

**UNIVERSITY OF CALIFORNIA MERCED**

**INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

Invertebrate Animal Use Protocol for Cephalopods

Please complete this form if you utilize cephalopods for research, teaching, or testing purposes at the University of California Merced and return via email to iacucoffice@ucmerced.edu

**Section I: Principal Investigator (PI) Information**

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| --- | --- |
| PI Name: | PI Title:  |
| Department:  |
| Phone Number: | Email: |
| **Alternate Contact Information**  |  |
| Alternate Contact Name: | PI Title:  |
| Department:  |
| Phone Number: | Email: |

**Section II: General Project Information**

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| --- |
| Project title:  |
| Type of project: [ ]  Research [ ]  Teaching [ ]  Field Research ☐ Testing |
| Species:  |
| Total number of invertebrates expected to be used per year:  |
| Location(s) (building and room numbers) of use:  |

**Section III: Personnel and Husbandry**

1. What training is in place for personnel caring for and handling the animals?
2. What kind of husbandry practices, including sanitation, diet, and adequate space are in place for the care of your animals?
3. Are health monitoring and record keeping procedures in place for these animals? Please explain.
4. Are personnel enrolled in the Occupational Health and Safety Program?

**Section IV: Funding**

1. How will this project be funded?

[ ] Federal grant [ ] Private grant [ ] Departmental/core facility account [ ] Other [ ] None (explain):

Complete the following sections as applicable:

|  |  |
| --- | --- |
| Funding source:  |  |
| Award #: |  |
| Grant title: |  |
| Account #:  |  |

**Section V: Safety and Containment Concerns**

1. Are any recombinant DNA (rDNA), infectious agents, toxic agents (i.e. carcinogens, reproductive hazards, etc.), biological materials, or radiological agents used in this project? Please list.
2. Please provide your IBC protocol number (if applicable).
3. Do your cephalopods pose potential occupational health and safety risks (e.g. GFI circuitry, venom or poison, zoonotic or infectious diseases that could affect personnel or other animal safety, etc.)? Please explain.
4. Are species housed in the same room as vertebrate animals? Do they ever (intentionally or unintentionally) interact? Please explain.
5. Are any physical plant provisions in place to ensure the welfare of invertebrate species should an unanticipated adverse event occur (e.g., emergency power availability for species whose environment would be negatively impacted by a power outage)? Please explain.

**Section VI: Project Overview**

1. What is the overall aim and purpose of this project?
2. How will the information gained be important to human or animal health, the advancement of knowledge, or the good of society?
3. Why can alternatives such tissue culture, computer simulations, or human epidemiological studies not provide the information to be gained by this project? Check all that apply.

|  |
| --- |
|[ ]  The complexity of the processes being studied cannot be replicated, duplicated, or modeled in non-living models. |
|[ ]  There is not enough information about the process being studied to design non-living models. |
|[ ]  Studies with cephalopods are needed to advance to a vertebrate animal or clinical study. |
|[ ]  This is a behavioral, learning, or development study: a whole living system is required. |
|[ ]  This is an ecological or field study |
|[ ]  The animals will be used for teaching/ demonstration purposes  |
|[ ]  Other- please describe:  |

**Section VII: Procedures**

*Additional information may be required if animals will undergo surgical or other procedures involving anesthesia.*

1. Provide a description of procedures that are performed on the cephalopods.

**Section VIII: Euthanasia**

1. Describe how your cephalopods are euthanized.
2. What training is in place for personnel euthanizing these animals?
3. If some or all animals will NOT be euthanized, explain their disposition.

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| ***Staff use only***  |
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| Submission date:  |  |
| Approval date:  |  |
| Expiration date:  |  |

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