

**INSTITUTIONAL ANIMAL ETHICS COMMITTEE  
SUMMARY SHEET  
(TO BE FILLED BY INVESTIGATOR)**

- | 1. Type of Animals used (Please Tick)   | Number of Animals requested                             |
|---|---|
| a. Mice <input style="width: 50px; height: 20px;" type="text"/>   | <input style="width: 50px; height: 20px;" type="text"/> |
| b. Rats <input style="width: 50px; height: 20px;" type="text"/>   | <input style="width: 50px; height: 20px;" type="text"/> |
| c. Rabbits <input style="width: 50px; height: 20px;" type="text"/>  | <input style="width: 50px; height: 20px;" type="text"/> |
| d. Hamster <input style="width: 50px; height: 20px;" type="text"/>  | <input style="width: 50px; height: 20px;" type="text"/> |
| e. Primates <input style="width: 50px; height: 20px;" type="text"/>   | <input style="width: 50px; height: 20px;" type="text"/> |
| f. Others <input style="width: 50px; height: 20px;" type="text"/>   | <input style="width: 50px; height: 20px;" type="text"/> |
| <br>2. Clearance nature recommended (Please Tick)   |   |
| 1. Routine<br>(Sacrificing for tissue and no extended treatment-<br>injections or surgical) <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> |
| 2. Other  |   |
| a. Non invasive procedures <input style="width: 50px; height: 20px;" type="text"/>  | <input style="width: 50px; height: 20px;" type="text"/> |
| b. Surgical procedures <input style="width: 50px; height: 20px;" type="text"/>  | <input style="width: 50px; height: 20px;" type="text"/> |
| b. Treatment with agents  |   |
| i) Infectious <input style="width: 50px; height: 20px;" type="text"/>   | <input style="width: 50px; height: 20px;" type="text"/> |
| ii) Non infectious <input style="width: 50px; height: 20px;" type="text"/>  | <input style="width: 50px; height: 20px;" type="text"/> |
| <br>3. Whether Biosafety (BPL3) facilities/clearance needed: Yes/No   |   |
| 4. Comments/Remarks: (To be filled by IAEC-member)  |   |

Investigator signature

IAEC-MEMBER Signature

**BRIEF SUMMARY OF THE PROJECT  
(ONE PARAGRAPH IN LAYMAN'S TERM)**

Form B (per rule 8(a))

**APPLICATION FOR PERMISSION FOR ANIMAL EXPERIMENTS**

Application to be submitted to sent either to the CPCSEA (address in form A above) or Institutional Animal Ethics Committee (IAEC)

**Part A**

- 1\* Name and address of establishment
  
- 2\* Registration number and date of registration
  
- 3 Name, address and registration number of breeder from which animals acquired (or to be acquired) for experiments mentioned in parts B & C
  
- 4 Place where the animals are presently kept (or proposed to be kept)
  
- 5 Place where the experiment is to be performed (Please provide CPCEA Reg. Number)
  
- 6 Date on which the experiment is to commence and duration of experiment
  
- 7 Type of research involved (Basic Research/Educational/Regulatory)

Signature

Name and designation of Investigator

Date:

Place:

\*Applicable only for application to be submitted to CPCSEA

## **PART B**

**Protocol form for research proposals to be submitted to the committee/Institutional Animal Ethics Committee, for new experiments or extensions of ongoing experiments using animals other than non-human primates.**

1. Project / Dissertation / Thesis Title:
  
2. Principal Investigator / Research Scholar / Research Guide /Advisor :
  - a. Name
  - b. Designation
  - c. Dept / Div/ Lab
  - d. Telephone No.
  - e. Experience
  
3. List of names of all individuals authorized to conduct procedures under this proposal Co -guides
  - a. Name
  - b. Address
  - c. Experience
  
4. Funding source with complete address (Please attach the proof)
  
  
5. Duration of the project
  - a. Number of months
  - b. Date of initiation (Proposed)
  - c. Date of completion (Proposed)

6. Detailed study plan may be given (Not more than one page)

7. Animals required

- a. Species/Common name
- b. Age / weight / size
- c. Gender
- d. Number to be used (Year-wise breakups and total figures needed to be given)
- e. Number of days each animal will be housed.
- f. Proposed source of animals

8. Rationale for animal usage

- a. Why is animal usage necessary for these studies?
- b. Why are the particular species selected required?
- c. Why is the estimated number of animals essential?
- d. Are similar experiments conducted in the past? If so, the number of animals used and results obtained in brief.
- e. If yes, why new experiment is required?
- f. Have similar experiments been made by any other organization agency? If so, their results in your knowledge.

9. Description the procedures to be used.

List and describe all invasive and potentially stress full non-invasive procedures that animals will be subjected to in the course of the experiments.

Furnish details of injections schedule

Substances: :

Doses :

Sites :

Volumes :

Blood withdrawal  
Volume :

Sites :

Radiation  
(dosage and schedule) :

10. Please provide brief descriptions of similar studies from *invitro/invivo* (from other animal models) on same/similar test component or line of research. If, enough information is available, justify the proposed reasons.

11. Does the protocol prohibit use of anesthetic or analgesic for the conduct of painful procedures (any which cause more pain than that associated with routine injection or blood withdrawal)? If Yes, explanation and justification

12. Will survival surgery be done?

If Yes, the following to be described.

- a. List and description of all such surgical procedures (including methods of asepsis)
- b. Names, qualifications and experience levels of operators
- c. Description of post-operative care
- d. Justification if major survival surgery is to be performed more than once on a single individual animal.

13. Methods of disposal post-experimentation

- a. Euthanasia (Specific method):
- b. Method of carcass disposal :
- c. Rehabilitation :

14. Animal transportation methods if extra-institutional transport is envisaged

15. Use of hazardous agents (use of recombinant DNA-based agents or potential human pathogens requires documented approval of the Institutional Biosafety Committee (IBC). For each category, the agents and the biosafety level required, appropriate therapeutic measures and the mode of disposal of contaminated food, animal wastes and carcasses must be identified)

- (a) Radionuclides
- (b) Microorganisms / Biological infectious Agents
- (c) Hazardous chemicals or drugs
- (d) Recombinant DNA
- (e) Any other (give name)

If, your project involved use of any of the above, attach copy of the minutes of IBC granting approval.

### **Investigator's declaration**

1. I certify that I have determined that the research proposal herein is not unnecessarily duplicative of previously reported research.
2. I certify that, I am qualified and have experience in the experimentation on animals.
3. For procedures listed under item 11, I certify that I have reviewed the pertinent scientific literature and have found no valid alternative to any procedure described herein which may cause less pain or distress.
4. I will obtain approval from the IAEC/CPCSEA before initiating any significant changes in this study.
5. Certified that performance of experiment will be initiated only upon review and approval of scientific intent by appropriate expert body (Institutional Scientific Advisory Committee / funding agency / other body (to be named)).
6. Institutional Biosafety Committee's (IBC) certification of review and concurrence will be taken (Required for studies utilizing DNA agents of human pathogens).
7. I shall maintain all the records as per format (Form D)
8. I certify that, I will not initiate the study unless approval from CPCSEA received in writing. Further, I certify that I will follow the recommendations of CPCSEA.
9. I certify that I will ensure the rehabilitation policies are adopted.

Signature

Date:

Name of Investigator