

**OFFICE OF
INSTITUTIONAL ANIMAL ETHICS COMMITTEE-SHUATS
LABORATORY ANIMAL FACILITY-SHUATS
SAM HIGGINBOTTOM UNIVERSITY OF AGRICULTURE, TECHNOLOGY & SCIENCES,
ALLAHABAD**

May 01, 2019

Notice

IAEC-SHUATS invites research protocol for approval of research work on small animal on or before May 31, 2019 on prescribed format available on SHUATS website or the link given below & also with LAF-SHUATS in both soft as well as hard copy to IAEC-SHUATS. For more details contact Dr. Pushpraj S Gupta, Scientist-in-charge LAF-SHUATS, iaecshiats@gmail.com & iaec@shiats.edu.in.

[Download Form B](#)



Prof. (Dr.) ir. Jonathan A Lal
Chairman
IAEC-SHUATS,
Allahabad. **Chairman**

**Institutional Animal Ethics Committee
Sam Higginbottom University of Agriculture,
Technology & Sciences
Allahabad - 211007, U.P., India**



APPLICATION FOR PERMISSION FOR ANIMAL EXPERIMENTS

NOTE FOR INVESTIGATORS SUBMITTING AN APPLICATION FOR PERMISSION OF EXPERIMENTS ON ANIMALS

1. Submit this Form-B & Detailed Project (in 9 copies) with a forwarding letter addressed to the Chairman, Institutional Animals Ethics Committee (IAEC), Laboratory Animal Facility, FHS, SHUATS, Allahabad.
2. The enclosed form is only a FORMAT and your answers need not be confirmed to the space in this form. The answers should be clearly typed and all the sections and subsections of this Form must be completed with relevant details and signatures of Advisor/ P.I.
3. It is not sufficient to submit a copy of the project proposal that you might have written for the funding agencies. Please provide a clear group-wise animal break-up and do give a brief description of the project, in lay man's language, incorporating the following information:
 - a) Background, including work done in the area and review literature, clearly indicating the lacunae in literature.
 - b) Main Objectives of research to be carried out and its relevance to science, and human health.
 - c) Provide References/ Bibliography of work done in the area of your proposed research.
 - d) As described, a brief summary of proposed Experimental Protocol/ Design must be incorporated in Form-B and **the detailed project proposal/ protocol must be attached as Annexure.**
4. For the Animal Requests made for a period of more than 1 year (1.5 yr, 2 yr, 3 yr etc), the Animal break-up depicted (at the last) must also reflect a tentative year-wise utilization of lab animals requested (Either X animals 1st Year; Y Animals 2nd Year OR X no. of Expts 1st year; Y no. of Expts 2nd year and like that).
5. Depicting a Tabulated Break-up of total animals requested as Annexure **is MUST.**
6. **Anesthesia** to animals must be given important consideration while proposing any painful procedure to be carried out on live animals during experiments.
7. Please mention clearly whether it is a New Application or is an Extension/ Modification in earlier permission given for animal experiments. If it is an extension/ modification in earlier permission, a copy of earlier permission letter issued by IAEC must be attached.
8. Submit report to the Chairman, IAEC SHUATS, Allahabad six monthly at the end of June & December every year from the date of approval till the completion of project.
9. A completion certificate will be issued after the submission of final project report, Form C & Form D to Chairman, IAEC SHUATS, Allahabad.
10. Incomplete Form B, C & D submitted to IAEC SHUATS, Allahabad will be rejected.

Signature of PI/ Research Supervisor

Name:

Date & Place:



Form No.

Approval No: IAEC/SHUATS/PA/20 / _____

(To be filled by LAF)

Form B [per rule 8(a)]

(Format as per CPCSEA gazette)

APPLICATION FOR PERMISSION FOR ANIMAL EXPERIMENTS

Application to be submitted to send either to the CPCSEA (address in form A above) or Institutional Animal Ethics Committee (IAEC)

Type of Project Application: New Application/ Extension/ Modification

Part A

1. **Name and address of establishment:**

Laboratory Animal Facility, Sam Higginbottom University of Agriculture, Technology & Sciences, Allahabad, Uttar Pradesh, India.

2. **Registration number and date of registration:**

1813/GO/Re/S/15/CPCSEA dated July 01, 2015

3. **Name, address and registration number of breeder from whom animals acquired (or to be acquired) for experiments mentioned in parts B and C (Attach Bill/ Receipts):**

Purchase from CPCSEA registered organization/ institute/ registered vender.

