

DAVAO MEDICAL SCHOOL FOUNDATION Inc.

IACUC PROTOCOL REVIEW FORM

I. Procedure or title of research study:	
II. Specific objectives for the study:	
III. Duration of the study (excluding quarantine but including conditioning of specific procedures)	
Start:	End:
IV. Responsible persons / Principal Investigators	
Name of group members: Group Adviser:	Position in the group, degree/s and/or training experience with regards to animal research:
V. Background and significance of the procedure: (Include a description of the biomedical characteristics of the animals to be used that are essential to the proposed study. Indicate related studies conducted with the proposed animal model.)	
VI. Description of methodologies / Experimental Design	
Species: (indicate weight)	Source of the animal:
Reason/basis for selecting the animal:	
Sex: Age: No. of Animals:	Justification for having such number:

<p>Cage Type: (indicate type of material and cage dimensions)</p> <p>No. of animals per cage: (check space requirements per animal)</p>	<p>Cage cleaning method: (indicate type of cleaning agents used, frequency of cleaning)</p>	
<p>Room temperature:</p> <p>Humidity:</p> <p>Lighting: (indicate hours of “daytime” and “nighttime”)</p>	<p>Animal Diet: (amount and frequency)</p> <p>Watering method: (volume and frequency of water changes)</p>	
<p>Quarantine and/or acclimation or conditioning process:</p>		
<p>General description of animal manipulation & conditioning: (Indicate the examination procedure or how animals will be handled, frequency or how often they will be manipulated, and what procedure will be done on the animals each time they are manipulated (if any), including methods of conditioning the animals)</p>		
<p>Dosing method: (dose level, route of administration, volume, frequency)</p>	<p>Expected effect or outcome or adverse side effects:</p>	
<p>Method of restraint:</p>		
<p>Specimen or biological agent to be collected: (e.g. urine, blood, etc.):</p>	<p>Collection frequency:</p>	<p>Specimen/Agent Volume:</p>
<p>Anesthetics or sedatives to be used (if any):</p>	<p>Anesthetics dosage:</p>	<p>Frequency of Anesthetics:</p>

<p>Surgical Procedures</p>	
<p>Location of surgical procedure:</p>	<p>Possible post-surgical complication (specify):</p>
<p>Description of supportive care and monitoring after procedure:</p>	

If to be euthanized, describe the method to be used:
Is there a non-animal model applicable for the procedure/study? (Yes/No) :
Provide reasons for doing <i>in vivo</i> procedure:
If alive, specify how animals would be handled after the experiment(e.g. adoption, donate, resell etc.):

Notes:

1. This form must be filled **prior** to animal housing and conduct of the experiment.
2. This form must be submitted to (1) DMSF Inc. IACUC for checking and recommendation, and, (2) a photocopy to the Research Center for documentation.
3. Practice all of DMSF Inc. Animal House guidelines during experimentation.
4. Research and study outputs must contain an attached copy of this form. For, DMSF Inc. research outputs, this form should serve as an appendix entry.

VII. Declaration by the responsible person

I accept responsibility for assuring that the procedure/study will be conducted in accordance with the protocol approved by an Institutional Animal Care and Use Committee (IACUC), following the rules stipulated in D-A-A-O. No. 40.

I assure that all personnel who use this protocol and work with animals have received appropriate training/instructions in procedural and handling techniques, and on animal welfare considerations.

I agree to obtain written approval from the IACUC prior to making any changes affecting my protocol. I also agree to promptly notify the IACUC in writing of any emergent problems that may arise in the course of this study/project, including the occurrence of adverse side effects and unexpected deaths.

Signature of the Responsible Person:

_____ Date: _____

Noted by:

_____ Date: _____

IACUC Chair