  | | --- | --- | --- | | Approve | Approve with minor revisions | Noting: Full committee review required | | Present: Invite Principal Investigator to discuss | | Present: Invite Attending Veterinarian to discuss |   Signature/Name:    Date: |