NOTE TO INVESTIGATOR: This form is valid for use from April 1, 2018 – December 31, 2018.

INSTRUCTIONS FOR SUBMITTING AN ANIMAL CARE AND USE PROTOCOL

1. When does the Animal Care and Use Protocol need to be reviewed by the Institutional Animal Care and Use Committee (IACUC)?

   _____ At the next scheduled IACUC meeting because:
   - __Funds are currently available for this project, but there is no associated grant, and no congruency check is required.
   - __Funds are currently available or have been approved for this project, and a copy of the grant is attached for congruency check.
   - __The corresponding grant has been approved for funding and a copy of the grant is attached for congruency check.
   - __The funding agency requires preapproval of an Animal Care and Use Protocol. (A copy of the grant is attached for congruency check.)

   _____ When the corresponding grant application is funded (PI will notify IACUC and provide a copy of the grant).

   PIs should review the LSU IACUC existing policies for guidelines on specific Issues. The policies can be accessed on the DLAM website www.lsu.edu/vetmed/dlam.

   NOTE TO ALL PIs: The Animal Care and Use Protocol and the grant must be evaluated by an IACUC representative for congruency before the Animal Care and Use Protocol can be approved. It is the PI's responsibility to ensure that the IACUC has a copy of the grant when it is funded. Please contact Ms. Best-Desjardins for a schedule of dates for protocol submission.

2. The following items must be completed on the IACUC form before the IACUC coordinator, Ms. Dawn Best-Desjardins, can accept it. If you have a question concerning anything on this checklist or the IACUC form, please feel free to contact me at 578-9106 or via email at adacun1@lsu.edu

   Ms. Best is not responsible for obtaining the information to make your protocol complete. The IACUC has charged her not to accept any protocols that do not comply with the checklist below.

   Thank you.
   Anderson F. da Cunha, MV, MS, DACVA
   Chair, Institutional Animal Care and Use Committee

CHECKLIST:

_____ A. **Submit 15 copies plus the original (16 total forms)**. These forms must be typed and stapled**. Do not use paper or binder clips.**

_____ B. **SECTION 3**: Signature of animal housing representative on the original form.
DLAM representative: Simone Adams, Jannelle Allen, Brandy Sharp, Dr. Rhett Stout, and Dr. David Baker.
AgCenter representative: Tony Bridges and Randy Wright
Research Herd representative: Michael Keowen.
Teaching Herd representative: Victor Medina.
Other Pasture Livestock (e.g. beef and dairy herd cattle): Joe Navarre

_____ C. **Section 5**: Signature of Principal Investigator, Co-Investigator, and Surgeon (as applicable) on the original form.

_____ D. **Section 6**: Hazardous material information section filled out properly. Include approval from IBRDSC if using biological or recombinant DNA and a signed (by the PI, DLAM representative, and IBRDSC representative) Door Posting Form for the animal room. Please note that protocol approval is not contingent upon IBRDSC approval. However, you must obtain approval from the IBRDSC prior to ordering or housing animals. If using hazardous chemicals, include approval from the Chemical Safety Committee.

_____ E. **SECTION 7**: Type of project must be checked. Complete the narrative statement based on type of project.

_____ F. **SECTIONS 8 and 9: Answer all questions in the blocks provided.** DO NOT attach inserts from your grant application. This protocol form serves as a "stand alone" document.

NOTE TO INVESTIGATOR: **This form is valid for use from April 1, 2018 – December 31, 2018.**

PROTOCOL NUMBER: _____ **APPROVAL DATE: _____**

LSU PROTOCOL FOR ANIMAL CARE AND USE

SECTION 1: Principal Investigator

Name:	Department:
Office Phone: Home Phone:	E-mail Address:

SECTION 2:

2.A: Project Title (Enter the name of your project/course number below.)

