

1 **University of the Philippines Diliman**
2 **Institutional Animal Care and Use Committee**

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4 **ANIMAL CARE AND USE STATEMENT**

5 (Protocol Review Form)
6

7 **Protocol Review #:** <Institute acronym-Year of project/current year-Order of submission>
8

9 **I. PROTOCOL**

10 **A. Name of protocol or procedure**

11 Click or tap here to enter text.

12 **B. Title/s of research/study**

13 *Can be more than one. Place titles into separate lines.*

14 Click or tap here to enter text.

15 **C. Source/s of funding (if any):**

16 Click or tap here to enter text.
17

18 **II. OBJECTIVE/S**

19 Click or tap here to enter text.
20

21 **III. DURATION**

22 *Give the duration of the project/thesis.*

23 Click or tap here to enter text.
24

25 **IV. PRINCIPAL INVESTIGATOR**

26 **A. Name:** Click or tap here to enter text.

27 **B. Qualifications**

28 *Provide the degree/s and/or training experience.*

29 Click or tap here to enter text.

30 **C. Contact Information**

31 **E-mail address:** Click or tap here to enter text.

32 **Contact number:** Click or tap here to enter text.
33

34 **V. BACKGROUND AND SIGNIFICANCE OF THE PROCEDURE OR RESEARCH**

35 *Include a description of the biomedical characteristics of the animals which are essential*
36 *to the proposed procedure/research and indicate evidence of experiences with the*
37 *proposed animal model.*

38
39 Click or tap here to enter text.
40

41 **VI. DESCRIPTION OF METHODOLOGIES/EXPERIMENTAL DESIGN**

42 *This section should establish that the proposed procedure is well designed scientifically*
43 *and ethically.*

44 **A. Animals**

45 For protocols lasting more than one year, add separate rows for each year. The
46 Number column should only reflect the number of animals that will be used for each
47 year.

Species	Strain	Source	Age	Weight	Sex	Number
Common name (Latin name)						

48

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B. Basis for selecting the animal species

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Give the reason/s for the use of the animals and justify the number of animals that will be used.

51

Click or tap here to enter text.

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C. Quarantine and/or conditioning process

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Click or tap here to enter text.

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D. Animal care procedures

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1. Cage type

57

Give the type, material, and dimensions of the cage that will house the animals.

58

Click or tap here to enter text.

59

2. Number of animals per sex per cage

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Click or tap here to enter text.

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3. Identification

62

Indicate how each individual animal will be identified from one another.

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Click or tap here to enter text.

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4. Cage cleaning method

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Click or tap here to enter text.

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5. Living conditions

67

Include where the animals will be housed, the room temperature, humidity, ventilation, and lighting.

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Click or tap here to enter text.

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6. Animal diet, and feeding and watering method

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Click or tap here to enter text.

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E. Experimental or animal manipulation methods

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1. General description

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Give a description of the methods of animal manipulation that will be used including the method of conditioning.

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Click or tap here to enter text.

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2. Dosing

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Include the frequency, volume, route, method of restraint and expected outcome or effects.

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Click or tap here to enter text.

81

3. Specimen and/or biological agent collection

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Include the frequency, volume, route, and method of restraint for each specimen and/or biological agent that will be collected.

83

84

Click or tap here to enter text.

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4. Animal examination procedure/s

86

Include the frequency of examinations and the method of restraint.

87

Click or tap here to enter text.

88

5. Use of anesthetics

89

Include the drug, dosage, and frequency.

90

Click or tap here to enter text.

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6. Surgical procedure/s

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If the protocol involves any surgical procedure, include the following information:

- 93 a. Place where surgery will be performed
- 94 b. Description of supportive care and monitoring procedures during and after
- 95 surgery
- 96 c. Description of measures for possible post-surgical complications
- 97 d. Name of all participating surgeons and their qualifications and relevant
- 98 experience

99 **7. Humane endpoints**

100 *Describe the plan for monitoring pain, discomfort, or distress during and after the*

101 *procedure. If animals will be euthanized, include the method that will be used.*

102 *Click or tap here to enter text.*

103 **F. Potential hazards**

104 *Include any potential hazards for the animals and the personnel involved as well as*

105 *preventive measures to avoid hazards.*

106 *Click or tap here to enter text.*

107 **G. Waste disposal**

108 *Describe how animal carcasses and other wastes generated by the procedure will be*

109 *disposed of.*

110 *Click or tap here to enter text.*

111 **H. Suitable alternatives**

112 *Is there a non-animal model applicable for the procedure/study? If so, please provide*

113 *the reasons for not using it.*

114 *Click or tap here to enter text.*

115 **I. Personnel**

116 Add more rows if necessary.

Name	Title	Role/s	Qualifications	Training and Vaccinations*

117 *Each personnel are required to have been inoculated with anti-rabies and anti-tetanus

118 vaccines

119 **VII. DECLARATION BY THE RESPONSIBLE PERSON**

120 I ACCEPT RESPONSIBILITY FOR ASSURING THAT THE PROCEDURES/STUDY WILL BE CONDUCTED IN

121 ACCORDANCE WITH THE APPROVED PROTOCOL.

122 I ASSURE THAT ALL PERSONNEL WHO USE THIS PROTOCOL AND WORK WITH ANIMALS HAVE

123 RECEIVED APPROPRIATE TRAINING/INSTRUCTIONS IN PROCEDURAL AND HANDLING

124 TECHNIQUES, AND ON ANIMAL WELFARE CONSIDERATIONS.

125 I AGREE TO OBTAIN WRITTEN APPROVAL FROM THE INSTITUTIONAL ANIMAL CARE AND USE

126 COMMITTEE PRIOR TO MAKING ANY CHANGES AFFECTING MY PROTOCOL. I ALSO AGREE TO

127 PROMPTLY NOTIFY THE IACUC IN WRITING OF ANY EMERGENT RPOBLEMS THAT MAY ARISE IN

128 THE COURSE OF THIS STUDY, INCLUDING THE OCCURRENCE OF ADVERSE SIDE EFFECTS.

129 Signature of the Principal Investigator:

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131 Date: _____

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Noted by:

DR. CYNTHIA P. SALOMA
UPD IACUC Chairperson

Date: _____

DR. MARIA AMELITA C. ESTACIO
UPD IACUC Veterinarian

Date: _____