

**UNIVERSITY OF WISCONSIN-GREEN BAY**  
**VERTEBRATE ANIMAL USE PROTOCOL REVIEW**

1. Responsible Investigator \_\_\_\_\_
2. Project Title: \_\_\_\_\_
3. Department \_\_\_\_\_ Division \_\_\_\_\_
4. Telephone: Work \_\_\_\_\_ Emergency \_\_\_\_\_
5. Address \_\_\_\_\_
6. Project Period \_\_\_\_\_ to \_\_\_\_\_
7. Funding Agency Department, or Unit: \_\_\_\_\_
8. Grant Number \_\_\_\_\_

9. Personnel working with animals:

<u>Name</u>	<u>Phone</u>	<u>Training/Experience</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Do all personnel have Responsible Care and Use of Animals Certification? \_\_\_\_\_

11. Person(s) or unit responsible for animal husbandry:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Veterinarian to be notified when veterinary care is needed:  
\_\_\_\_\_  
Phone: \_\_\_\_\_

<u>Species</u>	<u>Number</u>	<u>Source</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Where will animals be housed? If this is a field study, describe sites or location of work to the extent possible.

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15. Briefly state the goal of the research.

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16. Describe all non-surgical manipulations or procedures involving the animals (e.g., drug administration, blood collection, behavioral assessment, capture, recapture, banding, diet change). Specify the drug(s), dose, and route of administration or other methods used. If more room is needed, attach statement.

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17. Where will these procedures be performed? \_\_\_\_\_

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18. Is there potential for discomfort or pain as a result of the procedures (e.g., tumor or ascites induction, prolonged restraint, nutrient restriction, toxic or infectious agents causing illness, aversive stimulus). \_\_\_\_\_ Yes \_\_\_\_\_ No

19. If yes, what will be done to relieve discomfort? Include drugs and dosages, point at which animal will be killed, mechanical devices, etc.

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20. Is surgery to be performed on the animal(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

21. Will the animals(s) be allowed to recover from surgery? \_\_\_\_\_ Yes \_\_\_\_\_ No

22. Identify the personnel who will perform the surgery:

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23. Where will the surgery be performed? \_\_\_\_\_

24. Briefly describe the surgical procedures: \_\_\_\_\_

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25. Will more than one surgery be performed on the same animal? \_\_\_\_\_

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26. If yes, give justification \_\_\_\_\_  
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\_\_\_\_\_

27. Describe the anesthetic method including all drugs, dosages, routes of administration and supplementation schedules:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Describe the post surgical monitoring and care procedures including all drugs and dosages. Describe measures designed to alleviate postoperative pain or discomfort:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Describe the method of euthanasia at the conclusion of the project. Include agents, dosages, routes of administration:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. If the project utilizes hazardous agents (e.g., infectious agents, carcinogens, toxic chemicals, radioisotopes) briefly outline the procedures for handling and disposal.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Classification of Research Animal Use (see attached schedule), circle highest category applicable: 1 2 3 4 5

32. If the project requires the use of hazardous substances, has the campus Safety & Risk Manager been contacted? \_\_\_\_\_ Yes \_\_\_\_\_ No
33. Any additional comments? \_\_\_\_\_ Yes \_\_\_\_\_ No Please attach comments
34. If any federal or state licenses are required for either the collection of experimentation with the particular species of animal being used or for work with a particular toxic agent, then submit copies of them with this form.