

**The University of Texas at Austin  
Institutional Animal Care and Use Committee  
Primary Reviewer Checklist**

Primary Reviewer:

Protocol Number:

Principal Investigator:

Does the reviewer have a real or perceived conflict of interest (COI) in the IACUC review of this study?

Yes     No

Recommendation to Committee:

- Approve
- Modification(s) required in (to secure approval)
- Disapprove
- Table

**Study Objectives**

**Refer to Section D**

**YES      NO      N/A**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are the study objectives written in language understandable to a layperson?

Are the rationale and purpose of the study clear?

Is it clear why the study is important to human or animal health, the advancement of knowledge, or the good of society?

*Comments, concerns, or points for discussion:*

**Consideration of Alternatives and Justification for Animal Use**

**Refer to Section D**

**YES      NO      N/A**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have alternatives been considered in planning the proposed experiments?

Is the rationale for animal use clear and appropriate? Does it include reasons for why non-animal models cannot be used?

Is the appropriateness of the species selected clearly justified, and is the species the lowest possible on the phylogenetic scale?

Is the number of animals to be used adequately justified?

*Comments, concerns, or points for discussion:*

**Animal Requirements**

**Refer to Sections D, E**

**YES      NO      N/A**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the number of animals requested reasonable for the goals of the proposed study?

Is the justification for removing animals from the Animal Resources Center adequate?

Does the number of animals described in the text of the proposal match the number of animals requested in Section B and/or Section C?

*Comments, concerns, or points for discussion:*

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**Animal Housing and Laboratory Location** **Refer to Section E**

- | YES                      | NO                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has the housing location for the animals been provided?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the justification for animals being removed from the Animal Resources Center for more than 12 hours adequate? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has the location (building/room) where research will be conducted been provided?                                 |

*Comments, concerns, or points for discussion:*

**Field Studies** **Refer to Section E**

- | YES                      | NO                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If animals will be studied in the wild, has a description of how they will be observed, whether the animals will be disturbed or affected, and any special procedures anticipated been included? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If required, have the required Federal or State permit(s) been obtained?   |

*Comments, concerns, or points for discussion:*

**Surgical Procedures** **Refer to Section F**

- | YES                      | NO                       | N/A                      |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the pre-operative procedures (e.g., fasting, analgesic loading, etc.) clearly described and appropriate?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the aseptic methods to be used clearly described and appropriate?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the monitoring and supportive care procedures to be used during surgery clearly described and appropriate?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the individuals who will be performing the surgery qualified?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the place where the surgery is to be performed an approved site?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If this is a <b>survival surgery</b> , is the post-operative care and frequency of observation clearly described and appropriate?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If this is a <b>survival surgery</b> , is the individual(s) responsible for post-operative monitoring identified and appropriate?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If this is a <b>survival surgery</b> , is a procedure described for the detection and management of post-operative complications during work hours, after hours, weekend, and holidays clearly described and appropriate? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If paralytic agents are to be used, is the description of how ventilation will be maintained and how pain will be assessed clearly described and appropriate?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If more than one survival surgery will be performed, is the justification for the multiple survival surgeries clearly described and appropriate?  |

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**Anesthesia, Analgesia, and/or Tranquilization** **Refer to Sections F, G**

- | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | For USDA Classification D studies, have all anesthetics, analgesics, sedatives, and/or tranquilizers to be used been listed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the dosages consistent with accepted veterinary practice?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have the tracking and security procedures for all controlled drugs been described?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | For USDA Class. D studies, has a veterinarian consult been obtained for this study?  |

*Comments, concerns, or points for discussion:*

**Method of Euthanasia and Disposition of Animals at the End of the Study** **Refer to Sections E, F, G, H**

- | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has the method of euthanasia been described and is this method approved by the AVMA Guidelines on Euthanasia? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has a method been described to ensure death?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If a chemical agent is to be used, is the dosage and route of administration provided?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the method of carcass disposal indicated and appropriate?  |

*Comments, concerns, or points for discussion:*

**Special Concerns or Requirements of the Study** **Refer to Sections E, J**

- | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have any special housing, equipment, or animal care concerns (e.g., special caging, water, feed, waste disposal, or environmental enrichment) been described and justified? |

*Comments, concerns, or points for discussion:*

**Biological Materials/Animal Products For Use in Animals** **Refer to Section K**

- | <b>YES</b>               | <b>NO</b>                | <b>N/A</b>               |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If this study involves the use of biological materials and/or animal products, has the specific information requested on the protocol been provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are there any concerns about the use of any of these materials?  |

*Comments, concerns, or points for discussion:*

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**Hazardous Agents** **Refer to Sections E, I**

- | YES                      | NO                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do the proposed studies involve the administration of <u>hazardous chemicals, carcinogenic, suspect carcinogenic, cytotoxic, and/or neoplastic agents</u> to animals?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If so, have the practices and procedures required for the safe handling and disposal of contaminated animals and material associated with this study by animal handlers/technicians and laboratory personnel been described? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If so, are these substances stored in compliance?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are any required Standard Operating Procedures included with the protocol?   |

*Comments, concerns, or points for discussion:*

**Infectious Agents or Biological Toxins** **Refer to Section I**

- | YES                      | NO                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If infectious agents or biological toxins to be administered to animals that will housed in the Animal Resource Facility, have the necessary safety precautions that must be taken to limit the exposure of animal handlers and technicians to these agents been adequately described? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has the Institutional Biosafety Committee (IBC) approval been obtained?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the Animal Biosafety Level (ABSL) indicated and is it appropriate?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the safety precautions that must be taken to limit the exposure of animal handlers, technicians, and laboratory personnel to these agents been adequately described?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are any required Standard Operating Procedures included with the protocol?   |

*Comments, concerns, or points for discussion:*

**Controlled Substances** **Refer to Sections G, I**

- | YES                      | NO                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If this study involves the use of controlled substances, is the Drug Enforcement Agency (DEA) registration number of the <u>Principal Investigator</u> provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the Texas DPS Registration number of the <u>Principal Investigator</u> provided?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have copies of these documents been provided?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Will these substances be used at the location specified on the DEA registration?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Have the tracking and security procedures for all controlled drugs been described?   |

*Comments, concerns, or points for discussion:*

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**Transportation**

**Refer to Section L**

**YES**    **NO**    **N/A**  
       

Does the transportation of animals conform to all institutional guidelines and/or policies and any applicable federal regulations?

*Comments, concerns, or points for discussion:*

**Database Searches & Search for Alternatives**

**Refer to Section M**

**YES**    **NO**    **N/A**

         
          
          
          
          
          
       

When a database search is provided, does the narrative, at a minimum, include:

- a) the names of the databases searched;
- b) the date the search was performed;
- c) the period covered by the search; and
- d) the key words and/or search strategy used.

Are the keywords used for the database search appropriate?

Is it evident from the database search that this study will unnecessarily duplicate any previous work?

*Comments, concerns, or points for discussion:*

**Comparison of Protocol to Grant Proposal**

**[PHS Policy IV.D.2.]**

**YES**    **NO**    **N/A**  
       

Does the IACUC protocol match the grant proposal in areas of research design, methods, performance sites, resources, and environment information?

*Comments, concerns, or points for discussion:*

**END OF PROTOCOL REVIEW FORM  
PLEASE RETURN THIS COMPLETED FORM TO THE IACUC COORDINATOR  
CAMPUS MAIL: A3200**