**IDM INSTITUTIONAL ANIMAL CARE & USE COMMITTEE PROTOCOL**

**(IDM实验动物使用方案)**

Complete and submit TYPED original & 2 copies to IDM IACUC

(填写所有事项，并向IDMIDMIACUC提交原件和2份复印件)

(Room 605, Yifu S&T; 220 Handan Rd.; tel: 65643718)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant申请人 | Title职称 | Dept部门 | Campus location校区 | Phone电话 | Fax传真 |
|  |  |  |  |  |  |
| Project Title项目名称 |  |
| Previous Registry #(Renewals)前次许可号(延续) |  | Source Funds项目来源 |  |

|  |  |
| --- | --- |
| PAIN/DISTRESS CATEGORIES疼痛/伤害类型: ☐ Experiments which involve no pain, distress, or use of pain relieving drugs.(无痛，无伤害，或使用阵痛药物的实验。) ☐ Experiments which involve momentary or slight pain or distress. (瞬间或轻微疼痛(或伤害)的实验。) ☐ Experiments involving accompanying pain or distress to animals and which appropriate anesthetic, analgesic, or tranquilizing drugs are used.(对动物有疼痛或伤害，但使用麻醉剂、止痛剂或镇痛剂的实验。) ☐ Experiments involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would adversely affect the procedures, results, or interpretation of the experiments.(对动物有疼痛或伤害，使用麻醉剂、止痛剂或镇痛剂影响实验过程或结果的实验。) | CATEGORIES OF USE(使用类型): ☐ Tissue procurement after euthanasia(安乐死后取组织) ☐ Non-surgical procedure(非手术操作) ☐ Surgery(手术)  ☐ Survival (生存) ☐ Multiple survival surgery in one animal(对一个动物进行多次的手术) ☐ Non-survival (非生存) ☐ Others(其它) ☐ Hazardous agents(危险试剂) ☐ Biological (human/animal pathogens, human tissue, tumor cells, non-replicating human/animal viruses), or recombinant DNA (生物性的(人/动物病原体，人体组织，肿瘤细胞，非复制性人/动物病毒)，或重组DNA) ☐ Toxicological(毒素) ☐ Carcinogens(致癌剂) ☐ Radioactive isotopes or ionizing radiation(放射性同位素或电离辐射) |

|  |
| --- |
| Applicant Assurance: I certify that I will conduct the project in accordance with “rules set by Chinese authority”, the PHS Guide for the Care and Use of Laboratory Animals, USDA regulations (9 CFR Parts 1, 2, 3) and the Federal Animal Welfare Act (7 USC 2131 et. Seq.). I further certify that these studies do not unnecessarily duplicate previous experiments.申请人保证：我保证我将遵守国家的相关法规、PHS的实验动物管理和使用指南、USDA法规(第9篇1、2、3)和联邦动物福利法规(7-2131)。并保证这些研究不必要地重复先前的实验。Applicant Signature/Date(申请人签名/日期): Sponsor/Date(担保人签名/日期): |

|  |  |
| --- | --- |
| Person(s) to contact in case of emergency(紧急情况时联系人):  |  |
| Office Phone(办公室电话):  | Home Phone(家庭电话): | Cell Phone(手机):  |

|  |  |  |
| --- | --- | --- |
| Inspection Category(审核类型) | Location (Building)(地点(楼)) | Room Number (房间号) |
| A. Housing location(实验地点)? |  |  |
| B. Survival surgery(存活手术)?  ☐No ☐ Yes |  |  |
| C.Non-survival surgery(非存活手术)?  ☐ No ☐ Yes |  |  |

|  |  |  |
| --- | --- | --- |
| Species (动物种类): | Number of adults required(成年动物需要量): | Number of neonates required(幼仔需要量): |
| Mouse(小鼠) |  |  |
| Rat(大鼠) |  |  |

----------------------------- For IACUC Use Only (以下仅供IACUC使用)--------------------------------

|  |  |
| --- | --- |
| IACUC Action(IACUC批复): | Assigned Reviewer(审核人):\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ Approved(批准) ☐ Disapproved(不批准)☐ Modification required for approval(修改后批准) |  |

Revised 2/2009

IACUC Chairperson/Date (IACUC主任签名/日期)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTITUTIONAL ANIMAL CARE & USE COMMITTEE (IACUC)**

**PROTOCOL INFORMATION STATEMENT**

**(动物使用方案具体内容)**

**I. Purpose of Study**: Please provide, in lay terms, the specific scientific/educational objectives of the research proposed. Please limit explanation to one or two paragraphs and avoid technical jargon (should be written to ensure comprehension by non-scientists).

**研究目的**：请声明实验的特殊的科学/教育目的。请限制在1-2段，并回避专业用语(请使用非专业人员能理解的用词)。

|  |
| --- |
|  |

II. **Potential Scientific Benefits**: State potential value of study with respect to human or animal health, advancement of knowledge, or good of society. Please limit explanation to one or two paragraphs and avoid technical jargon.**科学意义**：陈述研究将对人类或动物健康、认识的提高，或社会效益的益处。请限制在1-2段，并回避专业性用语。

|  |
| --- |
|  |

III. **Alternatives to Animal Use**: The principal investigator should provide assurance that alternatives to the use of animals were considered in planning these research activities. What is the justification for using live animals rather than alternative means of achieving the research goal? **动物的使用**：研究者保证有计划地使用动物。使用活体动物的理由是什么？

|  |
| --- |
|  |

Does the proposed research duplicate any previous work?(提出的研究是先前工作的重复吗？)

☐ No. If no, what procedures and sources were used to determine that the proposed work is not duplicative? 否。如果否，判别不重复先前工作的程序和信息来源是什么？

|  |
| --- |
|  |

☐ Yes. If yes, provide justification for the duplication and indicate what procedures and sources were used to determine that the proposed work is not *unnecessarily* duplicative.是。如果是，请解释为什么重复和不是不必要的重复的判别程序和信息来源。

|  |
| --- |
|  |

IV. **Species and Number Justification**: Describe characteristics of the animal model that make it the most appropriate for the study. Cost alone is not an acceptable justification for the selection of the animal. Provide detailed explanation for the number of animals requested. The smallest number required to obtain scientifically valid information should be used. When appropriate, statistical calculations should be noted and references cited. *Include a brief description of the experimental design and state number, species, strain of animals per group/subgroup in each procedure.* Numbers should be based on scientific and statistical requirements to achieve objectives. **种类和数量的解释**：描述用于此项研究的动物模型的特点。除费用外选择该动物的理由。说明具体的需要动物的数量。应用最少数量的动物获得科学的，有效的信息。请说明适当的、统计学的计算依据。简要说明每个物种、品系需要的数量。数量应根据科学的、统计需要。

|  |
| --- |
|  |
| Total Number(总数): |

V. **Procedures(流程)**: All personnel performing procedures must be listed in Sections IX and X(所有的独立实行操作的人员必须在IX和X节中列出).

Species(种) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOP(SOP名称)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOP#(SOP编号)\_\_\_\_\_\_\_\_\_

Species(种)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOP(SOP名称)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOP#(SOP编号)\_\_\_\_\_\_\_\_\_

Species(种) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOP(SOP名称)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOP#(SOP编号)\_\_\_\_\_\_\_\_\_

Species(种) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOP(SOP名称)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOP#(SOP编号)\_\_\_\_\_\_\_\_\_

Species(种) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOP(SOP名称)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOP#(SOP编号)\_\_\_\_\_\_\_\_\_

Species(种) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOP(SOP名称)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SOP#(SOP编号)\_\_\_\_\_\_\_\_\_

VI. **Euthanasia(安乐死):**Complete this section even if your study does not involve planned euthanasia. The method outlined may be used in the event of unanticipated injury or illness. Where appropriate, specify agent to be used.如果在你的研究中不包括安乐死，也要填写此节。列出如果发生意外的伤害或疾病时的方法。是否使用特殊的试剂？

|  |  |  |  |
| --- | --- | --- | --- |
| Possible Method(可能的方法) | Species: | Species: | Species: |
| CO2 Precharged Chamber(CO2充气) | ☐ | ☐ | ☐ |
| Cervical Dislocation\*\*(断颈) | ☐ | ☐ | ☐ |
| Other\*/\*\*(其它) | ☐ | ☐ | ☐ |
| \*Specify agent, dose, and route below特殊设计的名称、剂量、给药方法: Agent试剂\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose剂量\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Route方法\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*\* Must include justification if the method is not recommended by IDM IACUC(如果该方法不是IDM IACUC推荐的，必须进行说明. |

