

# Exemption Review Mahidol University-Institute Animal Care and Use Committee (MU-IACUC)

F02 -

### **COVER SHEET**

### Overview

Protocol number

This section will be completed by the MU-IACUC

Date of Request modification (dd/mm/yy)

Date of submission (dd/mm/yy)

Date of Resubmitted (dd/mm/yy)

|  | Date of Approved/Disapproved (dd/mm/yy)                                 |             |  |
|--|---|-------------|--|
|  | Date of Expiration (dd/mm/yy)   |             |  |
|  |   |             |  |
| 1.   | Protocol title:   |             |  |
| (Th  | hai)  |             |  |
|  | nglish)   |             |  |
|  | 1.1 This protocol is a part of the main research pro                    |             |  |
|  | (Thai)  |             |  |
|  | (English)   |             |  |
|  | 1.2 Principal investigator of the main research project (if applicable) |             |  |
|  | Name  |             |  |
|  | Position  | Department  |  |
|  | Faculty/Institute   |             |  |
|  |   |             |  |
|  | Principal investigator of the submitted protocol:                       | , ,         |  |
| investigator is the principal adviser and student is a co-investigator |   |             |  |
|  | Name  |             |  |
|  | Position:Departme   | ent         |  |
|  | Faculty/Institute   |             |  |
|  | TelE-mail   |             |  |
|  | * Animal use license noE  | xpired date |  |

\*Issued by Institute of Animal for Scientific Purposes Development, NRCT

# 3. Co-investigators of the submitted protocol 3.1 Co-investigators directly involved with animals **3.1.1** Name \_\_\_\_\_\_ Position: \_\_\_\_\_Department Faculty/Institute \_\_\_\_\_ Tel. \_\_\_\_\_E-mail \_\_\_\_\_ \* Animal use license no Expired date **3.1.2** Name Position: \_\_\_\_\_Department \_\_\_\_\_ Faculty/Institute \_\_\_\_\_ Tel. E-mail \* Animal use license no\_\_\_\_\_Expired date\_\_\_\_\_ 3.2 Co-investigators **NOT** directly involved with animals **3.2.1** Name \_\_\_\_\_ Position: Department \_\_\_\_\_ Faculty/Institute \_\_\_\_\_ Tel.\_\_\_\_\_E-mail \_\_\_\_\_ **3.2.2** Name \_\_\_\_\_\_ Position: \_\_\_\_\_Department \_\_\_\_\_ Faculty/Institute \_\_\_\_\_ Tel. \_\_\_\_\_E-mail \_\_\_\_\_ 4. Contact person in case of emergency: Name \_\_\_\_\_ Position: Department Faculty/Institute \_\_\_\_\_ Work phone \_\_\_\_\_Mobile phone \_\_\_\_\_ E-mail \_\_\_\_\_ 5. Type of animal protocol (may select more than one category) Research: In the Field of Testing/Monitoring (please specify) ☐ Biological Production: (please specify) Animal Breeding (please specify)

Other (please specify)