2.B: Anticipated Project Start Date

SECTION 3:

3.A: Animal Species

Species (common name):	Strain:

TOTAL NUMBER OF ANIMALS TO BE USED OVER THREE YEARS FOR ENTIRE PROJECT:_____	Maximum number needed at one time: _____

Yes:	No:	Are you using wild, invasive, or non-native species for which permits are necessary? (ATTACH COPY OF PERMIT) Note: a copy of the permit(s) must be received before animal work begins.

3.B: Source of Animals

	Order through DLAM
	Other (list source):
	Transfer from Approved Protocol (list protocol number):

3.C: Location of Animal Housing

	DLAM Vivarium

NOTE TO INVESTIGATOR: This form is valid for use from April 1, 2018 – December 31, 2018.

	Life Sciences Vivarium
	SVM Barns (list site):
	SVM Fish Building
	Research Herd
	LAES (list site):
	Other (list site):
	If only a Field Study, do not complete D, E, and F. However, if you check this box you are required to complete a Field Research Safety Plan on protocols submitted on or after March 1, 2014. If one was approved previously, please attach a copy. A field safety manual is available on LSU's Environmental Health and Safety web site https://sites01.lsu.edu/wp/ehs/biological-safety/ Please refer to this manual when filling out the field research safety plan.

Animal housing and veterinary care have been coordinated with DLAM office or LSU Agricultural Center Unit.

Yes: _____
No: _____

Name of Animal Housing Representative Contacted (typed):

Signature (required): _____

Note: Animal Housing areas and appropriate signatories are indicated below:

SVM Vivarium: Simone Adams/Rhett Stout/David Baker
Life Sciences Animal Care Facility: Jannelle Allen/Rhett Stout/David Baker
VTH barn, EHSP barn, Pole barn: Brandy Sharp/Rhett Stout/David Baker
Equine teaching herd: Victor Medina
Equine research herd: Michael Keowen
SVM beef and dairy cattle herds: Joe Navarre

Note: If you plan to bring livestock off pasture and house them in the VTH barn, EHSP barn, or Pole barn, you will need signatures from the herd overseer as well as from Brandy Sharp.

Ag Center Isolation Facility (ACIF/IDIF): Tony Bridges
Ag Central Research Station (Ben Hur)/Small ruminants & horses: Randy Wright
Ag Central Research Station (Ben Hur)/Cross bred unit: Tony Bridges
Ag Central Research Station (Ben Hur)/Pure bred unit: Tony Bridges
Ag Reproductive Biology Center (St. Gabriel): Sonyja Thomas

3.D: Special Husbandry Requirements

Do your animals have special needs to be address by DLAM?

	Housing under the direct care of DLAM is not required. (e.g. SVM fish building)
	NO. Animals will be cared for according to standard operating procedures of DLAM.
	YES (complete table below)

TEMPERATURE RANGE	(F)	Humidity: (%)
LIGHT CYCLE	Hours light:	Hours dark:

NOTE TO INVESTIGATOR: This form is valid for use from April 1, 2018 – December 31, 2018.

CAGING	Type: Size: ABSL2: ABSL3:
BEDDING/LITTER	Type: Autoclaved: Changes/week:
WATER	Sterile: De-ionized: Acidified: Tap: Other:
DIET	List Special Feeding Requirements:
OTHER SPECIAL NEEDS	List:

3.E: Do your animals need to be housed individually?

***NOTE**: Social animal species should be housed in stable pairs or groups of compatible individuals unless they must be housed alone for experimental reasons or because of social incompatibility. If you are using social species and they must be housed individually, please justify based on experimental requirements or veterinary medical concerns.*

	Yes (see below)

Provide justification for housing animals individually:

	No

3.F: Animal Management

Individual (or groups of) animals are identified by:

	Tag
	Tattoo
	Cage, Tank, or Stall Card
	Other. List type of identification:

Check all applicable below:

CARE OF SICK ANIMALS		DISPOSAL OF DEAD ANIMALS		PEST CONTROL	
	Call Investigator		Call Investigator		Call Investigator
	Clinician to Treat		Necropsy		Pesticides OK
	Euthanasia		Disposal. List any special requirements:		No Pesticides

3.G: Disposition of Animals

What will be done with any animals at the conclusion of the project? Mark all that apply.

