The charter of the Clinical Protocol Committee (CPC) is to evaluate protocols for study on client-owned animals for humane and appropriate use of these animals.

Protocol submission

- Approved IACUC protocols are required for research involving vertebrate animals (see IACUC policies at DLAM website for detail or consult IACUC chair). A clinical protocol must be submitted for any study of patients of the Veterinary Teaching Hospital that requires an additional procedure(s) or tests than would normally be performed, any study where there is allocation of a procedure or treatment, or any study that involves a treatment being withheld.
- A Veterinary Teaching Hospital faculty member must be a co-investigator on the IACUC protocol when Veterinary Teaching Hospital patients are utilized in the study.
- Observational studies which involve only extraction of recorded data from medical records are exempt from review.
- If there is question on whether submission is required, please consult with the committee chair.
- After approval by the CPC this protocol must be submitted to the LSU Institutional Animal Care and Use Committee for approval (LSU-IACUC). The review process is sequential, not concurrent. No changes to the protocol are allowed after CPC approval other than those directed by the IACUC.
- Amendments to animal use must be submitted to the IACUC committee.

Owner information and consent

- The investigator will generate an owner information/client consent form using the form provided. Changes may be required by the CPC committee.
- No animal can be enrolled in a clinical study that requires owner consent without a signed consent form.
- Upon enrollment of an animal into the study, have the owner sign the information and consent forms. The PI should keep the signed information and consent forms on file. A copy of the signed owner information form and the consent form should be given to the owner and a copy of both forms should be placed in the animal’s medical record.

Approval

- Submitted studies will be evaluated on an “as submitted” basis and you will be notified within two weeks of submission.
- The approval period will be for three years from the time of IACUC approval. At the end of three years, the investigator should resubmit the protocol if further investigation is required.

The following items must be completed on the Clinical Protocol form before the committee, can accept it. If you have a question concerning anything on this checklist or the Protocol form, please feel free to contact the chair.

Thank you.

Laura Riggs,
Chair, Clinical Study Protocol Review Committee
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 acierno@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.

   Mark Acierno, MBA, DVM, DACVIM
   Chair, Institutional Animal Care and Use Committee
NOTE TO INVESTIGATOR: This form is valid for use from January 01, 2016 – December 31, 2016.

CHECKLIST:

_____ A. **Submit 13 copies plus the original (14 total).** This form must be typed. Please staple each copy. Do not use paper or binder clips.

_____ B. **Section 5:** Signature of PI, Co-I, and Surgeon (as applicable) on the original form.

_____ C. **Section 6:** Hazardous material information section filled out properly. Include approval from IBRDS if using biological or recombinant DNA and a signed (by the PI, DLAM representative, and IBRDS representative) Door Posting Form for the animal room. If using hazardous chemicals, include approval from the Chemical Safety Committee.

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

**SECTION 8:** Answer all questions. 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 January 01, 2016 – December 31, 2016.

CSPRC Protocol Number: __________     APPROVAL DATE: __________
LSU IACUC Protocol Number: __________    APPROVAL DATE: __________

LSU Protocol for Clinical Studies

SECTION 1: Principal Investigator
Name: ________________________    Department: ________________________
Office Phone: ____________________    Home Phone: ________________________
E-mail Address: ____________________

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

B. Anticipated Project Start Date

SECTION 3:
A. Animal Species
Species (common name): ____________    Breed (if applicable): ____________

TOTAL NUMBER OF ANIMALS TO BE USED OVER THREE YEARS FOR ENTIRE PROJECT: ____________

B. Location of Animal Housing
- VTHC Small Animal Clinic
- VTHC Large Animal Clinic
- Housing is not required.

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 for the benefit of reviewers and animal handlers who need to understand the research project.

SECTION 5: Investigator’s Statement. Assurances for the Humane Care and Use of Vertebrate Animals.
NOTE TO INVESTIGATOR: This form is valid for use from January 01, 2016 – December 31, 2016.

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)

<table>
<thead>
<tr>
<th>Principal Investigator Signature:</th>
<th>Principal Investigator Name (Typed):</th>
<th>Title/Rank:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Investigator Signature:</td>
<td>Co-Investigator Name (Typed):</td>
<td>Title/Rank:</td>
<td>Date:</td>
</tr>
<tr>
<td>Surgeon Signature:</td>
<td>Surgeon Name (Typed):</td>
<td>Title/Rank:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

SECTION 6: Hazardous Materials

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

If zoonotic (infectious to humans) or recombinant organisms are to be used, this protocol request must be submitted to the IBRDS Committee for approval PRIOR TO CONSIDERATION by the IACUC. Final approval will not be granted until IBRDS approval is received by the IACUC. Similarly, if hazardous chemicals are to be used in the animal room, submit the proposal to the Chemical Safety Committee for prior approval. 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.