Name & Address of Breeder:

4. **Place where the animals are presently kept (or proposed to be kept):**

5. **Place where the experiment is to be performed:**

6. **Date on which the experiment is to commence and duration of experiment.**

Approximate Date:

Duration:Months

7. **Type of Research Involved:**

(Basic Research/Educational/Regulatory/Contract etc)

Date: ___/___/20___

Place: Allahabad

(Signature)

Name of Principal Investigator/ Guide:

Designation:



Applicable only for application to be submitted to CPCSEA

Part B

Protocol form 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 Guide/Advisor:

- a. Name :
- b. Designation :
- c. Experience :
- d. Deptt/Div/Lab :
- e. Telephone number: +91 Extn:
- f. Mobile : +91
- g. E-mail ID :

3. List of names of all Co-Guide/Co-investigator/individuals authorized to conduct procedures under this proposal:

Name & Designation	E-mail ID & Mobile Number
(a)
(b)
(c)
(d)

4. Funding Source with complete address (please attach the proof):

- (a)
- (b)

5. Duration of the Project:

- a. Number of months :
- b. Date of initiation (proposed) : ' 20__
- c. Date of completion (proposed) : ' 20__

6. Detailed Study Plan/Protocol (Not more than one page)

Tabulated Break-Up of Total Animals Required & Summary of Protocol attached as Annexure.



7. Study Objectives [The Aims of study and Why they are Important]

Study Objective:
.....
.....
.....
.....

8. Animals Required:

A (i)	Species	Mice	Rat	Rabbit	Guinea Pig
A (ii)	Strain				
B	Age / Weight				
C	Gender				
D	Total Numbers Reqd.				
E	No of Days Animals to be housed				
F	Proposed Source of Animals				

* mention NA where not applicable

9. Rationale for Animal Usage: (Reference to be cited in each sub-sections)

a. Why is animal usage necessary for these studies?

.....

b. Why are the particular species selected required?

.....

c. Why are the estimated numbers of animals essential?

.....

d. 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 experiment (s) been made by any other organization/agency? If so, their results in your knowledge.

.....

10. Description of procedure to be used:

(List and describe all invasive and potentially stressful non-invasive procedures that animals will be subjected to in the course of the experiment. Furnish details of injection schedules (substances, doses, sites and volumes), blood withdrawal (volumes and sites and all anesthetics and/or analgesics dosage and routes

Included in the detailed protocol attached as Annexure-I



Substances :

Doses : /As per study needs

Sites : Oral/.....

Volumes : /As per requirement

Blood withdrawal

Volumes :

Sites :

Choice & Dose of Anesthesia /Analgesia :

Radiation (dosage and schedules) : If Applicable

11. Please provide brief descriptions of similar studies from *in vitro* / *in vivo* (from other animal models) on same/similar test component or line of research. If, enough information is available, justify the proposed reasons:

.....

.....

12. 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:

.....

13. Will survival surgery to be done? **If YES**, the following to be described:

(Attach as Annexure, if required)

- 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 if major survival surgery is to be performed more than once on a single individual animal

14. **Methods of disposal post-experimentation:**

Euthanasia (Specific Method) :

Method of Carcass Disposal :

Rehabilitation :

15. **Animal Transportation Methods if Extra-institutional Transport is envisaged:**



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16. 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. **Radionuclide** :
- b. **Biological Agents** :
- c. **Hazardous Chemicals** :
- d. **Recombinant DNA** :
- e. **Any Other (give name)** :

****If, your project involved use of any of the above, attach copy of the minutes of Institutional Biosafety Committee (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 animal.
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 initialing 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 certify that I will not initiate the study unless approval from CPCSEA/IAEC is received in writing. Further I certify that I will follow the recommendations of the CPCSEA/IAEC.
8. I certify that I will ensure that the rehabilitation policies are adopted.
9. **I shall maintain all the Experiment Records as per the format (Form C & D), guidelines of IAEC/ CPCSEA.**

Date: ___/___/20___

Place: Allahabad

(Mr. /Ms. /Dr.)

Name & Signature of Principal Investigator



APPROVAL CERTIFICATE

This is to certify that the project title “.....”
.....” has
been approved vide approval No: IAEC/SHUATS/PA/.....[to be filled by LAF] by
the IAEC.

(Chairman IAEC)

(CPCSEA Nominee)

* * * * *



Tabulated BREAK-UP of Total Animals Required

(Group-wise /Expt-wise Division of Laboratory Animals must be mentioned)

(*Use extra pages if required)

Total Groups covered in Experiments = **Groups**
Animals Required per Group =
Total Animals Required for STUDY =

Total Laboratory Animal requirement = 1st Year
(if applicable) 2nd Year
3rd Year



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Brief Summary of Experiment Protocol/Design

(*Outlines Only-Use extra pages if required)

Experiment Title:

Animals Species & Strain:

Gender:

Age/ Weight:

References: