



**ANIMAL USE PROPOSAL  
BREEDING COLONY**

<b>For Office Use</b>	
IACUC Approval Number _____	Date Received _____
Date Approved _____	Expiration Date _____
_____ IACUC Chair	_____ Attending Veterinarian

**Important: READ CAREFULLY**

This proposal is for a breeding colony only. You need to submit a separate Animal Use Proposal (AUP) to cover all other animal use. Once an AUP is approved, you need to formally transfer animals from this IACUC-approved breeding proposal to the IACUC-approved AUP (use an *Animal Transfer Form*).

All sections of this application must be completed within the form field provided. If a specific section does not apply to your project, please indicate that it is not applicable (NA). All procedures that involve the use of animals should be described in this proposal. Remember: If an animal procedure is not described in this proposal, then it is not IACUC-approved.

**PRINCIPAL INVESTIGATOR (PI)**

Name of PI:	
Department:	
Telephone Number:	Fax Number:
E-mail:	Emergency Contact:
Emergency Contact Number:	
Person submitting AUP: (if different from above)	Telephone Number:
E-mail:	

**PROJECT INFORMATION**

Project Title:	
Project Type: <input type="checkbox"/> New	<input type="checkbox"/> Renewal - Previous AUP Number:
Funding Source <sup>a</sup> :	Grant Number:

**Grant Title (if different from Project Title):**

<sup>a</sup>**If funding source is the National Institutes of Health, attach a complete copy of the approved grant application.**

## INVESTIGATOR'S ASSURANCE

### PROJECT TITLE:

As the principal investigator of this proposed breeding project,

- I assure that all the information contained in this application for a breeding colony is true and all the animal procedures described for this study accurately summarize the nature and extent of the proposed use of animals. If this project is to be funded by extramural source, I further assure that this proposal accurately reflects all procedures involving laboratory animals described in the grant application to the funding agency.
- I agree to abide by the provisions of the *Guide for the Care and Use of Laboratory Animals* (National Research Council, National Academy of Press 1996), the Animal Welfare Act (PL 89-544 and Amendments), and the University of South Carolina policies for the care and use of animals.
- I certify that this project does not unnecessarily duplicate previously reported experimental work.
- I assure that every effort has been made to minimize the number of animals used, and that the production and maintenance of the described animal colonies will be limited to the extent possible consistent with the experiments being carried out.
- I assure that every effort has been made to reduce the amount of pain, distress, and/or discomfort these animals must experience. I understand that if I cannot be contacted in the event that animals in this project show evidence of distress, illness, or pain, emergency care, including euthanasia if necessary will be administered at the discretion of the veterinary medical staff.
- I will notify the IACUC regarding any unexpected study results that impact the health and well-being of the animals.
- I am aware that no significant change(s) to the final approved proposal will be initiated without prior written approval from the IACUC.
- I understand that approval of this proposal is for a maximum of three (3) years. If animal work on the project is to continue beyond three years, a new Animal Use Proposal must be submitted. An annual review is required.

Printed name:

Principal Investigator

Date

**SECTION I. BREEDING COLONY JUSTIFICATION**

Please provide the rationale for establishing and maintaining a breeding colony in simple, non-technical language that is understandable to the general public. Include an explanation as to why animals from commercial vendor sources are not appropriate. Money is not a reason to establish a breeding colony.

**SECTION II. BREEDER ANIMALS**

1. Describe the characteristics of the animal species/strain selected that justifies its use.

2. Will you be creating a transgenic or knockout line?  Yes  No

If *no*, proceed to Question #3

If *yes*, provide the following for EACH transgenic/ knockout line that will be created:

2a. Will the procedures to create the transgenic/ knockout line be done at the University of South Carolina?  Yes  No

If *no*, proceed to Question #2b .

If *yes*, then submit Appendix D.

2b. Give the name of the contractor or organization that will create the transgenic/ knockout line(s):

Is the contractor accredited by the Association for Assessment and Accreditation of Laboratory Animal Care International?  Yes  No

If *yes*, give the Assurance number:

Is the contractor registered by the USDA?  Yes  No

If *yes*, give Contractor's USDA Registration Number:

3. Will you be breeding a transgenic, congenic or knockout line?  Yes  No

If *no*, proceed to Question #5.

If *yes*, provide the following for EACH transgenic/knockout line that will be bred

3b. What DNA sequence (gene) will be introduced/disrupted?

4. How will you monitor the presence or absence of the transgene/gene in the animals?

If genotyping will be done, select all procedures that apply. Give details of the procedure(s) in *Section IV.3*.

tail snip

ear punch

bleeding (indicate route, volume, and frequency)

no genotyping will be done

other: provide details

5. What is the source of the animals?

Commercial Vendor (give vendor name): \_\_\_\_\_

Captured from wild

Breeding protocol: AUP # \_\_\_\_\_

Transferred from another protocol

Other: \_\_\_\_\_

6. Using the table below, provide an estimate of the number of animals necessary to establish the colony and/or to be purchased to maintain the colony over 3 years.

Species	Strain/Genotype	Number of each sex requested		Total number requested for each strain/ genotype <sup>b</sup>
		Males	Females	
<sup>b</sup> Note: All animals in this breeding project shall be classified under USDA Category B.		Total ♂ =	Total ♀ =	Total requested =

7. Explain how you determined the number of animals requested. Use a table, flow chart, or specific calculation showing how the numbers are derived.

**SECTION III. ANIMAL PRODUCTION/PROGENY**

Using the table below, give the estimated number of animals that shall be produced, shall be used, and cannot be used for the entire duration of the project.

Strain/Genotype	Total number of offspring <sup>c</sup>	Number that will be used to maintain colony	Number that will be used in other proposal(s) (indicate AUP #)	Number that cannot be used

<sup>c</sup> This total number should equal the numbers in the next three columns.  
 Important: You are required to keep accurate records of the number of animals produced and their ultimate disposition. This information will be requested annually in the Continuing Review Form.

**SECTION IV. DESCRIPTION OF THE BREEDING PROGRAM**

Note for *Renewals*: Provide a short description of the previous animal use and justify the need to request for additional animals.

1. Describe the mating system (e.g., one male/ one female, harem) to be used and any husbandry procedures (e.g., age at weaning, ear punching) which will be performed.
2. Describe any special care, monitoring, or husbandry conditions, if any, that are necessary (e.g., special caging, type of bedding, special diet, etc.).
3. Provide a complete description of your planned breeding program (e.g. random mating vs. inbreeding). Include all procedures that will be performed on the animals. Flow charts and diagrams are encouraged.
4. Expected problems, if any, that may impact the health and well-being of the:

4a. Breeders -

4b. Offspring -

5. Describe how pain or distress associated with the line will be monitored. Include clinical signs and frequency of monitoring including off hours.

6. What will be done to alleviate the pain and/or distress described above?

7. What criteria will be used for removing animals from the colony?

8. Final disposition of the animals that will not be used in this project or other AUP. Select all that apply.

- cull/euthanize
- transfer to Animal Resource Facilities (ARF)
- other: provide details
- euthanize for tissue collection
- make available to other investigators

9. When euthanasia is necessary, describe the method to be used. If a chemical agent is to be used, specify the dosage and route of administration. Justify methods not consistent with the recommendations of the American Veterinary Medical Association Panel on Euthanasia.

**SECTION V. COLONY MANAGEMENT/RECORD KEEPING INFORMATION**

1. Primary contact for colony management and record keeping.

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

2. Describe the record-keeping system that will be used. A sample record-keeping sheet would be helpful.

**SECTION VI. PERSONNEL INFORMATION**

List all individuals who will handle and conduct procedures on living animals under this project. It is the PI's responsibility to insure that all project personnel have received appropriate training prior to initiation of the project and to immediately notify the IACUC of changes in project personnel. Untrained personnel will delay proposal approval. Include completion of on-line and/or ARF training.

Name of personnel/ Phone #/ E-mail	Role in project (e.g., PI, co-PI, post-doc, technician, student)	Is s/he in the USC Occupa- tional Health Program <sup>f</sup>	Has s/he completed USC's ARF on- line training module	Has s/he completed the species specific on-line training module	List all training and experience relevant to procedure(s) list in this proposal
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<sup>d</sup>An occupational health screening is available free of charge through the USC Health and Safety Office for

**personnel who have significant contact with laboratory animals.**