Will Zoonotic Agents be used? ___ YES ___ NO

List agents:__________________________________________

Has request for use of agents been submitted to the Institutional Biological Recombinant DNA Safety (IBRDS) Committee? ___ YES ___ NO

If not, please contact either Dr. Greg Hayes, Biological Safety Manager, at (225) 578-4658 / ghayes@lsu.edu in the Office of Occupational and Environmental Safety; or Dr. Gregg Pettis, Chair of the IBRDS, at (225) 578-2798 / gpettis@lsu.edu in the Department of Biological Sciences.

Also note that a Door Posting Form for the Animal Room is required when using zoonotic agents. Please submit this form to the IBRDS along with your request for use of agents. This form must be signed by either Dr. Hayes or Dr. Pettis. (Blank form is attached at end of protocol. It can also be obtained from Dr. Hayes.)
A.

1. Will pathogenic agents be used (disease causing agents)? ___ YES ___ NO
   List agents: ________________________________________________________________

2. Are these agents zoonotic (infectious to humans)? _____ YES ___ NO _________ N/A

3. Will any human or non-human primate (NHP) tissues be used in the study (see examples below)?
   _____ YES _____ NO
   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)

4. If you marked YES to any of the 3 questions above, have 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 either Dr. Greg Hayes, Biological Safety Manager, at (225) 578-4658 / ghayes@lsu.edu in the Office of Environmental Health and Safety; or Dr. Ken Bondioli, Chair of the IBRDS, at (225) 578-3442 / kbondioli@agcenter.lsu.edu in the School of Animal Sciences.

B.

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

If you have not submitted a request to the IBRDS, please contact either Dr. Greg Hayes, Biological Safety Manager at (225) 578-4658 / ghayes@lsu.edu in the Office of Environmental Health and Safety; or Dr. Ken Bondioli, Chair of the IBRDS, at (225) 578-3442 / kbondioli@agcenter.lsu.edu in the School of Animal Sciences.

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.
Hayes or Dr. Pettis if you have questions concerning the use of transgenic animals.

C.
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

D.
Will hazardous chemicals be used?   ___ YES   ___ NO  
List compound(s):__________________________________________________________  
Have you contacted the Chemical Safety Manager?   ___ YES   ___ NO   ___ N/A  
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 C | Pain or distress will not be induced by your procedures; 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. |
| TYPE D | Pain or distress induced 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 here.) |

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

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.

Statement:

Database used:__________________
Years searched:__________________
Words searched:_________________
Date of search:_________________

Note: Address the following items only if you indicated project Type D or E.

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.

3. Describe the methods you used to determine that alternatives to such procedures were not available (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:___________________

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?

SECTION 8: 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.

1.a: What is the rationale for using animals? Specifically state that less invasive procedures, isolated organ preparation, cell or tissue culture, or computer simulation has been considered.

1.b: Why should this study be done?

1.c: What hypothesis will be tested?

2. Explain how and/or why the particular animal species was selected?

3.a Explain how you arrived at the number of animals to be used (e.g., power analysis in comparison studies, permitted animal limits in field studies, etc.). Animal numbers should be statistically justified whenever possible.
3.b Explain the novel procedures or treatments to be investigated. If two treatments are being compared, explain the rationale for the novel treatment or procedure. Justify the safety of the novel treatment or procedure. List side effects of novel treatments.

4. Provide a complete description of the proposed use of the animals. Describe the experimental design of the study. This should minimally include the criteria for inclusion or exclusion of animals how treatment or intervention procedures are allocated. This must include a true randomization process to allow meaningful results and ethical protection that each animal has an equal chance of receiving either treatment list drugs (doses/frequency) that will be administered list amount/frequency of any body fluid sample collection list frequency of any invasive procedure (do not reference procedures; procedures must be described in detail). It is recommended using tables and outlines to indicate group assignments and study progression.

Please follow the guidance below (and above) as applicable for your particular proposed use of animals.

a) 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.

b) If animals will be restrained, state the purpose of the restraint. If restraint is for more than simple sample collection, state the duration of restraint.

c) Pharmaceutical grade chemicals should be used whenever available for all animal-related procedures. Use of non-pharmaceutical grade chemicals must be described and justified.

5. Consider the impact of the proposed interventions on the animals’ well-being. When unexpected negative impacts on animal well-being occur in studies, including pilot studies, it must be reported to the IACUC.

a. 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 interventions?

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

c. Evaluate the potential 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 adverse effects of the study on animal well-being.

6. Describe procedures designed to assure that discomfort and injury to animals will be limited to that which is unavoidable in the conduct of scientifically valuable research. For anesthesia and surgeries, include a description of post-procedural care and monitoring. Indicate how analgesic, anesthetic, and tranquilizing agents will be used where
appropriate, to minimize discomfort and pain to the animals. If the anesthesia service is to be utilized, please have a member of the service indicate that they are aware of this study, and agree to administer the necessary anesthesia/pain management.

Anesthesia/Pain management Signature: __________________________
Anesthesia/Pain management Printed: ___________________________

7. Expected results. Please explain what you are expecting the results to be. This should agree with your hypothesis and should not conflict with the justification of the study. Briefly describe if and how the potential benefits outweigh the potential adverse effects of the intervention on animal well-being.

8. Records of animal use and client consent must be maintained. Please indicate where records (including client consent forms) will be maintained.


SECTION 9: Investigator Training

In accordance with IACUC policy, all personnel conducting animal-based research must attend a Rules and Regulations 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Rules &amp; Regulations Training Course Attended? *</th>
<th>Date Attended</th>
<th>Species Wet Lab Taken? **</th>
<th>Date Attended or Exempted</th>
<th>Training or Experience?</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(Indicate Yes or No)</td>
<td></td>
<td>(Indicate Yes or No)</td>
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</tbody>
</table>
NOTE TO INVESTIGATOR: This form is valid for use from January 01, 2016 – December 31, 2016.

*Please contact Ms. Dawn Best-Desjardins at 578-9643 or ddesjar@lsu.edu to sign up for these courses. Please also be aware that there is no grace period for training. Pending status will be maintained until all persons involved in animal care and use have completed the online training.

**Exemption from wet lab training for specific procedures needed for the protocol may be obtained by written request to the IACUC. Training wet labs will be scheduled on an ‘as needed’ basis.

***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 rules and regulations class 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 10: References

SECTION 11: OWNER INFORMATION FORM
Please provide a 1 page (maximum) description of the justification and value of the study with a clear statement as to the owner’s commitment and exactly what they are consenting to have done to their pet. Write this in layman’s terms.

Title: XXX

Principal Investigators: YZ,...

Description of study:

Information:
This study will cover the cost of the [ABC]. Owners are responsible for all other [DEF].
I hereby consent to allow my animal __________________ to be included in a clinical study titled “XXX” under the direction of Dr. YYY.

I have spoken with ________________________________ and fully understand the implications of the study and agree to the requirements of the study.

I understand that my participation is this research program is entirely voluntary and my pet’s care will not be affected by this decision. I retain the right to withdraw my animal from the study at any time without jeopardizing its continued care at Louisiana State University Veterinary Teaching Hospital or any other veterinary clinic.
SECTION 12: POSTING OF STUDY TO VTH&C WEBSITE
Please indicate whether you would like to have this protocol posted to the VTH&C website. Doing so may increase the number of clients with pets meeting the criteria for enrollment in your study. Participation is entirely voluntary.

( ) We would like to have this study included in the VTH&C Website list of clinical trials.

( ) We do not want this study included in the VTH&C Website list of clinical trials.

If you choose to have your study included in the VTH&C Website, please fill in the expanding boxes below.

Title: Please provide a “layman’s” title for your study. It is suggested that the title be brief, with limited medical terminology.

Animals of interest: Please indicate the species, diagnosis, age, gender, or other criteria necessary for subjects to be eligible for enrollment in the study.

Description of the study: Please provide a brief description of the study, in layman’s terms.

What will the owner receive for participation in the study?

SECTION 13: 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 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. 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. 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.

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.

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.

<table>
<thead>
<tr>
<th>Printed Name:</th>
<th>Signature:</th>
<th>_____ I choose to participate</th>
<th>_____ I choose NOT to participate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name:</td>
<td>Signature:</td>
<td>_____ I choose to participate</td>
<td>_____ I choose NOT to participate</td>
</tr>
<tr>
<td>Printed Name:</td>
<td>Signature:</td>
<td>_____ I choose to participate</td>
<td>_____ I choose NOT to participate</td>
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<tr>
<td>Printed Name:</td>
<td>Signature:</td>
<td>_____ I choose to participate</td>
<td>_____ I choose NOT to participate</td>
</tr>
</tbody>
</table>
**DOOR POSTING FORM**

**BIOSAFETY PRECAUTIONS IN ANIMAL ROOMS**

<table>
<thead>
<tr>
<th>Agent(s):</th>
<th>Animal Biosafety Level:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Animal Care Protocol No.:</th>
<th>Building/Room:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Biosafety use Authorization No.:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Project Title:</th>
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<table>
<thead>
<tr>
<th>Principal Investigator:</th>
<th>Department:</th>
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</tbody>
</table>

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

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

   **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
NOTE TO INVESTIGATOR: This form is valid for use from January 01, 2016 – December 31, 2016.

<table>
<thead>
<tr>
<th>The following personal protective equipment must be used in the room regardless of animal housing or use of BSC:</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Lab coat/Coveralls    ___ Shoe covers/booties    ___ Disposable gloves    ___ Reusable gloves   ___ Disinfectant footbath</td>
</tr>
<tr>
<td>___ NIOSH Certified Dust Mask or HEPA filtered respirator (fitted face or PAPR)</td>
</tr>
</tbody>
</table>

7. Other information or procedures:

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

| 1. Principal Investigator _________________________________ | Date: __________________ |
| 2. DLAM Representative _________________________________ | __________________ |
| 3. Biosafety Officer _________________________________ | __________________ |
| 4. IACUC Chair _________________________________ | __________________ |