University of Mississippi

IACUC Committee Member Protocol Review Checklist

|  |  |
| --- | --- |
|  **Committee Member Name** | Click or tap here to enter text. |
| **Protocol Number** | Click or tap here to enter text. |
| **Principle investigator** | Click or tap here to enter text. |

Based on your review of the above referenced protocol, complete the following sections as they relate to the corresponding sections of the protocol:

**Section 1 - Basics**

|  |
| --- |
| **Part A. Administrative Date (Required Section)** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]   Is it informative and includes all details needed? |
| **Comments** | Click or tap here to enter text. |
| **Part B. Animal Data (Required Section)** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]   Are animals assigned to pain and distress categories? |
|[ ] [ ] [ ]   Is housing appropriate for species included in this protocol? |
| **Comments** | Click or tap here to enter text. |
| **Part C. Study Objectives** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Are the study objectives written in lay language understandable? |
|[ ] [ ] [ ]  Is the hypothesis of the study clear? |
|[ ] [ ] [ ]  Are the outcomes and significance of the study clear? |
| **Comments** | Click or tap here to enter text. |
| **Part D. Rationale for Animal Use (Required Section)** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Does the PI provide justification for the use of the specific animals specific on this protocol? |
|[ ] [ ] [ ]  Does the PI provide justification for the number of animals requested in this protocol? |
| **Comments** | Click or tap here to enter text. |
| **Part E. Instruments and Supplies** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Is this section complete? |
| **Comments** | Click or tap here to enter text. |
| **Part F. Methodology (Required Section)** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Are details sufficient to understand the experimental process from beginning to end? |
| **Comments** | Click or tap here to enter text. |
| **Part G. General Information** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  If applicable, is this section complete with sufficient detail? |
| **Comments** | Click or tap here to enter text. |
| **Part H. Drug Compounds** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Are any/all drugs used listed? |
|[ ] [ ] [ ]  Is the route of administration provided, and is it appropriate? |
| **Comments** | Click or tap here to enter text. |
| **Part I. Hazardous Agents** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Are all relevant question completed with sufficient detail? |
| **Comments** | Click or tap here to enter text. |
| **Part J. Animal Endpoints (Required Section)** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Is the humane endpoint adequately described? |
| **Comments** | Click or tap here to enter text. |
| **Part K. Pain and Distress (Required Section)** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Is the anticipated pain or distress for animals described by the PI? |
|[ ] [ ] [ ]  Are the procedures to monitor pain and distress clearly described andappropriate? |
|[ ] [ ] [ ]  Is the schedule of animal monitoring mentioned by the PI? |
|[ ] [ ] [ ]  In case of pain and distress, are dose, frequency, and type of anesthetic oranalgesic drugs or tranquilizers used in the study mentioned? |
| **Comments** | Click or tap here to enter text. |
| **Part L. Analgesia** |
| **Comments** | Click or tap here to enter text. |
| **Part M. Anesthesia, Tranquilization, and Sedation** |
| **Comments** | Click or tap here to enter text. |
| **Part N. Euthanasia and Final Disposition of Animals** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Is the method stated consistent and appropriate for the animal species involved in this protocol? |
| **Comments** | Click or tap here to enter text. |
| **Part O. Alternative Literature Search (required section)** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Are the key words used for the database search adequate? |
|[ ] [ ] [ ]  Will this study unnecessarily duplicate any previous work? |
| **Comments** | Click or tap here to enter text. |
| **Part P. Assurance of Compliance (required section)** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Is the assurance signed and dated? |
| **Comments** | Click or tap here to enter text. |

# **Section 2 – Surgery**

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| --- |
| **Part A. Surgery Information** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Are the pre-operative procedures (fasting, analgesic loaded, etc.) clearly described and appropriate? |
|[ ] [ ] [ ]  Is the description of the surgical procedures complete and are appropriate aseptic procedures included for survival surgeries? |
|[ ] [ ] [ ]  Are the monitoring and supportive procedures to be used during surgery clearly described and appropriate? |
|[ ] [ ] [ ]  Are the individuals who will perform the surgery identified and are they qualified to perform the procedures? |
| **Comments** | Click or tap here to enter text. |

# **Section 3 – Animal Breeding**

|  |
| --- |
| **Part A. Animal Data** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Is this section complete and clear? |
| **Comments** | Click or tap here to enter text. |
| **Part B. Breeding Colony Management** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Is this section complete and adequately described? |
| **Comments** | Click or tap here to enter text. |
| **Part C. Animal Disposition** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Does this section describe reasonable disposition of breeders? |
|[ ] [ ] [ ]  Does this section adequately describe management of excess production of animals? |
| **Comments** | Click or tap here to enter text. |

# **Section 4 – Field Study**

|  |
| --- |
| **Part A. Field Study Description** |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Are hazards appropriate and clear? |
|[ ] [ ] [ ]  Is this section complete and clear? |
| **Comments** | Click or tap here to enter text. |

# **Section 5 – Additional Personnel**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **N/A** |  |
|[ ] [ ] [ ]  Is this section filled out for all involved personnel? |
|[ ] [ ] [ ]  Is it clear in the protocol how these individuals will be involved in theproject? |
|[ ] [ ] [ ]  Is the training of the personnel appropriate for the animal species involved? |
| **Comments** | Click or tap here to enter text. |
| **Summary (Other issues or recommendations):** |
| Click or tap here to enter text. |
| **Questions for Meeting:** |
| Click or tap here to enter text. |
| **Recommendation to the Committee:** |
| [ ]  **Approve** | [ ]  **Revisions Required** | [ ]  **Table** |