	Animals will be euthanized.
	DLAM/LAES has permission to REASSIGN animals to another IACUC-approved protocol.
	TRANSFER animals to the following IACUC-approved protocol(s). List Protocol Number(s):
	Catch and release (applies to field studies).
	Return to owner/supplier.
	Other (please state):

	TRANSFER animals to another institution (please state where):

SECTION 4: Layman's Summary of Research/Teaching

Provide a brief (100 word maximum), non-scientific (i.e., no jargon) explanation of the purpose, materials, and methods in the block below. Your target audience is a faculty member with a discipline unrelated to yours **AND** animal handlers who need to understand the research project. **Write this summary as if you were explaining your experiment/experiments to someone off the street.**

SECTION 5: Investigator's Statement. Assurances for the Humane Care and Use of Vertebrate Animals.

By signing this form, we agree to abide by the Policy for the Care and Use of Animals of Louisiana State University. This project will be in accordance with the NIH "Guide for the Care and Use of Laboratory Animals" (except as explained in the accompanying protocol), and the Louisiana State University Animal Welfare Assurance on file with the U.S. Public Health Service.

We further assure the Committee that: 1) We will abide by all federal, state, and local laws and regulations governing the use of animals in teaching and research; 2) the investigators and technicians are adequately trained to perform the research techniques required in these studies; and 3) the fewest number of animals required to produce valid results are being used in this study. (Add additional rows as needed)

Principal Investigator Signature:	Principal Investigator Name (Typed):	Title/Rank:	Date:
Co-Investigator Signature:	Co-Investigator Name (Typed):	Title/Rank:	Date:
Surgeon Signature:	Surgeon Name (Typed):	Title/Rank:	Date:

SECTION 6: Hazardous Materials

Will pathogenic, zoonotic, recombinant, radioactive, or hazardous chemical agents be **PRESENT IN THE ANIMAL ROOM?**

If pathogenic, zoonotic or recombinant organisms are to be used; this protocol request must be submitted to the IBRDS Committee (IBRDSC) for approval. Please note that the project must be approved by the IBRDSC before animals may be ordered or housed on the LSU campus. Proof of approval from IBRDSC and a signed door posting form must be submitted to the IACUC Secretary prior to submitting an animal housing request.

NOTE TO INVESTIGATOR: This form is valid for use from April 1, 2018 – December 31, 2018.

If hazardous chemicals are to be used in the animal room, submit the proposal to the Chemical Safety Committee for prior approval. Provide proof of approval from the Chemical Safety Committee.

P.I. MUST PROVIDE health and safety measures for animal technicians and facility maintenance personnel. In Standard Operating Procedure (SOP) form, describe any precautions, procedures, or personal protection required in handling animals or waste containing listed agents or compounds, or in working in or around the animal room (including air handling system), and **attach a copy of your SOP(s) to this protocol proposal.**

Please answer all questions.

6.1: Pathogenic and Zoonotic Organisms

6.1a: Will pathogenic agents be used (disease causing agents)? ___ YES ___ NO

List agents: _____

6.1b: Are these agents zoonotic (infectious to humans)? _____ YES ____ NO _____N/A

6.1c: Will any human or non-human primate (NHP) tissues be used in the study (see examples below)?

_____ YES _____ NO

6.1d: If you marked YES to this question please indicate what type of material below.

Body Fluids _____ ; Any unfixed tissue or organ _____ ; Cell lines _____ ;
Other: _____ (please list)

If you marked YES to any of the 3 questions above, has a request for the use of these agents/materials been submitted to the Institutional Biological Recombinant DNA Safety (IBRDS) Committee?

_____ YES _____ NO _____ N/A

If you have not submitted a request to the IBRDS and you marked YES to questions 1, 2, or 3 above, please contact Dr. Quinesha Morgan, LSU's Biological Safety Manager, located in the Office of Environmental Health and Safety at (225) 578-5640 / qperry2@lsu.edu

Also note that a Door Posting Form for the Animal Room **is required when using zoonotic agents**. If your protocol contains both ABSL2 and ABSL3 agents, a separate door posting must be submitted for each class of agents. Please submit these form/forms to the IBRDS along with your request for use of agents. These form/forms must be signed by either the biological safety manager or Dr. Bondioli, Chair of the IBRDS. (Blank form is attached at end of protocol.)

6.2: Recombinant DNA/Virus Vectors

6.2: Will Recombinant DNA and/or Virus Vectors be used? _____ YES _____ NO

List:_____

If yes, has request for use been submitted to the IBRDS Committee? _____ YES _____ NO _____ N/A

NOTE TO INVESTIGATOR: This form is valid for use from April 1, 2018 – December 31, 2018.

If you have not submitted a request to the IBRDS, please contact Dr. Quinesha Morgan, LSU's Biological Safety Manager in the Office of Environmental Health and Safety at (225) 578-5640 / qperry2@lsu.edu

Note: Transgenic rodents housed under BL1 conditions are exempt unless: 1) they contain more than 50% of a virus genome, or 2) the transgene is under control of a gamma retroviral long terminal repeat. Please contact Dr. Quinesha Morgan if you have questions concerning the use of transgenic animals.

6.3: Radioisotopes

6.3: Will radioisotopes be used? _____ YES _____ NO

List isotope(s):_____

Are you certified by the Radiation Safety Committee? _____ YES _____ NO _____ N/A

If you are not certified please contact the Radiation Safety Office at (225) 578-2008 or www.radsafety.lsu.edu

6.4: Hazardous Chemicals

6.4: Will hazardous chemicals be used? _____ YES _____ NO

List compound(s):_____

Have you contacted the Chemical Safety Manager? _____ YES _____ NO _____ N/A

If you have not please note that approval from the Mr. Jerry Steward, Chemical Safety Manager, is required when using hazardous chemicals in the animal facilities. You can contact him at (225) 578-5640 / jsteward@lsu.edu regarding a list of hazardous chemicals, and approval of these chemicals.

SECTION 7: Type of Project and Narrative Statement

	TYPE B – Animals being bred, conditioned, or held for use in teaching or research but not yet used for such purposes, (e.g. a breeding colony of mice which will transfer individuals to experimental protocols).
	TYPE C - Pain or distress will not be induced; animals will only be used for injections, collections, or procedures causing nothing more than minor discomfort; or will be humanely euthanized prior to the procedures that induce pain or distress. If analgesics are used, the project is at least a Type D.
	TYPE D - Pain or distress will be relieved by appropriate therapy, e.g. sedatives, analgesics, anesthetics, or euthanasia.
	TYPE E - Drug intervention for pain or distress would interfere with the protocol. **If this block is checked, specific justification MUST be provided below.**

Provide justification for Type E project:

NOTE TO INVESTIGATOR: This form is valid for use from April 1, 2018 – December 31, 2018.
NOTE: *The Principal Investigator must notify the IACUC or Attending Veterinarian (Dr. David Baker) when animals experience pain beyond that anticipated in this Animal Care and Use Protocol.*

Federal regulations mandate that you provide **written, narrative statements** for all projects.

7.1: Duplication of Experiments

7.1: You must state that "the proposed activities do not unnecessarily duplicate previous experiments." In this statement, include sources used to make such a determination (e.g., databases, workshops, expertise in the field, etc.) If an electronic database was used, include database, years and words searched, and date of search.

Database used:_____
Years searched:_____
Words searched:_____
Date of search:_____

Note: *If you indicated your project is a **Type D**, you must answer sections 7.2 and 7.3 below. If you answered **Type E**, you must complete 7.2 through 7.4 below. If you indicated your project as Type B or C, do not answer these sections.*

7.2: Alternatives

7.2: You must indicate that you have considered alternatives to procedures producing more than momentary or slight pain or distress. Describe any alternatives available and why they are not appropriate.

