Application for Review of Observational Field Research
Arkansas Tech University

Institutional Animal Care and Use Committee (IACUC)

Questions and completed forms should be submitted to the ATU IACUC at iacuc@atu.edu.

FOR OFFICE USE ONLY

IACUC Protocol Number:

IACUC Approval has been granted for the project described in this document

Original Approval Date: Approval Period: –

Start End

TO BE COMPLETED BY APPLICANT

☐ New Application for Observational Field Animal Research

☐ Three-year Renewal for Observational Field Animal Research

Please provide previously assigned and approved IACUC Protocol Number

☐ Significant Change to Previously Approved Protocol

Please provide previously assigned and approved IACUC Protocol Number

Significant changes from previously approved IACUC Protocol must be approved and include:

- ☐ Changes from non-survival to survival surgery
- ☐ Changes resulting in greater pain, distress, or degree of invasiveness
- ☐ Changes in housing and/or use of animals in locations that is not part of the Animal Program overseen by the IACUC
- ☐ Changes in Species
- ☐ Changes in Study Objectives
- ☐ Changes in Principal Investigator (PI)
- ☐ Changes that impact personnel safety

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Application to Use Live Vertebrate Animals in Observational Field Research

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1. **Does your project involve the study of live vertebrates?**
   ☐ Yes ☐ No
2. **Will your project alter or influence the activities of the animals?**
   ☐ Yes ☐ No
3. **Does the project involve invasive procedures, harm, or materially alter the behavior of an animal under this study?**
   ☐ Yes ☐ No

   If you answered "Yes" to questions 2 or 3, please complete the full IACUC Field Research application.

4. **Title of Project:**

5. **Principal Investigator/Project Director** *(If not ATU Faculty, include an ATU Faculty Sponsor in question 8.)*

   Name: Department:

   Work Phone: Email:

   Cell Phone: After Hours Emergency Phone:

   Work Address (if not ATU Faculty):

6. **Co-Investigator/Project Director** *(List any ATU Graduate Student(s), if any. If not ATU Faculty, include an ATU Faculty Sponsor in Question 8.)*

   ☐ N/A

   Name: Department:

   Work Phone: Email:

   Cell Phone: After Hours Emergency Phone:

   Work Address (if not ATU Faculty):

7. **Contact Person for Issues with Paperwork**

   ☐ Principal Investigator/Project Director
   ☐ Co-Investigator/Project Director
   ☐ Other *(details provided below)*

   Name: Department:

   Work Phone: Email:

   Cell Phone: After Hours Emergency Phone:

   Work Address (if not ATU Faculty):

8. **ATU Faculty Sponsor** *(Required if PI/PD is not an ATU Faculty Member)*

   ☐ N/A

   Name: Department:

   Office Location: Office Phone:

   Cell Phone: Email:

   After Hours Emergency Phone:

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9. Qualifications and Training of Research Personnel

Qualification of the PI(s): ☐ **PhD**
☐ **MS**
☐ **BS**
☐ **Other (provide details below)**

10. Training: The PI must approve or oversee the qualifications, training, and safety of all personnel who will be handling animals associated with this research protocol. Mandatory CITI Training: All personnel on this protocol are required to complete the following courses through the CITI program (www.citiprogram.org):

1) Working with the IACUC, Conflicts of Interest, & Biomedical Responsible Conduct of Research
2) Appropriate species-specific elective course(s) depending on the teaching protocol.

Certificates of Training for each required module should be submitted with this application. All personnel completing field research with wild animals (wildlife and/or fish) need to also complete the "Wildlife Research" module. CITI considers fisheries research to fall under the category of "wildlife research", so there is not a separate fisheries research module.

11. Project Period

12. Field Site Location(s)

13. Funding Sources

Describe all funds for which you plan to apply, have pending, or have received.

☐ Intramural Funding: (e.g.: Departmental Funds, Undergraduate Research Funds, personal funds, donors/gifts)

Please List all ATU Identification Numbers of Funding Utilized

☐ Extramural Funding:

Include ATU Budget Titles and Codes, if Applicable

14. Briefly describe the nature of the research, what procedures will be involved, and the nature of the habitat where you will be working.

15. What measures will you take to ensure that these procedures will not alter of influence the activity of the animals? *E.g. – Taking photos utilizing a long lens to increase distance or use of blinds or other camouflage*

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16. Statement of Compliance

As the individual responsible (Principal Investigator/Project Director) for this research/project:

☐ I confirm:

1. That I have completed all required training modules. *(Listed on Page 3, Number 10)*
2. That all individuals involved with animal use in this research protocol will complete the required training.
3. That all individuals involved in this research protocol will be instructed in the humane care, handling, and use of animals prior to any participation in this research protocol.
4. That I will review the required training and qualifications of all individuals involved with animal use prior to any participation in this research protocol.
5. That the wellbeing of the animals used in this study has been considered in the designing of this research protocol.

☐ I agree:

1. Not to proceed with any portion of this research protocol, including the purchase of animals, until I receive written approval from the Arkansas Tech University Institutional Animal Care and Use Committee (ATU IACUC).
2. That no substantive change(s) will be made in items contained in this proposed research protocol without prior written notification to and approval by the ATU IACUC.
3. To allow inspection of my research facilities by members of the ATU IACUC and the Animal Welfare/Attending Veterinarian and to comply promptly if informed of any violation of the Arkansas Tech University Policy on Animal Care and Use.

☐ I understand:

1. That failure to comply with the above may, ultimately, lead to revocation of my privileges to conduct animal research at Arkansas Tech University.
2. It is unlawful to begin work until the required state and/or federal permits have been issued for this research and that the IACUC may request copies of all permits for the administrative record.

_____	_____	_____
Name of Principal Investigator	Date Signed	Signature *(Form will lock once signed)*

ATU IACUC Approval

The above protocol has been reviewed and approved by the Arkansas Tech University Institutional Animal Care and Use Committee (IACUC). Research activities outlined in this protocol may now proceed in accordance with the approved procedures and guidelines.

Dr. Peter Dykema	_____	_____
Chair, ATU IACUC	Date Signed	Signature

The IACUC will determine if further review is needed. If so, you will be asked to complete the full IACUC protocol review request form. If not, you will receive a letter from the IACUC stating that no further review is needed and you may proceed with your project.