

Chulabhorn Research Institute - Animal Care and Use Committee (CRI-IACUC)

PROTOCOL COVER SHEET

Protocol Number		
3-Year Renewal of C	CRI-IACUC#/ New Protocol	This section
Received by IACUC	(dd/mm/yy)	will be
Approved/Request I	completed by	
Resubmitted (dd/mn	n/yy)	the
Approved/Disappro	ved by IACUC (dd/mm/yy)	CRI-IACUC
Approved/Disappro	ved by IO (dd/mm/yy)	
Expiration Date (dd/	/mm/yy)	
	Period: FromTo	
Funding Source(s):		
Grant has been:	☐ Submitted	
	\square Approved. If approved, duration of approved	proval
Your signature as P.I	., Co-investigator on this application veri	fies that the information herein
and use established	d that you are familiar with and will compunder the ethical guidelines and policies	•
Institute.	N.	
	or: Name	
Address:		
	(Signature, Date)	
Co-Investigator:	Name	
	(Signature, Date)	

Co-Investigator:	Name	
		(Signature, Date)
Co-Investigator:	Name	
		(Signature, Date)
Head of Laborator Address:		
		(Signature, Date)
Safety Review: Address:		
		(Signature, Date)

Chulabhorn Research Institute STANDARDIZED RESEARCH PROTOCOL FORMAT FOR PERMISSION OF ANIMAL CARE AND USE

Protocol Title: (Thai)
(English)
Principal Investigator:
Co-Investigator(s):
1. Non-technical summary: (Provide a brief description of the project that is easily understood by non-scientists, expressing its significance and your reasons for undertaken the study).
2. Background: (Include a brief statement of the requirement for the information being sought. Typically the literature or the experience that led to the proposal will be briefly reviewed, references cited will be provided.)
3. Literature Search for Duplication: (This search must be performed to prevent unnecessary duplication of previous experiments.)
3.1 Literature Source(s) Searched:
3.2 Date of Search: 3.3 Period of Search:
3.4 Key Words used in Search:
3.5 Results of Search: Provide a narrative description of the results of the literature search
4. Objective/Hypothesis: (Provide goal/specific aim of this project)
5. Experimental design and General procedures: (Provide a complete description of what will be done to the animals. Succinctly outline the formal scientific plan and direction for experimentation. A diagram or chart may be helpful to explain complex design)

6. Data analysis	s/Statistical method: wate the data).	(List the statistical t	est(s) plann	ed or describ	e the stro	ntegy	
7. Animal model and species justification: 7.1 Description of animals							
Common name	Genus and Species	Strain/ Stock	Age	Weight	Sex	Number	
Special consid free, <i>Pasteurella</i> fre	eration: (List specialized ee, etc.)	requirements for the	research ar	imals, e.g. co	ertain anti	ibody or viru	
7.2.1 Ani choice of a	justification for anima imal model and Spece inimal model(s). What phy it make it the best possible	I species and nunies justification:	nber reque (Provide a hological c	ested. scientific jus haracteristics	stification s does thi.	for the s animal	
used in each	nber of animals requi group or total were appro and statistical requiremen	opriate. Number of a	ınimals used				
8. Animal care:							
	dry consideration: (A		nal housing	and living co	onditions,	routine	
8.1.1 Stud	dy location: (Study room	where the animals v	vill be hous	ed?)			
8.1.2 Hou	sing System: [] clean convert [] environmen [] other, please		[]	laminar flov isolator			

8.1.3 Ca	I ging: [] Rat [] Polysulfone shoe box cage [] 26.6x 42.5 x18.5 cm. [] Metabolic Cage (BW≤300 g) [] Mouse [] Polysulfone shoe box cage [] 20.7 x 36.5 x 14.0 cm [] Individual Ventilated Cage (IVC) [] Metabolic Cage [] other, please specify
8.1.4	Number of animals/cage
8.1.5	Environmental requirements: Temperature: [] 24 ± 1 °C
8.1.6	Food: Type of food: [] Standard diet [] other, Feeding schedule: [] ad libitum [] other,
8.1.7	Water: Type of water: [] RO water contains 2-3 ppm chlorine
through	Environmental Enrichment: It is CRI policy to provide environmental enrichment nesting material for all laboratory animals. If this is not acceptable, please indicated justify in the space below:
health evaluat	medical care: (Describe the routine veterinary care. List the criteria used for tion while the animals are on study). elfare: he proposed research duplicate any previous work?
[] YE	S [] NO

If yes, explain w	thy it is scientifically necessary to duplicate the experiment.
10.2 Briefly descri are not applicable	be how you have considered each of the following alternatives or why they
10.2.1 Replace animals):	ement of animals (e.g., with in vitro models, computer models or less sentient
the design defined gen	on in the number of animals (e.g., using appropriate statistical methods in and analysis of the study; reduction in experimental variability by using animals of etic or microbiological status; sharing tissue among investigators):
(e.g., earl reduce str	nent of experimental procedures to minimize pain or distress by endpoints; use of analgesics, anesthetics or sedatives; techniques that the animal):
10.3 Potential anim	al pain and distress assessment:
10.3.1 During t	he study:
1) How or	ften will the clinical condition of animals be monitored?
2) Who w	vill monitor the clinical condition of the animals?
(i.e. heal	animals expected to experience any specific study-induced or related problems th problems, pain, distress, complications, etc.) or any health problems as a the phenotype of the animal?
[] Y	YES [] NO
If yes, plea	ase answer the following questions:
1) Describ	be the expected problems.
Check [] In: [] Lo [] Lo	riteria will be used to assess pain, distress, or discomfort? all that apply: activity oss of appetite oss of weight () 5% () 10 % () 15% () 20% weight loss estlessness

]	Guarding (protecting the painful area) Loss of mobility Red stain around the eyes of rats Unresponsiveness
_] Self-mutilation] Labored breathing] Other (please list)
10.4 Literatu	re Search for Alternative to Procedure that cause pain & distress
10.4.2 Da 10.4.3 Pe 10.4.4 Ke	terature Source(s) Searched:BRD, MEDLINE, AGRICOLA, etc ate of Search: eriod of Search: ey Words of Search: esults of Search:
10.5 Anesthe	sia
[] Yes [] No
If yes, 1	please answer the following questions:
2) 3) 4) 5) 6) 7) 8)	Preanesthetic preparation Type of anesthesia used, if applicable Dose Route of administration Frequency of anesthesia Length of anesthesia Who is responsible for maintaining anesthesia Methods used to monitor anesthesia , frequency of monitoring
9)	If inhalation anesthetics are used, describe the system for scavenging waste
]]]]	What criteria will be used to assess level of anesthesia? Check all that apply: Respiration rate Heart rate ECG Toe pinch Tail pinch Corneal reflex Color of mucous membrane Muscular relaxation Other (pulse oximeter, respirometer) please list

10.6 Analgesics and/or tranquil 1) Type of analges.		
2) Dose		
10.7 Describe post-anesthetic tr		
11. Surgery:		
[] Yes [] No		
If yes, please answer the foll	owing:	
11.1 Surgical procedure is:	[] Non-survival [] Major [] one time	[] Minor
11.2 Location: Give the location/re		l surgical procedure.
11.3 Surgeon/Qualification: Inde	icate who will perform the su lure.	rgery, and his/her qualifications, training,
11.4 Procedure: Describe in detai	l any surgical procedures pla	nned. (may add a reference)
11.5 Pre- and Post-operative p including provisions for post-surgica		ons for both pre-and post-operative care,
11.6 Describe long-term care of	any chronic survival pro	ocedures.
11.7 Multiple Survival Surgery must be adequately justified for scien 11.7.1 Procedures:		or operative procedures on the same animal riting.

11.8 Wh	o will be resp	onsible for post-s	surgical care	and treatmen	nt? 	
		Withdrawal/Tneedle sizes, volume				
	Anatomic Location	Needle Size/ Catheter Size and length	Biopsy Size	Volume Collected (ml)	Volume Administered (ml)	Frequency (per day)
Blood						
Vithdrawal Body Fluid						
Vithdrawal						
Tissue						
Collection						
njection/ nfusion						
ail Clip						
avaging						
Other						
, trici						
otal blood	volume	ml i	n total	study	days or	months
				•	•	
8. Restrain	t with Mech	nanical Devices:				
[] Yes	[] No					
[] I es	[] NO					
•		duration of restrai		y of observatio	n, conditioning p	rocedures
and steps	to assure com	fort and well-beir	ıg.			
If prolon	ged restraint	is used, must pr	ovide justif	ication:		
If prolon	ged restraint	is used, must pr	ovide justif	ication:		
If prolon	ged restraint	is used, must pr	ovide justif	ication:		
If prolon	ged restraint	is used, must pr	ovide justif	cation:		
		is used, must pr			Manipulation	
. Projects					Manipulation	 1:

	dividual animal [,] s wei dividual animal [,] s wei	-		days.	
	Amount Restricted/Added	Duration	Compound Supplemented	Compound Deleted	Frequency
Food					
Restriction Fluid					
Restriction					
Nutrient Alterations					
15. Tumor an	nd disease models,	toxicity test	ing:		
[] Y	es [] No				
used to ass study. Inclu	ribe methodology use less physical condition ading clinical signs of determine a humane of	on and pain, or manifestati	discomfort, stress, ons expected from	and distress duri the procedure. W	ng the course of
17. Euthanas	sia / Disposition of	animals			
17.1 Dis _l	posal of animals after	completion of	of activity:		
[] Eu	ıthanized				
	eturn to production/br		acility inventory		
[] Tr	ansfer to another rese		and Investigator		
[] Ot	please list protococher (Please describe)				
[]0	ilei (i lease describe)				
	gs used for euthanasi	a			
Dos					
Kou Oth	te of administration er (Please describe)				
18. Study End	point: (State the projected; and th	cted study endp	point for the animals.	Indicate whether re	ecovery,

	arly Endpoint is used (The animals are humanely euthanized prior to the expected date of study tion
	[] Yes [] No
	arly Endpoint Criteria used are
	nzard/Safety:
[] None] Hazardous chemical, carcinogen or radioactive material is (are) used: specify
[] Biohazardous agent is (are) used: [] Non-infectious agent: specify
	[] Infectious agent: specify
	ovide a list of any potential biohazards associated with this proposal. Specify Biosafety Level 2 or 3).
	plain any safety precautions or programs designed to protect personnel from biohazards and a veillance procedures in place to monitor potential exposures.
Ex	plain how the waste is decontaminated and disposed of.
Lis	st primary safety equipment and personnel protective equipment requirements.
Lis	st procedures if accident, injury or illness occurs.
Lis	st specific treatment provision for accidental exposure.

List all individuals who will be working with the animals on this project. Include all investigators, students, post-doctoral researchers, research associates and laboratory assistants who will actually work with the animals. If personnel do not have experience, state how they will be trained

20.1 Investigators

Name/Degree(s)	Animal Care and Use Training	Procedures

20.2 Technicians/Animal Caretakers

Name/Degree(s)	Animal Care and Use Training	Procedures

- **21. Assurances:** As Principal investigator on this protocol, I verify that the information herein is true and correct and that I am familiar with and will comply with standard of animal care and use established under the ethical guidelines and policies of Chulabhorn Research Institute, and Office of the National Research Council of Thailand (NRCT). Additionally, I acknowledge my responsibilities and provide assurances for the followings:
- **A. Animal Use:** The animals authorized for use in this protocol will be used only in the activities and in the manner described herein, unless a modification is specifically approved by the CRI IACUC prior to its implementation.
- **B. Duplication of Effort:** I have made every effort to ensure that this protocol is not an unnecessary duplication of previous experiments.
- **C. Statistical Assurance:** I assure that I have consulted with a qualified individual who evaluated the experimental design with respect to the statistical analysis, and that the minimum number of animals needed for scientific validity will be used.
- **D. Biohazard/Safety:** I have taken into consideration and made the proper coordination regarding all applicable rules and regulations concerning radiation protection, biosafety, recombinant issues, and so forth, in the preparation of this protocol.
- **E. Training:** I verify that the personnel performing the animal procedures/manipulations described in this protocol are technically competent and have been properly trained to ensure that no unnecessary pain or distress will be caused to the animals as a result of the procedures/manipulations.
- **F. Responsibility:** I acknowledge the inherent moral, ethical and administrative obligations associated with the performance of this animal use protocol, and I assure that all individuals associated with this project will demonstrate a concern for the health, comfort, welfare, and well-being of the research animals. Additionally, I pledge to conduct this study in the responsibility for implementing animal use alternatives where feasible, and conducting humane and lawful research.
- **G. Scientific Review:** This proposed animal use protocol has received appropriate peer scientific review and is consistent with good scientific research practice.
- **H. Painful Procedures:** (A signature for this assurance is required by the Principal Investigator if the research being conducted has the potential to cause more than momentary or slight pain or distress even if an anesthetic or analgesic is used to relieve the pain and/or distress.)

I am NOT conducting biomedical experiments, which may potentially cause more than momentary or slight pain or distress to animals.

I. Research studies: The CRI IACUC will be notified of any changes in the proposed project, or personnel, relative to this application. I will not proceed with animal experiment until approval by the CRI IACUC is granted.

Signature	
	(Principal Investigator)
	Date