UiTM CARE APPLICATION FORM

(Committee on Animal Research and Ethics)

**FOR UiTM CARE OFFICE USE ONLY**

Proposal No.: ............................. Date of hard copy receipt:............................

**INFORMATION FOR PRINCIPAL INVESTIGATOR**

Submit the duly filled UiTM CARE Application Form (original hard copy) to the **UiTM CARE Secretariat**, Laboratory Animal Facility and Management (LAFAM), UiTM Puncak Alam Campus, Selangor and submit soft copy *via* email to [**uitmcare@uitm.edu.my**](mailto:uitmcare@uitm.edu.my)Proposal number will be communicated to PI and refer proposal number for further communication.

1. Title of Project:
2. Details of Principal Investigator (*P.I.)* :

| Name |  |
| --- | --- |
| Staff No. |  |
| Office Address of *P.I.* |  |
| Designation: |  |
| Tel. No and Fax No: |  |
| E-mail: |  |

1. Details of Co-Investigators (*Co-I*.) :

| Name | Staff No./student ID | Programme Code  (student only) |
| --- | --- | --- |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

1. Is the P.I./Co-I. adequately trained for the animal procedures proposed? Either the P.I./Co-I. must be trained or have previous experience. *(Enclose certificates, if any)*



Yes No

1. Funding Source (*grant number*) & duration of research project (*if applicable*):

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. Duration of animal experimental work*.*

From : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has the project been presented and endorsed by the institutional/faculty research committee? Please state date of presentation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Endorsement by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature / Date

Dean/ Deputy Dean/ Chairman of Research Committee/ Head of Department/ Chairman of the State Research Committee.

1. Details of animal(s) intended to be used:

| Species :  Strain : | Age *(weeks/months)* :  Weight *(g/kg)*  : |
| --- | --- |
| Male :  Female : | Total number of animals : |
| Source of animals, Please 🗹 appropriate.  □ LAFAM  □ Other Institutions *(specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  □ Imported\*  Anticipated duration of holding animals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Attach details of source, copy of health certificate, import permit and provide quarantine details. | |

1. Means of transportation of animals from vendor/ supplier to place of work.

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10a. Explain procedures to be carried out on the animal(s).

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b. Please enclose the flow chart of your research protocol as annexure.

11a. Objective(s) of the project.

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b. Justification of animal use in the research.

* 1. Explain why animal usage is necessary and why replacement alternatives could not be adopted for the project.

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* 1. Why is this particular species/strain required for the study?

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* 1. Explain the basis for the estimated number of animals required for the study.

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* 1. Have similar experiments been conducted in the past? If yes, provide a reference(s) and indicate why new experiments are required/repeated.

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1. Does the experiment include surgical procedure(s)? If yes, explain the pre, post-operative care of animals. List the drugs and dosage that will be used on the animal.

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1. Does the experiment include the use of biohazards, radioactive materials or microbes? If yes, explain the nature of the hazard, the safety measures that will be taken during the experiment and how disposal will be handled (provide documented evidence of approval from the respective committee).

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1. Will the animal(s) be sacrificed after the research?



Yes No

If yes, state the method of sacrifice. If a drug is used, name the drug, dose and route of administration. Explain the method of carcass disposal.

If not, mention the rehabilitation procedures to adopt for normal wellbeing of the animals.

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1. Methods of Humane Killing *(Please* 🗹 *appropriate)*

| □ | Cervical dislocation |
| --- | --- |
| □ | Chemical Method *(Specify the drug, dose and route)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| □ | CO2 euthanasia |
| □ | Others *(specify)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

12. Classification of the project based on USDA pain and distress.

Please 🗹 appropriate. *(Refer Appendix-1)*

| B |  | C |  | D |  | E |  |
| --- | --- | --- | --- | --- | --- | --- | --- |

1. Animals being bred, acclimatised, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. Non-invasive observation only of animals in the wild.
2. Animals subjected 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.
3. Animals subjected to potentially painful or stressful procedures for which they receive appropriate anesthetics, analgesics and/or tranquilizer drugs.
4. Animals subjected to potentially painful or stressful procedures that are not relieved with anaesthetics, analgesics and/or tranquilizer drugs. Withholding anesthesia/analgesia must be scientifically justified in writing and approved by the UiTM CARE.

**PRINCIPAL INVESTIGATOR’S DECLARATION**

I/we certify that the study entitled below will be initiated by me/us only upon review and approval of scientific intent by UiTM CARE. I/we will obtain approval from the UiTM CARE before initiating any significant changes in the approved study.

Title of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Name of Principal Investigator Signature / Date**

**Signature of Co-Investigator(s)**

**Name Signature/ Date**

* + 1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
    2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
    3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\*Any changes in investigators, UiTM CARE need to be informed.*

**Termination date for the protocol: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature of Chairman of UiTM CARE Approval Date**

**APPENDIX 1**

**EXAMPLES OF USDA PAIN AND DISTRESS CATEGORIES**

| **Category B** | | **Category C** | | **Category D** | | **Category E** | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1.  2. | Animals being bred or housed, without any research manipulation, prior to euthanasia or transfer to another protocol.  Observation of animal behavior in the wild without manipulating the animal or it’s environment | 1.  2.  3.  4.  5.  6.  7.  8.  9.  10.  11. | Holding or weighing animals in teaching or research activities.  Injections, blood collection or catheter implantation via superficial vessels.  Tattooing animals.  Ear punching or rodents.  Routine physical examinations.  Observation of animal behavior.  Feeding studies, which do not result in clinical health problems.  AVMA approved humane euthanasia procedures.  Routine agricultural husbandry procedures.  Live trapping.  Positive reward projects. | 1.  2.  3.  4.  5.  6.  7.  8.  9.  10. | Diagnostic procedures such as laparoscopy or needle biopsies.  Non-survival surgical procedures.  Survival surgical procedures.  Post operative pain or distress.  Ocular blood collection in mice.  Terminal cardiac blood collections.  Any post procedural outcome resulting in evident pain, discomfort or distress such as that associated with decreased appetite/ activity level, adverse reactions, to touch, open skin lesions, abscesses, lameness conjunctivitis, corneal edema and photophobia.  Exposure of blood vessels for catheter implantation.  Exsanguination under anesthesia.  Induced infections or antibody production with appropriate anesthesia and post-op/ post-procedure analgesia when necessary. | 1.  2.  3.  4.  5.  6.  7.  8.  9.  10.  11. | Toxicological or microbiological testing, cancer research or infectious disease research that requires continuation until clinical symptoms are evident or death occurs.  Ocular or skin irritancy testing.  Food or water deprivation beyond that necessary for ordinary pre-surgical preparation.  Application of noxious stimulation such as electrical shock if the animal cannot avoid/escape the stimuli and /or it is severe enough to cause injury or more than momentary pain or distress.  Infliction of burns or trauma.  Prolonged restraint.  Any procedures for which needed analgesics, tranquilizers, sedatives, or anesthetics must be withheld for justifiable study purposes.  Use of paralyzing or immobilizing dugs for restraint.  Exposure to abnormal or extreme environmental conditions.  Psychotic-like behavior suggesting a painful or distressful status.  Euthanasia by procedures not approved by the AVMA. |