Bicol University Animal Care and Use Committee

ANIMAL CARE AND USE STATEMENT
(PROTOCOL REVIEW FORM)

To be filled out by BU-ACUC Staff

ISO 9001:2008
TUV Rheinland ID 910863351

I. IDENTIFYING INFORMATION

Responsible Person/Principal Investigator: _____

Faculty Researcher ☐ Research Associate/Assistant ☐ Student ☐

Supervisor (Project Leader/Thesis Adviser): _____

College/Unit: _____ Department/Section: _____

Contact Information:

Landline: _____
Mobile: _____
e-mail: _____

Initial Submission: ☐ Renewal: ☐ Modification: ☐

II. PROCEDURE(S) OR TITLE OF RESEARCH/STUDY

III. OBJECTIVES:

IV. DURATION OR TIME FRAME

Procedure	Start Date	End Date	Duration (days)

V. BACKGROUND AND SIGNIFICANCE OF THE PROCEDURE OR RESEARCH

VI. DESCRIPTION OF METHODOLOGIES/EXPERIMENTAL DESIGN

A. Type of animal to be used (species)

B. Source of the animals

C. Reason/basis for selecting the animal species

D. Gender and age of animals

E. Number of animals (justify the number of animals)

Procedure	*Acute Oral Toxicity Test (sample format)*		
Group	Treatment	Dose	Number of Animals
1	*Vehicle control*	*50 mg/kg*	*5*
2	*Positive control (drug)*	*50 mg/kg*	*5*
3	*Low dose*	*1 mg/kg*	*5*
4	*Medium dose*	*10 mg/kg*	*5*
5	*High dose*	*100 mg/kg*	*5*
		TOTAL NUMBER OF ANIMALS	*25*

F. Quarantine and/or acclimation or conditioning process

G. Animal Care Procedure

1. Cage Type

2. Number of animals per cage

3. Cage cleaning method

4. Room temperature, humidity, ventilation and lighting

5. Animal diet and feeding and watering method

H. Experimental or animal manipulation methods

1. General description of animal manipulation methods (including method of conditioning)

2. Dosing method (including frequency, volume, route, method of restraint and expected outcome or effects)

3. Specimen or biological agent (blood, urine, etc.) collection method (including frequency, volume, route and method of restraint)

4. Animal examination procedures and frequency of examinations (including restraining method)

5. Use of anesthetics (including drug, dosage and frequency)

6. Surgical procedures (type and purpose)
   a. Where will surgical procedure be performed?

   b. Description of supportive care and monitoring procedures during and after surgery

   c. Description of measures for possible post-surgical complications

   d. If euthanasia of animals will be done, describe the method that will be employed

I. Is there a non-animal model applicable for the procedure/study? If so, please provide the reasons for not using it.

J. Describe the disposal of animals after procedure is completed

K. Indicate the names and qualification of all personnel who will be responsible for conducting the procedures.

Name/s	Degree and/or Training Experience in Animal Handling

VII. DECLARATION BY THE RESPONSIBLE PERSON

I accept responsibility for assuring that the procedures/study will be conducted in accordance with the approved protocol.

I assure that all personnel who use this protocol and work with animals have received appropriate training/instructions in procedural and handling techniques, and on animal welfare considerations.

I agree to obtain written approval from the Bicol University Animal Care and Use Committee prior to making any changes affecting my protocol. I also agree to promptly notify the BU-ACUC in writing of any emergent problems that may arise in the course of this study, including the occurrence of adverse side effects.

Signature of the Adviser or Study Leader:

_____ Date: _____

Noted by the BU-ACUC Chairman

_____ Date: _____

Action of the Committee (to be filled out by the Committee Chairperson/Member)

Comments/Suggestions/Recommendations: