Guidelines and Template Submission of an IACUC protocol renewal

Prepared by the Animal Welfare Committee Department of Biological Sciences, A-State

Note: Our guidelines, comments, and recommendations hereafter will be in blue. Anything in black is what you would see in Cayuse.

If you need to submit a renewal application, follow these steps:

- 1. Sign in <u>CayuseIRB</u>. If you do not have an account yet, contact <u>CayuseIRB@atate.edu</u> to get an account.
- 2. From **Dashboard** or **Studies**, look for the study you need to modify and click on the protocol number.

Before you do anything, we'd recommend you download the pdf of your original protocol so you know which sections will need modifications.

- 3. Click on the blue + **New Submission** button.
- 4. Select Renewal
- 5. Click Edit
- 6. Answer all questions. Below, you will find the questions you will be asked to complete for this request for modification.
- 7. Once you are done completing these questions, make sure it's all saved (the **Save** option is under the Actions button)
- 8. Go to **COMPLETE SUBMISSION**
- 9. Click **CONFIRM**.

| *Compliance Committee | | | | |
|---|--|--|--|--|
| Which committee oversees this research? | | | | |
| ☐ Institutional Review Board (IRB) | | | | |
| Institutional Animal Care and Use Committee (IACUC) | | | | |
| ☐ Institutional Biosafety Committee (IBC) | | | | |
| | | | | |

By Selecting the above, new questions will appear as follows:

IACUC CONTINUING REVIEW

1. Record of Animal Usage

Please indicate the total number approved and total used to date for each species. For example:

| SPECIES | TOTAL #APPROVED | #USED TO DATE | |
|---------|-----------------|----------------------|--|
| | | | |

2. Nature of Protocol/Study

Check all applicable items.

| | | Survival (Chronic) Study |
|----|--------|---|
| | | Terminal (Acute) Study |
| | | Multiple Surgeries |
| | | Transgenic Breeding |
| | | Prolonged Restraint |
| | | Neuromuscular Blockers |
| | | Antibody production |
| | | Inducement of a Disease State |
| | | Inducement of a Behavioral Stress |
| | | Blood/Tissue Collection |
| 3. | USDA | Project (Pain) Category: |
| | | proved in the original protocol |
| | | Category B: Animals being bred, acclimatized, or held for use in teaching, |
| | | testing, experiments, research, or surgery but <u>not yet used</u> for such proposes. Non-invasive observation only of animals in the wild. |
| | | Category C: Animals that are subject to procedures that cause no pain or distress, |
| | | or only momentary or slight pain or distress and do not require the use of pain- |
| | | relieving drugs. |
| | | Category D: Animals subjected to potentially painful or stressful procedures for |
| | | which they receive appropriate anesthetics, analgesics and/or tranquilizer drugs. |
| | | Category E: Animals subjected to potentially painful or stressful procedures that |
| | | are <u>not</u> relieved with anesthetics, analgesics and/or tranquilizer drugs. |
| | | Withholding anesthesia/analgesia must be scientifically justified in writing and approved by the IACUC. |
| | | approved by the IACOC. |
| 4. | Proto | col Status |
| | Please | indicate the status of this project. |
| | | Request Protocol Continuance |
| | | Request Protocol Termination |
| 5. | Fundi | ng Source |
| • | | specify the funding source. Please indicate whether funding is internal (e.g., |
| | | or external (e.g., NSF) and include the fund number, if known. |
| | | |
| _ | Duois | of Dougonnal |
| 6. | • | et Personnel there been/will there be any changes in PI, Co-PI(s), or other research team |
| | | ers since the last IACUC approval was granted? |
| | | Yes |
| | П | No |
| | If you | select Yes, the following question will be added: |
| | - | |

| | Please provide the name, role, project responsibility, and personnel qualification statement for each individual to be added to the protocol. |
|----|---|
| | |
| | Attach the CITI completion reports for these individuals. This includes the CITI Responsible Conduct of Research course plus any needed IACUC-specific courses. |
| | ATTACH |
| | 6.b. Project Personnel Deletions Provide name and effective date for all persons no longer involved in this research. |
| | |
| 7. | Alternatives to Animal Use Alternatives to the use of animals should be considered and used when possible. Since the last IACUC approval, have alternatives to the use of animals become available that could be substituted to achieve your specific project aims? Yes |
| | □ No If you select Yes, the following question will be added: |
| | |
| | 7.a. Please explain. |
| | |
| 8. | Alternatives to Potentially Painful Procedures (for USDA pain categories D and E) Procedures that cause the least amount of pain or distress to the animals should be considered and used when possible. Since the last IACUC approval, have alternatives which are potentially less painful or distressful become available that could be used to achieve your specific project aims? Yes |
| | □ No If you select Yes, the following question will be added: |
| | 8.a. Please explain. |
| | |
| 9. | Duplication Activities involving animals must not unnecessarily duplicate previous experiments. Check the box below to indicate your assurance that the activities of this project remain in compliance with the requirement that there must be no unnecessary duplication. □ I assure the IACUC that the activities of this project remain in compliance with |
| | the requirement that there must be no unnecessary duplication. |

| | 10. Future Plans | | | | |
|---------|--|--|--|--|--|
| | se select one. No changes are planned and the project will continue as previously approved by | | | | |
| Ĺ | No changes are planned and the project will continue as previously approved by the IACUC. | | | | |
| [| ☐ Changes are planned. | | | | |
| | Other | | | | |
| , | If you called "Changes one along dy the fallers in a greation will be added. | | | | |
| | If you select "Changes are planned", the following question will be added: 10.a. Planned Changes | | | | |
| | Provide a full description and justification for the proposed changes. | | | | |
| | Please note that you will be required to submit a modification before implementing changes, | | | | |
| | If the modifications are significant, you may be required to complete a new application. | | | | |
| | The AWC would recommend submitting request for modifications or new proposal if you plan on making changes to avoid delaying your research. | | | | |
| | | | | | |
|] | If you select "Other", the following question will be added: 10.a. Please explain. | | | | |
| | | | | | |
| 11. CEI | RTIFICATION OF THE PRINCIPAL INVESTIGATOR By checking this box, the Principal Investigator certifies he or she understands the requirements of the PHS Policy on Humane Care and Use of Laboratory Animals, applicable USDA regulations and the Institution's policies governing the use of vertebrate animals for research, testing, teaching or demonstration purposes. The PI further certifies that he or she will continue to conduct the project in full compliance with the aforementioned requirements. | | | | |
| CONFLIC | T OF INTEREST | | | | |
| = | earch externally funded? | | | | |
| | Yes | | | | |
| l | □ No | | | | |
|] | If you select "Yes", the following question will be added: Has your relationship with the sponsor changed in any way that might require conflict of interest disclosure (e.g., stock purchases, salary, royalty payments, patents, board positions, etc.)? Yes No | | | | |
| | If you select "Yes", the following will be added: PLEASE CONTACT THE DIRECTOR OF RESEARCH COMPLIANCE | | | | |

REGARDING THE NECESSARY CONFLICT OF INTEREST FORMS:

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Please attach any other pertinent documents here.

ATTACH