## APPLICATION FOR APPROVAL OF THE USE OF VERTEBRATE ANIMALS IN RESEARCH

### THE UNIVERSITY OF MASSACHUSETTS DARTMOUTH - Animal Care and Use Committee

All items must be completed. Incomplete applications will be returned. If specific items

are not pertinent to the proposal, indicate by N/A (Not Applicable) **Rev. 2/21/06**

|  |  |
| --- | --- |
| **Funding:** **(State Source)** | **Protocol Number:** |
| **NIH Grant No:** | **Previous Protocol Number:** |
| **UMD:** | **Date Submitted:** |
| **Other:** | **Date Approved:** |

**Project Title**:

**Principal Investigator**:

**Project Period**: **Department**:

**Telephone**: **Home Telephone**:

**Purpose of Study: (Be specific)**:

**Animal Species: Number : Source:**

* Total animals needed for actual experimental procedures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total Number of animals to be housed **at any one time**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Will animals be bred for this protocol: Yes  No

If “Yes”:

# Total animals to be maintained in order to provide experimental animals:

Timetable for when the animals will be needed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 = negligible \_\_\_\_

Distress/Discomfort/Pain Level is: 2 = avoided by drugs \_\_\_\_

3 = short term discomfort/pain \_\_\_\_

4 = long term discomfort/pain \_\_\_\_

5 = extreme discomfort/pain \_\_\_\_

**Will this study involve: (check YES or NO)**

**Procedures/methods Biohazard Materials (\*requires**

**Yes No attached approval from Institutional**

Immunological methods: \_\_\_\_\_ \_\_\_\_\_ **Biosafety committee**)

Surgical procedures: \_\_\_\_\_ \_\_\_\_\_

\***Yes No**

Microbial agents: \_\_\_\_\_ \_\_\_\_\_