7.3: Description, Alternatives to Procedures

7.3: Describe the methods you used to determine that alternatives to procedures producing more than momentary or slight pain or distress were either not available or were not appropriate. In all cases include databases, years and words searched, date of search etc. Put your statements in the block below.

Database used:_____
Years Searched:_____
Words Searched:_____
Date of Search:_____

7.4: Type E Project

7.4: If this is a Type E project, describe the anticipated effects of both pain and analgesic use on the research model. That is, how might pain or the administration of analgesics alter the results of the research?

NOTE TO INVESTIGATOR: **This form is valid for use from April 1, 2018 – December 31, 2018.**

SECTION 8: Animal Treatment Checklist

Check "Yes" or "No" to each of the following questions. Provide an explanation in Section 9 for any "yes" answers.

Q#	YES	NO		
1			Will animals be restrained? *(To restrain means to limit some or all normal movement for the purpose of examination, sample collection, drug administration, therapy, or experimental manipulation.)*	Do not type in this block.
2			Will animals be fasted?	Do not type in this block.
3			Are any ANESTHETICS, ANALGESICS, or TRANQUILIZERS to be used? Include drug, dose, route and frequency, and how animals will be monitored in Section 9.	**Who will administer?** _____
4			Are neuromuscular blocking agents to be used? Include drug, dose, route and frequency, and how animals will be monitored in Section 9.	**Who will administer?** _____

NOTE TO INVESTIGATOR: This form is valid for use from April 1, 2018 – December 31, 2018.

5			Will operative procedures be employed? Check all that apply: **Survival** Procedures: Single-Major*: _____ Multiple-Major: _____ Single-Minor: _____ Multiple-Minor: _____ **Terminal** Procedure: _____ ***Notes:*** ***1)*** **Major operative procedure= Any procedure which penetrates and exposes a body cavity, produces substantial impairment of physical or physiologic functions, or involves extensive tissue dissection or transection.* ***2)*** *Records of intra-operative and post-procedural care and observations must be kept and available for inspection. Monitoring includes evaluation of anesthetic depth and physiologic functions sufficient to determine if intervention is required. Monitoring may include evaluation of parameters such as body temperature, cardiac and respiratory rates and pattern, and blood pressure. The greater the potential for pain and distress, procedural complexity, duration, and likelihood of an unsuccessful outcome, the greater the need for detailed, intensive monitoring. For guidance, please consult a DLAM veterinarian.* ***3)*** *Survival mammalian surgeries must be conducted aseptically, and major surgical procedures performed on non-rodent species must be conducted in a dedicated surgical facility.*	**Who** will perform surgery? _____ If survival: **1) Who** will be responsible for recovery of the animals? _____ **2) Who** will maintain intra-operative and post-operative records? _____ **3) Where** will records be maintained? _____ **4) Who** will administer post-operative analgesics? _____ **5)** If multiple surgical procedures are planned, indicate the time between procedures. _____
6			Do you anticipate any adverse effects of the experimental procedures on the animals (e.g., pain, discomfort, reduced growth, fever, anemia, etc)?	Do not type in this block.