| 6. Duration of Protocol:                      |             |                  |            |                   |
|---|-------------|------------------|------------|-------------------|
| Period for which the protocol is required     | Years       |                  | Months     |                   |
| (must not exceed three years)                 |             |                  |            |                   |
| Start date                                    | End da      | ate              |            |                   |
| Please submit your application one to two     | months (    | preferably two   | months) l  | pefore your       |
| planned start date.                           |             |                  |            |                   |
| (The start date has to be after the date of a | application | submission. Pl   | ease note  | that no           |
| animal use may occur until the Animal Ethi    | cs Commi    | ttee approves, a | and all an | imal use must     |
| be finished before the end date. The date t   | format is c | ld/mm/yyyy.)     |            |                   |
| 7. Funding source(s):                         |             |                  |            |                   |
| `   |             |                  |            |                   |
| ☐ Received from<br>Funding period from        |             |                  |            |                   |
| To be requested from                          |             |                  |            |                   |
| Funding period from                           |             |                  |            |                   |
| Other, please specify                         |             |                  |            |                   |
| — other, prease speeny                        |             |                  |            |                   |
| 8. Signatures Your signature as P.I., Co-in   | nvestigato  | r on this appl   | ication ve | erifies that the  |
| information herein is true and correct and    | that you    | are familiar w   | ith and w  | ill comply with   |
| standard of animal care and use establishe    | ed under t  | he ethical guide | elines and | l policies of the |
| Mahidol University and Office of the Natio    |             | _                |            | •                 |
| animal for scientific purpose act., B.E. 2558 |             | ,                |            |                   |
|   |             |                  |            |                   |
| Principal investigator:                       |             | D:               | ate        |                   |
| (   |             | 1                |            |                   |
| (   |             | /                |            |                   |
| Co- investigator:                             |             | Da               | ate        |                   |
| (   |             | )                |            |                   |
| <u> </u>                                      |             | /                |            |                   |
| Co- investigator:                             |             | D                | ate        |                   |
| (   |             | )                |            |                   |
|   |             |                  |            |                   |
| The signature of Dean of Faculty              | •           | -                |            |                   |
| acknowledges the fact that P.I. under         |             |                  |            | the animal        |
| care and use prot                             | -           |                  |            |                   |
| Head of Faculty/Institute:                    |             |                  | ate        |                   |
|   |             | )                |            |                   |
| Faculty/Institute                             |             |                  |            |                   |

# MAHIDOL UNIVERSITTY STANDARDIZED RESEARCH PROTOCOL FORMAT FOR PERMISSION OF ANIMAL CARE AND USE

|    | Non-technical summary: (Provide a brief, only one A4 page, and simplified description of the project that is easily understood by non-scientists, expressing its significance and needs for undertaking the study).                                 |
|----|---|
|    | Rationale and literature review: (Include a brief statement of the requirement for the information being sought. Typically, the literature or the experience that led to the proposal will be briefly reviewed, references cited will be provided). |
|    | Literature search for duplication: (This search must be performed to prevent unnecessary duplication of previous experiments).  3.1 Database(s) searched (Please specify the database name, e.g., PubMed, ScienceDirect):                           |
|    | 3.2 Date of literature search (must be within six months prior to submission date (dd/m/yy))  |
| 4. | Objective(s): (Provide goal/specific aim of this project)   |

| 5. Experimental design: (Provide a complete description of what will be done to the animals. Succinctly outline the formal scientific plan and direction for experimentation, sequential description of procedures what will be done to the animals from obtain the animal to the e of study. A diagram or chart may be helpful to explain complex design). |  |  |  |
|---|--|--|--|
| 6. Data analysis and statistical method: (List the statistical test(s) planned or describe the strategy intended to evaluate the data).   |  |  |  |
| 7. Animal care and Source of samples or specimens: 7.1 Study location: Where will the study take place?   |  |  |  |
|   |  |  |  |
| 7.2 Will animals be observed?   |  |  |  |
| $\square$ NO $\square$ YES, If yes, describe method of observation  |  |  |  |
| 7.3 Will animals be captured?   |  |  |  |
| □ NO □ YES  |  |  |  |
| If yes, describe the capture and handling technique, including an estimate of how long  |  |  |  |
| the animal will remain in captivity and how you will minimize negative effect on the health of the animals  |  |  |  |
| 7.4 Will any tissue be collected from the animals (e.g. blood samples, scales, feathers, hair, fat or muscle tissue, etc.)?   |  |  |  |
| If yes, describe the procedure and how discomfort will be minimized; include literature   |  |  |  |
| citations, when possible  |  |  |  |
| 7.5 Will the environment of the animals be altered in any way (e.g. food or   |  |  |  |
| breeding/roosting sites manipulated, models of conspecifics presented, tape-recorded  |  |  |  |
| vocalizations broadcast, etc.)  |  |  |  |
| □ NO □ YES  |  |  |  |
| If yes, describe and justify the manipulation   |  |  |  |
|   |  |  |  |

