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| http://www.ibg.edu.tr/static/logos/IBG_Center250px.png | **IZMIR BIOMEDICINE AND GENOME CENTER**  **ANIMAL EXPERIMENTATION LOCAL ETHICS COMMITTEE** | | |  |
| **APPLICATION FORM** | | | | |
| Form No: | | Publication Date: | Update Date: | |

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| Protocol Number: |  | Application Date: |

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| **1.PROJECT PERSONNEL** | | | | | |
| **Project Manager** | | | | | |
| Name Surname: | | | Title: | | |
| Institution: | | | Unit: | | |
| Phone: | | | e-mail: | | |
| İmzası: | | | | | |
| **Other Project Personnel** | | | | | |
| Name Surname | Title | Institution | Unit | Role in Project | Signature |
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| **2. GENERAL PROJECT INFORMATION** | | |
| Project Title: | | |
| Institution(s) (to be applied for) Funding: | | |
| Animals that will be used in experiments: | | |
| Species: | Age: | Weight: |
| Subspecies/Genotype (Line Name): | | Total Number: |

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| **3. JUSTIFICATION FOR ANIMAL USE** |
| Explain the reasons for use of animals in this project. Use of animals must be justified. Alternatives to using animals must be investigated and used whenever possible..(maximum 50 words) |
| State the reasons for choice of species and genotype. Explain how the chosen organims and genotype is suitable for the project. (maximum 50 words) |

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| **4. ANIMAL HOUSING** |
| Source of laboratory animals (e.g. iBG-Vivarium Zebrafish Faciliy):  *If you are planing to obtain laboratory animals from an external source you must confirm with iBG Vivarium beforehand.* |
| Which facility will be used for housing and experimentation, for how long? Please explain any special housing and/or dietary requirement (e.g. temperature shift, light/dark cycle change…) |

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| **5. DETAILED PROJECT INFORMATION** |
| SUMMARY ( Max 200 words describing Objective(s) and Material and Methods) |
| Please explain the novelty of the project by highlighting the expected contirbutions to the research field: (max 50 words) |

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| **Method** |
| Explain the procedures that will be applied on laboratory animals (use max 250 words):  ( Make a new table for each experimental procedure, and give details) |
| Groups: Please use the table below for explaining the animal experiment groups. You may modify the table by changing row/column numbers and names as needed)  \*\*\* use this table as a guide to design you |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Group Name | Chemical/Cell/Procedure | Dosage | Duration | Animal number | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | Total number | | | |  |   Explanation: |
| Statistical Method: (max 50 words) |
| Severity of the Procedure: (Indicate the severity category based on the assessment guide in Annex-1) |
| Anesthesia Protocol: (It is obligatory to explain the anesthesia method, dosage and duration and the method that will be used for anesthesia monitoring. iBG Vivaryum prohibits ether based anesthesia!) |
| Analgesia Protocol: (If analgesic treatment is planned, it is obligatory to explain method, dosage, duration and pain monitoring methods) |
| Monitoring of Animal Health and Wellbeing: (Explain how often the animals will be controlled, which health parameters will be monitored, in which condition an animal will be removed from the experimental groups and what will happen to the removed animals) |
| Endpoint Determination: (Explain the parameters that will be used for endpoint determination, and the method of experiment termination e.g euthenesia, test that will be performed, dissection…) |
| Euthenesia Protocol: (It is obligatory to wrtie the euthesia method. iBG Vivaryum prohibits usage of ether!) |
| State how 3R (Replacement, Reduction, Refinement) principles are applied in the proposed experimental plan (max 50 words) |

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| **References** |
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| Project personnel responsible for animal health and post-op care: | |
| Name, Surname | Phone number |
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| Explain the biological and environmental risk factors that may arise during and/or after the experiments. |
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| **6. DECLARATION** |
| **Project Title:** |
| * I have read İBG-HADYEK Guidelines. I declare that; * Project team will work in accordance with the guidelines, * I will not allow persons who do not have Experimental Animal Usage Certificate to perform any procedure on laboratory animals in this project, * I will get permission from Local Ethics Committe for changing/updating the procedures an/or experimental design in the approved study, * I will notify the Local Ethics Committee within 3 months upon completion of the study, * During the study I/we will comply with the ethical principles stated in the iBG-HAYDEK guidelines, and report to iBG-HAYDEK immediately in rise of an unexpected affect or incident.  |  |  |  | | --- | --- | --- | |  |  | Project Leader | |  |  | (Name, Surname, Signature) | |  |  | …/…/20 | |

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| **7. CONFLICT DECLARATION** |
| **Project Title:** |
| I declare that there is no conflict of interest  I declare conflict of interest (Please Explain):   |  |  |  | | --- | --- | --- | |  |  | Project Director | |  |  | (Name, Last Name, Signature) | |  |  | …/…/22 | |