

**NSU Institutional Animal Care and Use Committee (IACUC)**

**Detailed Reviewer Template for IACUC Protocol Review**

**IACUC Review Code: 2025/OR-NSU/IACUC/**

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| --- | --- | --- | --- |
| **Introduction, Specific Aims, and Background** | **Yes** | **No** | **N/A** |
| Are the specific aims of the proposed research clearly specified? |  |  |  |
| Are there adequate preliminary data to justify the research? |  |  |  |
| Is there appropriate scientific justification for this research protocol? |  |  |  |
| **Government Approvals/Permits Required** | **Yes** | **No** | **N/A** |
| Department of Forestry |  |  |  |
| Department of Natural Resources |  |  |  |
| Fisheries Permit |  |  |  |
| Environment |  |  |  |
| Other (specify): |  |  |  |
| **Internal and/or External Funding** | **Yes** | **No** | **N/A** |
| Internal Funding (source/amount identified) |  |  |  |
| External/extramural Funding (source/amount identified) |  |  |  |
| **The Project involves Inter-institutional Collaboration** | **Yes** | **No** | **N/A** |
| If yes, relevant information provided |  |  |  |
| **Project Research Type** | **Yes** | **No** | **N/A** |
| Observation study with minor interference in animal |  |  |  |
| Animal unconscious without recovery |  |  |  |
| Minor conscious intervention without euthanasia |  |  |  |
| Surgery with recovery |  |  |  |
| If surgery with recovery, documentation of investigator’s competence is included |  |  |  |
| Minor physiological challenge |  |  |  |
| Major physiological challenge |  |  |  |
| Death as an endpoint (not euthanasia, death a deliberately planned part of the procedure) |  |  |  |
| Genetic manipulation |  |  |  |
| Minor procedure with euthanasia |  |  |  |
| **Research Protocol Procedures**  |
| Are the rationale and details of the research procedures accurately described and acceptable? Including: | **Yes** | **No** | **N/A** |
| Non-surgical techniques (capture/restraint; frequency of sample collection) |  |  |  |
| Surgical techniques (including administered substances—technical name; toxicity; route; dose; action; frequency; |  |  |  |
| All procedures (sampling method; frequency; amount; special housing; handling/restraint) |  |  |  |
| Detail is provided how procedures may impact negatively on the animals and how these impacts may be minimized |  |  |  |
| The animal(s) will be subjected to more than one painful or stressful procedure (explanation provided) |  |  |  |
| Post-operative care is described and adequate |  |  |  |
| Proposed routine monitoring and care of animals adequate for duration of project |  |  |  |
| The research involves prolonged restraint or confinement |  |  |  |
| **Criteria for intervention, treatment, or withdrawal of animals are adequate** | **Yes** | **No** | **N/A** |
| **The experiment(s) pose health risk to investigators and/or staff handling, monitoring, or caring for the animals in use*** **If yes, investigators have explained adequately how the risk will be minimized**
* **The proposed methods of minimizing health risk are reasonably acceptable**
 | **Yes** | **No** | **N/A** |
| **Project Specific Issues are Identified** | **Yes** | **No** | **N/A** |
| **Detailed Timeline flowchart of research activity from start to completion is provided**  | **Yes** | **No** | **N/A** |
| Are the individuals performing the procedures appropriately educated (have requisite educational qualifications and technical training)? |  |  |  |
| Is the location/facility of where the procedure(s) will be performed acceptable? |  |  |  |
| **Animals requested for the research are specified** | **Yes** | **No** | **N/A** |
| Pertinent information as to Common Name, Strain, Sex, Age, Years of use, Date required, Source of procurement provided |  |  |  |
| Justification for the number of animals requested is provided and reasonable |  |  |  |
| Names/contact details of personnel responsible for daily care/monitoring of animals, including reporting of any emergencies, are provided |  |  |  |
| **Ethical/Moral Justification Statement is provided and reasonably acceptable** | **Yes** | **No** | **N/A** |
| **Reasonably applicable alternatives (i.e., method(s) without use of animals) have been described and there is scientific justification for the proposed use of the identified animal(s)** | **Yes** | **No** | **N/A** |
| **The proposed research is a repeat of research performed at NSU or elsewhere** | **Yes** | **No** | **N/A** |
| **Appropriate applicant declarations are provided and attested with signature of Principal Investigator(s) and Co-investigators** | **Yes** | **No** | **N/A** |

**1. Recommendation: \_\_ Approved \_\_ Needs Revision \_\_ Disapproved**

**Reviewer Name:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comment(s):

**2. Recommendation: \_\_ Approved after Revision\_\_ Needs Revision\_\_ Disapproved**

**Reviewer Name:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comment(s):

**3. Recommendation: \_\_ Approved after 2nd Revision\_\_ Needs Revision\_\_ Disapproved**

**Reviewer Name:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comment(s):