VII. Final Disposition of Animals After Completion of Study/Procedure研究/操作结束后的处理.

☐Euthanized by methods outlined in the Euthanasia Section of this Protocol安乐死的方法

☐ Returned to Production/Breeding Unit返回给生产/饲养部门

☐ Disposal by the Facility 由动物房设施丢弃

☐ Other其它: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VIII. Renewal Protocols. Provide a brief summary of findings to date as they relate to the use of animals. Specify the numbers of animals (by species) that were used in this study during the past year. Provide a list of related publications that resulted from this protocol延续动物使用方案。简要说明与动物使用相关的结果。详细说明在过去的一年里此项研究使用的动物的数量.列出与该动物使用方案有关的结果的论文。

|  |
| --- |
|  |

IX. Personnel. Please list ALL individuals that will conduct procedures using animals in this project and describe their role (surgeon, anesthetist, pre-operative or post-operative care provider, will administer euthanasia). An occupational health program is mandatory for personnel who work with laboratory animals. For every person listed, section X must be completed and submitted with this protocol. 人员。请列出所有参加次项目的人员及其承担的作用(手术、麻醉、前期或后期护理操作、安乐死执行等)。对使用实验动物的人员强制体检。对每位被列出的人员，需填写X节，并与该动物使用方案一起提交。

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X. Qualifications/Experience of Personnel. Duplicate this information for each individual listed in the previous section. IDM will provide advice and training on request if the personnel have no previous relevant experience. 人员的资格/经历。对每位在前一节中列出的人员复制该信息。IDM将对未参加过相关培训的人员进行培训。

Date日期 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (First/Last) 姓名\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID card number身份证号: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest earned degree (circle one)最高学历(选择1个): High school(高中), AA(), BA/BS(本科), MA/MS(硕士), MD/DVM/DDS(医生/兽医/), PhD(博士), Other(其它):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status (circle one)职务(选择1个): Faculty(教师), Manager(主管), Technician(技术员), Post-doc(博士后), Graduate student(研究生), Undergrad student(本科生),

Other (Specify) 其它(详细说明): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of principal investigator listed on this protocol在此动物使用方案中主要研究者姓名: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab location(实验室) \_\_\_\_\_\_\_ Lab Phone(实验室电话)\_\_\_\_\_\_\_\_\_\_\_\_Cell phone(手机)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address(电子信箱)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you passed the Animal Users Training Test你是否通过了使用动物的培训考试? Yes ☐ No ☐

How many years of experience have you had working with animals你有多少年使用动物进行实验的经历? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training - Please describe any formal training related to the use of laboratory animals in research (other than that received at IDM). Include the institution, name of the course, approximate dates attended, and a very brief description of the content. Use a separate sheet if additional space is necessary. 培训-请描述你参加过的动物实验的培训(IDM承认的)。包括培训机构、培训班名称、培训日期、培训班的简要描述。必要时请用空格分开列表。

Please check (☐) those skills listed below ONLY if you are proficient in performing the technique. Please list those species of animals that you will be using in THIS protocol only. Duplicate the information for any additional species that you will be using in this protocol. 请勾出你熟悉的实验技术。请列出在此动物使用方案中该技术用于什么物种。列出你将要用的所有的物种。

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A. Techniques技术 | Species:mouse | Species:Rat | B. Techniques技术 | Species:mouse | Species:rat |
| Handling & Restraint | ☐ | ☐ | Anesthesia镇痛剂 |  |  |
| Oral Gavage灌喂 | ☐ | ☐ |  Barbiturates | ☐ | ☐ |
| Injections注射 |  |  |  Neuroleptics | ☐ | ☐ |
|  Intravenous静脉 | ☐ | ☐ |  Volatiles | ☐ | ☐ |
|  Intramuscular肌肉 | ☐ | ☐ |  Other  | ☐ | ☐ |
|  Subcutaneous皮下 | ☐ | ☐ | Aseptic technique灭菌技术 | ☐ | ☐ |
|  Intraperitoneal腹腔 | ☐ | ☐ | Post Surgical Care术后护理 | ☐ | ☐ |
|  Intracardiac心脏 | ☐ | ☐ | Euthanasia安乐死 | ☐ | ☐ |
| Blood collection采血 |  |  |  CO2 | ☐ | ☐ |
|  Tail vein尾静脉 | ☐ | ☐ |  Injectables注射 | ☐ | ☐ |
|  Jugular vein颈静脉 | ☐ | ☐ |  Decapitation斩首 | ☐ | ☐ |
|  Leg veins腿静脉 | ☐ | ☐ |  Cervical dislocation断颈 | ☐ | ☐ |
|  Anterior vena cava(前)腔静脉 | ☐ | ☐ |  Other :其它 | ☐ | ☐ |
|  Orbital sinus眼窝 | ☐ | ☐ |  Other :其它 | ☐ | ☐ |
|  Cardiac puncture心脏 | ☐ | ☐ |  Other : | ☐ | ☐ |
|  Cutdowns | ☐ | ☐ |  |  |  |
|  Other:其它 | ☐ | ☐ |  |  |  |

What experience do you have that specifically prepares you to perform the techniques required of you *in this protocol?* (Please be specific.) 这些技术将用于此动物使用方案中的哪些特定的实验(详细说明)

|  |
| --- |
|  |