Application procedure:

Protocol from 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 animals 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
Volumes :
Sites :
Radiation (dosage and schedules):

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 in major survival surgery is to be performed more than once on a single individual animals.

13. Methods of disposal post-experimentation

a. Euthanasia (Specific method):

b. Method of carcass disposal:

c. Rehabilitation (alongwith details) :

d. Reuse :

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 wiring. Further, I certify that I will follow the recommendations of CPCSEA.

9. I certify that I will ensure the rehabilitation policies are adopted.

Signature

Name of Investigator

Date:

Certificate

This is certify that the project title…….....
…….has been approved by the IAEC.

Name of Chairman/
Member Secretary IAEC:

Name of CPCSEA nominee:

Signature with date

Chairman/ Member Secretary of IAEC:

CPCSEA nominee:

(Kindly make sure that minutes of the meeting duly signed by all the participants are maintained by Office)

Rodent study Data

Declaration to be signed by PI and enclosed with Project Proposal

The following information should be submitted by the PI along with each project proposal which contains the protocol for undertaking studies using mammals of higher sentience, such as dogs, goats, pigs, cattle, monkeys etc.

INFORMATION REGARDING TOXICITY TESTS CONDUCTED BY PI

I. Has the toxicity test been conducted in rodent model? Yes / No

[*Please note that it the answer is No, the project proposal will not be considered for approval and the same may be re-submitted only after enclosing the toxicity data on rodents.*].

II. If the toxicity test has been conducted, kindly provide the following information:

(i) What were the doses used? ……

(ii) Did any animal/s die during the study? Yes / No.

(iii) If yes, how many? …….

(iv) How many days after dosing did the animal/s die? ……..
(Please provide information for each animal death)

(v) Any additional information that you wish to provide? …….

[*You may use additional sheets if required*]

Declaration

I / We …….(Name of PI) do solemnly declare that the information provided by me / us above is true and correct to the best of my / our knowledge and that nothing material has been concealed.

I / We understand that if any false or wrong information has been provided by me / us, I / We take full responsibility for the same and that I / We will be liable for the actions that may be taken by the CPCSEA as per its regulations.

……..

……..

Name (s) of the PI

Form C

Record of Animals bred / acquired: (to be maintained by the Breeder/Establishment)

Date of entry	No. of Animals (Specify species, sex and age)	No. of Animals acquired (Specify date of acquisition species, sex and age)	Name, Address and date & from whom acquired	No. of animals transferred (specify date, species, sex and voucher/bill no.)	Name, address and registration No. of the Establishment to whom transferred	Signature

Form D

Record of Animals Acquired and Experiments performed: (to be maintained by the Investigator)

Date of entry	No. of animals acquired (specify species, sex and age	Name, address and registration No. of the breeder from whom acquired with voucher/bill no.	Date and particulars of order of grant of permission by the committee	Date/period of experiment	Name and address of the person authorizing the experiment	Certification of the investigator authorizing the experiment that all conditions specified for such an experiment have been complied with (Signature)

FORM- E

Record of animals sold

Date	Species & number of animals sold	Name, address and Registration Number of the establishment to whom animals sold	Date & IAEC No. of the protocols against which animals sold