## 7.6 Source/Vendor:

| ☐ From   | previously approved p            | protocol    | Protocol number      | (please specify):                               |
|--|----------------------------------|-------------|----------------------|---|
| Protocol <sup>-</sup>  | Title (Thai) please spec         | cify:       |                      |   |
| Protocol <sup>-</sup>  | Title (English) <i>please sp</i> | pecify:     |                      |   |
| ☐ Nature   | 9                                |             |                      |   |
| (If From w   | ildlife must be complied         | d with the  | Wildlife Preservatio | n and Protection Act B.E.2562(2019              |
| and Natio  | nal Parks Act B.E.2562(2         | 2019), Plea | se attach the pern   | nission document)                               |
| please sp  | ecify:                           |             |                      |   |
| Laboratory animals supply (With genetic quality and health certificates)   |                                  |             |                      |   |
| ☐ Other  | please specify:                  |             |                      |   |
| 7.7 Transportation of samples/specimen to the laboratory, check all that apply  Transport in a closed container, specify |                                  |             |                      |   |
|  | vide description of sar          |             |                      |   |
| Animal   | Genus and Species                | Sample,     | /Organ/Specimen      | Number of samples will be used in this protocol |
|  |                                  |             |                      |   |
| 8. Disposal of sample/specimen:  |                                  |             |                      |   |

| 9.   | Occupational hea   | ılth and safety:  |   |  |  |  |
|--|--|---|---|--|--|--|
| 9.1 Select types of hazards associated with this protocol, also provide name, source |  |   |   |  |  |  |
|  | amount to be used in each category   |   |   |  |  |  |
|  | ☐ Cancer cell lines  |   |   |  |  |  |
| ☐ Infectious agents <i>provide the certificate of biosafety approval</i>             |  |   |   |  |  |  |
|  | ☐ Hazardous  | chemicals (e.g., carcino  | gen, mutagen and teratogen)                     |  |  |  |
| Radiation equipment and radioactive elements   |  |   | ve elements                                     |  |  |  |
|  |  |   |   |  |  |  |
|  | Other, spec  |   |   |  |  |  |
|  | □ None   | ,   |   |  |  |  |
|  | 9.2 Specify biosaf   | ety level: 🔲 BSL-   | 1 ☐ BSL-2 ☐ BSL-3                               |  |  |  |
|  |  |   | these hazards are decontaminated and disposed   |  |  |  |
|  |  |   |   |  |  |  |
|  |  |   |   |  |  |  |
|  | 9.4 Explain how t  | he carcasses associated   | with these hazards are disposed                 |  |  |  |
|  |  |   |   |  |  |  |
|  | 9.5 Explain any s  | .5 Explain any safety precautions and protective measures (e.g., biosafety cabinet and      |   |  |  |  |
|  | proper PPE) to pr  | oroper PPE) to protect personnel from those hazards and list any surveillance procedures    |   |  |  |  |
|  | in place to monit  | or any potential exposu   | ire   |  |  |  |
|  |  |   |   |  |  |  |
|  | 9.6 In case of acci  | 9.6 In case of accident, provide immediate procedures and early treatment to limit possible |   |  |  |  |
| injury or illness  |  |   |   |  |  |  |
|  |  |   |   |  |  |  |
|  |  |   |   |  |  |  |
| 10. Qualification of personnel:  |  |   |   |  |  |  |
|  | List all individuals who will be working with the animals on this project. Include all investigators, students, post-doctoral researchers, staff research associates and |   |   |  |  |  |
|  |  |   |   |  |  |  |
|  | laboratory assistants who will actually work with the animals. If personnel do not have  |   |   |  |  |  |
| experience, state how they will be trained:  |  |   | d:  |  |  |  |
|  | Name   | Responsibilities  | Relevant experience and qualification           |  |  |  |
|  |  |   | (e.g. How many years of experience working with |  |  |  |
|  |  |   | animals or training related to the research)    |  |  |  |
|  |  |   |   |  |  |  |
|  |  |   |   |  |  |  |
| Pr   | incipal investigator   |   | Date  |  |  |  |
|  |  | (   | )   |  |  |  |