



**ANGELES UNIVERSITY FOUNDATION**  
**OFFICE OF THE VICE PRESIDENT FOR RESEARCH AND INNOVATION**

**INSTITUTIONAL ANIMAL CARE AND USE**  
Review Form

Date of application: \_\_\_\_\_  
Proposal number: \_\_\_\_\_  
Approved date: \_\_\_\_\_  
Expiration date: \_\_\_\_\_

Initial submission

Renewal

Modification

**I. ADMINISTRATIVE DATA**

College / Department: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Contact number: \_\_\_\_\_

**Project Title**

Funding source: \_\_\_\_\_

**Co-investigator(s)**

Name	College / Department	Contact number	E-mail address



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**II. ANIMAL REQUIREMENTS**

Genus: \_\_\_\_\_ Species: \_\_\_\_\_

Strain/Subspecies/Breed: \_\_\_\_\_ Common name: \_\_\_\_\_

Approximate age: \_\_\_\_\_

Approximate weight: \_\_\_\_\_

Approximate size: \_\_\_\_\_

Sex:  Male(s)  Female(s)  Not specific

Microbiological status: \_\_\_\_\_

Source(s): \_\_\_\_\_

Primary housing location(s): \_\_\_\_\_

Location(s) where manipulation will be conducted: \_\_\_\_\_

Number of animals to be used: Year 1: \_\_\_\_\_ Year 2: \_\_\_\_\_ Year 3: \_\_\_\_\_

Total number of animals to be used: \_\_\_\_\_

**III. TRANSPORTATION**

**REMARKS / COMMENTS**

*Describe how animals will be transported from source(s) to housing facility, container(s) to be used, route(s) of transportation.*

**IV. STUDY OBJECTIVES**

**REMARKS / COMMENTS**

*Discuss the main objective of the study up to its specific objectives.*



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<p><b>V. RATIONALE FOR ANIMAL USE</b></p> <p><i>Explain the reasons why it is necessary to use animal models, justify the appropriateness of the selected species to the study and justify the number of animal(s) to be used in the study.</i></p>	<p><b>REMARKS / COMMENTS</b></p>
<p><b>VI. DESCRIPTION OF EXPERIMENTAL DESIGN AND ANIMAL PROCEDURES</b></p> <p><i>Briefly explain the experimental design and specifically describe all animal procedures to be employed in the study from the beginning up to the end of the experimentation. A flow chart with proper description or labels may be used to present the planned procedure.</i></p> <p><i>Include the following specific information if applicable:</i></p> <ul style="list-style-type: none"> <li>✓ <i>Animal identification method(s)</i></li> <li>✓ <i>Method(s) of restraint during sample collection</i></li> <li>✓ <i>Experimental injections or inoculations (substance(s) to be injected or inoculated, dose, site, volume, route and schedule)</i></li> <li>✓ <i>Sample collection (frequency, volume, site, technique)</i></li> <li>✓ <i>Radiation (dosage, schedule)</i></li> <li>✓ <i>Food or fluid restriction</i></li> <li>✓ <i>SURGERY – discuss the whole process including the course of action to be performed on non-survival surgery, substance(s) to be used on animals such as anesthesia, etc.</i></li> <li>✓ <i>Other procedures that will be performed on animals</i></li> </ul>	<p><b>REMARKS / COMMENTS</b></p>
<p><b>VII. PAIN OR DISTRESS CLASSIFICATION AND CONSIDERATION OF ALTERNATIVES</b></p> <p><i>Identify the pain or distress classification(s) for USDA covered species (Appendix I). Explain the possible effect(s) of the inflicted pain or distress to animal model.</i></p> <p><i>For procedures falling under USDA’s classifications D or E, explain the possible alternatives that can be utilized or the non-availability of alternatives.</i></p> <p><i>For methods that can be produced in-vitro, explain the advantages and disadvantages of animal model utilization instead of in-vitro cell models or the likes.</i></p>	<p><b>REMARKS / COMMENTS</b></p>



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<b>VIII. ANESTHESIA, ANALGESIA, TRANQUILIZATION, OTHER AGENTS</b>	<b>REMARKS / COMMENTS</b>
<p><i>Specify the anesthetic(s), analgesia(s), tranquilizer(s) and other agents that will be used in the specific part of the experimentation and the necessity of applying such substances, possible side effect(s) if there would be any. Explain also the preparation, dose, volume, manner or route of administration (e.g. injections, topical application) and frequency of application.</i></p>	
<b>IX. METHOD OF EUTHANASIA OR DISPOSAL OF ANIMALS AT THE END OF THE STUDY</b>	<b>REMARKS / COMMENTS</b>
<p><i>Indicate the proposed method of euthanasia. If chemical agent is to be used, specify the dosage and route of administration. If the method of euthanasia is NOT consistent with the guidelines provided by BAI (Bureau of Animal Industry), provide specific justification as to why such method must be used. Also, indicate the method of carcass disposal.</i></p>	
<b>X. HAZARDOUS AGENTS</b>	<b>REMARKS / COMMENTS</b>
<p><i>Identify the hazardous agent(s) that will be used on animals (radionucleotides, biological agents, drugs, recombinant DNA, etc.). Explain the possible effects of these agents to the animal models, and the level of animal biosafety as the experimentation is performed. Also, describe the safety protocols in handling and disposal of hazardous agent identified.</i></p>	
<b>XI. BIOLOGICAL MATERIAL / ANIMAL PRODUCTS FOR USE IN ANIMAL</b>	<b>REMARKS / COMMENTS</b>



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Fill out the following fields if biological materials (e.g. cancer cell lines, anti-serum, etc.) will be induced to model animal.

Specify material: \_\_\_\_\_  
Source: \_\_\_\_\_

Sterile  Attenuated

Has the material been tested for pathogen?

Yes (Attach copy of results)  No

I certify that the tested materials to be used have not been passed through rodent species outside of animal facility in question and/or the material is derived from the original tested sample. To the best of my knowledge the material remains uncontaminated with rodent pathogens.

\_\_\_\_\_  
Signature of Principal Investigator

**XII. GENETICALLY ENGINEERED ANIMALS**

**REMARKS / COMMENTS**

*Describe the anticipated phenotypic consequences of the genetic manipulations to the animals. Describe any special care or monitoring that the animals will require.*

**XIII. EXCEPTIONS FROM ENVIRONMENTAL ENRICHMENT FOR NON-HUMAN PRIMATES OR EXERCISE**

**REMARKS / COMMENTS**

Are you seeking an exception for scientific reasons from the institution's plan for environment enrichment for non-human primates?

Yes (explain basis of request)  No

Are you seeking an exception for scientific reasons from the



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institution's plan to provide dogs with opportunity for exercise?

Yes (explain basis of request)  No

**XIV. FIELD STUDY**

**REMARKS / COMMENTS**

*If animals in the wild will be used, describe how they will be observed, any interactions with the animals, whether the animals will be disturbed or affected, and any special procedures anticipated. Indicate if national and/or local permits are required and whether they have been obtained.*

**XV. SPECIAL CONCERNS OR REQUIREMENTS OF THE STUDY**

**REMARKS / COMMENTS**

*List any special housing, equipment, animal care or departures from the Guide.*

**XVI. PRINCIPAL INVESTIGATOR CERTIFICATIONS**

**REMARKS / COMMENTS**

I certify that:

- I have attended the institutionally required investigator training course.

Year of attendance: \_\_\_\_\_

Location: \_\_\_\_\_

- I have determined that the research proposed herein is not unnecessarily duplicative of previously reported research.
- That the individuals listed in Section I are authorized to conduct procedures involving animals under this proposal, have attended institutionally required investigator training course, received training.
- I have reviewed the pertinent scientific literature and the sources and/or databases as noted in Section VII and have found no valid alternative to any procedures described herein which may cause more than momentary pain or distress, whether it is relieved or not.

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- I will obtain approval from the IACUC before initiating any significant changes in this study.
- I will notify the IACUC regarding any unexpected study results that impact the animals. Any anticipated pain or distress, morbidity or mortality will be reported to the attending veterinarian and the IACUC.
- I am familiar with and will comply with all pertinent institutional and national rules and policies.

\_\_\_\_\_  
Signature over printed name of Principal Investigator / Date

**XVII. CONSENT**

**REMARKS / COMMENTS**

Adviser consent:

\_\_\_\_\_  
Signature over printed name / Date

Veterinarian certification:

\_\_\_\_\_  
Signature over printed name / Date

**XVIII. FINAL APPROVAL**

**REMARKS / COMMENTS**

Certification of review and approval by the Institutional Animal Care and Use Committee:

\_\_\_\_\_  
Signature over printed name / Date