7			Is death an endpoint in your experimental procedure? **Note**: *Death as an endpoint refers to acute toxicity testing, assessment of pathogen virulence, neutralization tests for toxins, and other studies in which animals are not euthanized, but die as a direct result of the experimental manipulation.*	Do not type in this block.
8			Are there emergency treatments by the DLAM veterinary staff that would not be allowed?	Do not type in this block.
9			Will animals be euthanized during or at the close of the study?	**Who will perform euthanasia?** _____
10			Will animals be used for antibody production?	Do not type in this block.
				Do not type in this block.
11			Will Complete Freund's Adjuvant be used? **Must be scientifically justified in Section 9.**	Do not type in this block.
12			Will other adjuvants be used?	**If yes, please specify here:** _____
13			Will blood be collected? **Note**: *Blood equal to 1.5% of the animal's body weight per 2 weeks represents the upper approvable limit, unless scientific justification is provided.*	**How often?** _____ **Volume for each collection?** _____ **Who will collect blood?** _____
14			Will live animals be taken from approved housing facilities for procedures followed by their return later the same day? **Note:** *Animals may not be housed outside of the Vivarium (e.g. in a laboratory) overnight.*	**If yes, please specify to which building and room/rooms the animals will be taken:** _____ **NOTE:** *This room(s) must be approved for use before the animals can be brought there. Contact IACUC coordinator for list of approved rooms.*
15			Will live animals be brought onto campus for demonstration, teaching, euthanasia, etc. for which no housing is required?	**If yes, please specify to which building and room/rooms the animals will be taken:** _____ **Note:** *This room(s) must be approved for use before the animals can be brought there. Contact IACUC coordinator for list of approved rooms.*

NOTE TO INVESTIGATOR: **This form is valid for use from April 1, 2018 – December 31, 2018.**

SECTION 9: Summary of Procedures

Your response in this section should provide the reader with a complete description of how every animal to be used in this project is to be treated during every phase of the study. Your target audience is a faculty member from a scientific discipline unrelated to yours. Do not use jargon. **Please answer each statement in its own expanding box.**

9.1: Justification

9.1a: What is the rationale for using animals? Specifically state why less invasive procedures, isolated organ preparation, cell or tissue culture, or computer simulation cannot be used.

9.1b: Why should this study be done?

9.1c: What hypothesis will be tested?

9.2: Selection of Animal Species

9.2: Explain how and/or why the particular animal species was selected?

9.3: Animal Numbers

9.3: Explain how you arrived at the number of animals to be used in each group (e.g., power analysis in comparison studies, permitted animal limits in field studies, etc.). Animal numbers should be statistically justified whenever possible. Add a table with animal numbers per group or treatment.

9.4: Project Description

9.4a: When establishing humane endpoints, include: a) a precise description of the intended humane endpoint, b) frequency of observations, c) training of personnel, and, d) the required response when the endpoint is reached.

9.4b: If animals are being transported outside of the vivarium, describe conditions of transport. Animals transported outside the vivarium should follow an appropriate route to avoid, where possible, offices, lunch rooms, or public areas where people are likely to be present.

9.4c: If animals will be restrained (Section 8.1 above), state the purpose of the restraint. If restraint is for more than simple sample collection, please state that you have considered alternatives to restraint and state the duration of restraint.

9.4d: If food or fluid restriction are used for more than simple pre-operative fasting, you must include the: 1) level of restriction, 2) duration of restriction, 3) potential adverse effects of restriction, and 4) the methods to be used to assess animal health and well-being. Please note that for animals undergoing food or water restriction and when practical, body weights must be recorded at least weekly, and more often for animals requiring greater restrictions.

9.4e: Pharmaceutical grade chemicals should be used whenever available for all animal-related procedures. State whether you will be using pharmaceutical grade chemicals. If you will not be using pharmaceutical grade chemicals you must describe and justify the use of non-pharmaceutical grade chemicals.

9.4f: If performing anesthesia and/or analgesia during a procedure, indicate the physiologic or pain reflexes to be evaluated. Consider that a single reflex may not be sufficient for assessing surgical plane or level of analgesia.

9.4g: Describe surgical site preparation. The use of alcohol by itself does not generally provide sufficient disinfection. Its use as an instrument disinfectant is not acceptable.

9.4h: Provide a complete description of the proposed use of the animals. Describe the experimental design of the study. Include a list of any physical, chemical or biological agents (name, dose, volume, route, frequency) that may be administered. It is recommended using tables and outlines to indicate group assignments and study progression. You need not repeat the information provided in above (9.3 and 9.4 a-g).

9.5: Animal Well-Being

***NOTE**: When unexpected negative impacts on animal well-being occur in studies, including pilot studies, or when the initial characterization of a genetically modified animal reveals a condition that negatively impacts animal well-being, it must be reported to the IACUC.*

9.5a: Consider the impact of the proposed procedures on the animals' well-being. Describe any EXPECTED adverse effects on the animals' well-being. That is, how might the physical or psychological well-being of the animals be altered by the proposed procedures?

9.5b: What is the likelihood of these negative impacts on animal well-being (high, low, unknown)?

9.5c: Evaluate the risk for negative impacts on animal well-being versus benefit of successful completion of project. Briefly describe if and how the potential benefits outweigh the potential risk of adverse effects on animal well-being.

9.6: Animal Discomfort and Injury

9.6: Describe procedures designed to assure that discomfort and injury to animals will be limited to that which is avoidable in the conduct of scientifically valuable research. For anesthesia and survival surgeries, the PI **MUST** include a description of post-procedural care and monitoring. The PI **MUST** Indicate how analgesic, anesthetic, and

tranquilizing agents will be used where appropriate, to minimize discomfort and pain to the animals. Include any conditions where veterinary treatment would not be allowed. Specify which treatments would not be allowed, and include a scientific justification. It is advisable that you obtain input from LSU's Attending Veterinarian (Dr. David Baker) or from another veterinarian familiar with the species to be used.

9.7: Euthanasia

9.7: Describe any euthanasia method to be used. Even if euthanasia is not planned please provide a "What If" scenario in the event of unforeseen circumstances. Justify any deviation from AVMA Guidelines on Euthanasia, 2013. Text, viewable at http://avma.org/KB/Policies/Documents/euthanasia.pdf.

SECTION 10: Investigator Training

In accordance with IACUC policy, all personnel conducting animal-based research must complete an investigator training course and verify their training, experience and skills in the care and use of the animals and techniques they are responsible for.

List all persons involved in animal care and use for this study below. Add additional lines as needed.

Name	Online Investigator Training Course Completed? (Indicate Yes or No)	Date Completed	Species Wet Lab Taken? (Indicate Yes or No)	Date Attended or Exempted	Training or Experience? (Indicate Yes or No)

***Exemption from wet lab training for specific procedures needed for the protocol may be obtained by a separate written request to the IACUC. Training wet labs will be scheduled on an 'as needed' basis. Please contact Ms. Dawn Best-Desjardins at 578-9643 or ddesjar@lsu.edu to sign up for these courses.**

****The person named has training/experience in assigned procedures for this protocol.**

Who will train individuals for participation in protocol procedures? Answer in the block below.

Personnel participating in the project must complete the online investigator training course once every three years. Protocols will not be approved until all personnel have completed their investigator training.

The online investigator training course is offered through the AALAS Learning Library https://www.aalaslearninglibrary.org/ Training wet labs will be scheduled on an **'as needed'** basis. Please contact Ms. Best-Desjardins at 578-9643 or ddesjar@lsu.edu for instructions on how to sign up for these

courses.

SECTION 11: Occupational Health and Safety

It is the responsibility of the principal investigator to conduct a hazard analysis and risk assessment to determine if personnel involved in the proposed study should participate in the Occupational Health and Safety Program administered through DLAM and the Student Health Center. Currently, there is no direct cost for participation in the program**.**

All persons listed in Section 10 must be listed in Section 11. They are required to read the following and indicate level of participation with their signature. Add additional rows in the table as needed.

The Division of Laboratory Animal Medicine operates an Occupation Heath Program (OHP). Participation is voluntary, and is open to all personnel with direct or indirect contact with animals used in teaching and research, their bodily products, or materials to which they may be exposed, as described in this protocol. **However, participation is mandatory for personnel working on BSL3 projects.** Please contact Ms. Best-Desjardins to obtain these forms. Eligible persons include facility services personnel, animal caretakers, principal investigators, technical staff, graduate and other student workers, and post-doctoral and visiting scientists. All medical information is kept confidential, and is retained by the Student Health Center or your personal physician. You have the right to refuse any and all procedures recommended.

To determine the extent of your participation in the OHP, discuss with the principal investigator named on this protocol, and/or your health professional, any potential physical, chemical, or infectious hazards to which you may be exposed while working on the project. Whether or not you participate, questions related to health risks should be directed to Dr. Tim Honigman, Campus Physician, at the Student Health Center or your personal physician.

If you are at increased risk of illness or injury due to drug-related immune suppression, HIV infection, pregnancy, concurrent illness, musculoskeletal problems, etc., you are advised to discuss your risks with Dr. Honigman, your physician, or another health professional.

To participate in the OHP, contact Ms. Dawn Best-Desjardins at 578-9643 or ddesjar@lsu.edu for information.

Option choice should be hand-written, not typed.

Printed Name:	Signature:	____I choose to participate ____I choose NOT to participate
Printed Name:	Signature:	____I choose to participate ____I choose NOT to participate
Printed Name:	Signature:	____I choose to participate ____I choose NOT to participate
Printed Name:	Signature:	____I choose to participate ____I choose NOT to participate

NOTE TO INVESTIGATOR: **This form is valid for use from April 1, 2018 – December 31, 2018.**

DOOR POSTING FORM

BIOSAFETY PRECAUTIONS IN ANIMAL ROOMS

Agent(s):	**Animal Biosafety Level**:
Animal Care Protocol No.:	**Building/Room**:
Biosafety use Authorization No.:	
Project Title:	
Principal Investigator:	**Department**:

Biohazard Sticker

1. This agent is a: ___ Bacteria ___ Fungus ___ Parasite ___ Virus ___ Prion

2. This agent is infectious for: ___ Humans only ___ Animals only

___ Humans & Animals Animal Species:

3. The agent can be spread in: ___ Blood ___ Feces/Urine ___ Saliva/nasal droplets ___ Does not leave animal ___ Placental fluid

4. You can become infected by this agent in the following ways(s):
___ Ingestion (contaminated hands, clothes, soiled bedding)
___ Inhalation
___ Mucus membranes (via splashes or hands to eyes/nose/mouth)
___ Contact - breaks in skin
___ Tick or insect bite

5. If you are exposed to this agent, you may develop the following clinical signs:
(NOTE: clinical signs may differ according to route and dose of exposure, and overall health of the individual.)

6. The following apply to the management/husbandry of these animals:
___ Researcher or his/her staff is responsible for the feeding and care of these animals.
___ All cages must be autoclaved or chemically disinfected before cleaning. (ABSL 2 standard)
___ All cages must be autoclaved before cleaning. (ABSL 3 standard)
___ Class II Biosafety Cabinet (BSC) is available in the room listed above.
___ All animal manipulation must be done within the BSC unless a NIOSH Certified dust mask or HEPA filtered respirator is worn.

Animals will be housed in the following type of caging/racks:

___ Micro-isolator boxes within individually ventilated cage racks ___ Micro-isolator boxes within laminar flow unit or other containment device ___ Micro-isolator boxes on standard racks ___ Standard shoe box or other open caging

Animal carcasses must be labeled and disposed of as follows:

___ No special handling needed ___ Bag and Incinerate ____ Biohazardous waste container

Soiled bedding or other waste must be disposed of as follows:

___ No special handling needed ___ Bag and Incinerate ___ Bag and autoclave followed by incineration

The following personal protective equipment must be used in the room regardless of animal housing or use of BSC:

___ Lab coat/Coveralls ___ Shoe covers/booties ___ Disposable gloves ___ Reusable gloves ___ Disinfectant footbath

___ NIOSH Certified Dust Mask or HEPA filtered respirator (fitted face or PAPR)

7. Other information or procedures:

Signatures: **Obtain signatures in the specific order indicated below!!!** Date:

1. Principal Investigator _____ _____
2. DLAM Representative _____ _____
3. Biosafety Officer _____ _____
4. IACUC Chair _____ _____