

**INSTITUTIONAL ANIMAL ETHICS COMMITTEE
SUMMARY SHEET
(TO BE FILLED BY THE INVESTIGATOR)**

- | 1. | Type of Animals used (Please Tick) | Number of Animals requested |
|----|---|---|
| | a. Mice <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> |
| | b. Rats <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> |
| | c. Rabbits <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> |
| | d. Hamster <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> |
| | e. Primates <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> |
| | f. Others <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> |
| 2. | Clearance nature recommended (Please Tick) | |
| | 1. Routine
(Sacrificing for tissue and no extended treatment-
injections or surgical) | <input style="width: 50px; height: 20px;" type="text"/> |
| | 2. Other | |
| | a. Non invasive procedures | <input style="width: 50px; height: 20px;" type="text"/> |
| | b. Surgical procedures | <input style="width: 50px; height: 20px;" type="text"/> |
| | b. Treatment with agents | |
| | i) Infectious | <input style="width: 50px; height: 20px;" type="text"/> |
| | ii) Non-infectious | <input style="width: 50px; height: 20px;" type="text"/> |
| 3. | Whether Biosafety (BSL3) facilities/clearance needed: Yes / No | |

Investigator signature

Summary of the project (one paragraph in layman's term)

Title:

Summary

Form B (per rule 8(a)* for Submission of Research Protocol (s)

Application for Permission for Animal Experiments

Application to be submitted to the CPCSEA, New Delhi after approval of Institutional Animal Ethics Committee (IAEC)

Section -I

1.	Name and address of establishment	Central Animal Facility, Indian Institute of Science, Bangalore-560 012
2.	Registration number and date of registration.	48/GO/ReRcBiBt-S/Re-L/99/CPCSEA -18/05/2022
3.	Name, address and registration number of breeder from which animals acquired (or to be acquired) for experiments mentioned in parts B & C	Central Animal Facility Indian Institute of Science Bangalore-560 012 Reg No. 48/GO/ReRcBiBt-S/Re-L/99/CPCSEA Or CPCSEA approved national / international vendor
4.	Place where the animals are presently kept (or proposed to be kept).	
5.	Place where the experiment is to be performed (Please provide CPCSEA Reg. Number)	
6.	Date and Duration of experiment.	
7.	Type of research involved (Basic Research / Educational/ Regulatory/ Contract Research)	

Signature

Date:

Name and Designation of Investigator

Place:

Section -II

Protocol form for research proposals to be submitted to the Institutional Animal Ethics Committee/ CPCSEA, for new experiments or extensions of ongoing experiments using animals.

1. Project / Dissertation / Thesis Title:

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2. Principal Investigator / Research Guide / Advisor:

a.	Name	:	
b.	Designation	:	
c.	Dept / Div/ Lab	:	
d.	Telephone No.	:	
e.	E-mail Id	:	
f.	Experience in Lab animal experimentation	:	

3. List of all individuals authorized to conduct procedures under this proposal.

Sl. No.	Name	Designation	Department	Telephone No.	E-mail Id	Experience in Lab animal experimentation

4. Funding Source / Proposed Funding Source with complete address (Please attach the proof)

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5. Duration of the animal experiment.
 - a. Date of initiation (Proposed)
 - b. Date of completion (Proposed)

6. Describe details of study plan to justify the use of animals (Enclose Annexure)

7. Animals required

a	Species and Strain	:	
b	Age and Weight	:	
c	Gender	:	
d	Number to be used (Year-wise breakups and total figures needed to be given in tabular form)	:	Total number=

Year	Total Animals /year
20xx	
20xx	
20xx	

*Note: for detailed breakup, refer section 8d.

e	Number of days each animal will be housed.	:	
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8. Rationale for animal usage

a.	Why is animal usage necessary for these studies?
b.	Whether similar study has been conducted on <i>in vitro</i> models? If yes,

describe the leading points to justify the requirement of animal experiment.

c. Why are the particular species selected?

d. Why is the estimated number of animals essential?

Year	No of animals/group	No. of group	No. of studies for each group	Total Animals /year
20xx				
20xx				
20xx				

e. Are similar experiments conducted in the past in your establishment?

f. If yes, justify why new experiment is required?

g. Have similar experiments been conducted by any other organization in same or other *in vivo* models? If yes, enclose the reference.

9. Describe the procedures in detail:

a. Describe all invasive and potentially stressful non-invasive procedures that animals will be subjected to in the course of the experiments)

b. Furnish details of injections schedule

Substances:

Doses :

Sites :

Volumes :

c. Blood withdrawal

Details:

Volumes :

Sites :

d. Radiation (dosage and schedules):

e. Nature of compound/Broad Classification of drug/NCE (the chemical characteristic details of NCE and its likely reaction to the biological system and characteristic details of invitro study of that NCE have to be submitted by the establishment) :

10. Does the protocol prohibit use of anesthetic or analgesic for the conduct of painful procedures? If yes, justify.

11. Will survival surgery be done?

If yes, the following to be described.

a. List and describe all surgical procedures (including methods of asepsis)

b. Names, qualifications and experience levels of personnels involved (*Include veterinarian name also).

c. Describe post-operative care

d. Justify if major survival surgery is to be performed more than once on a single animal.

12. Describe post-experimentation procedures.

a. Scope for Reuse

b. Rehabilitation (Name and Address, where the animals are proposed to be rehabilitated)

c. Describe method of Euthanasia (If required in the protocol)

d. Method of carcass disposal after euthanasia.

13. Describe animal transportation methods if extra-institutional transport is envisaged.

14. Use of hazardous agents (use of recombinant DNA-based agents or potential human pathogens requires documented approval of the Institutional Biosafety Committee (IBC). For each category, the agents and the biosafety level required, appropriate therapeutic measures and the mode of disposal of contaminated food, animal wastes and carcasses must be identified).

If, your project involved use of any of the below mentioned agent, attach copy of the approval certificates of the respective agencies:

a. Radionucleotides (AERB)	:
b. Microorganisms / Biological infectious Agents (IBSC)	:
c. Recombinant DNA (RCGM)	:
d. Any other Hazardous Chemical / Drugs	:

15. References

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Investigator's declaration.

1. I certify that the research proposal submitted is not unnecessarily duplicative of previously reported research.
2. I certify that, I am qualified and have experience in the experimentation on animals.
3. For procedures listed under item 10, I certify that I have reviewed the pertinent scientific literature and have found no valid alternative to any procedure described herein which may cause less pain or distress.
4. I will obtain approval from the IAEC/ CPCSEA before initiating any changes in this study.
5. I certify that performance of experiment will be initiated only upon review and approval of scientific intent by appropriate expert body (Institutional Scientific Advisory Committee / funding agency / other body).
6. I certify that I will submit appropriate certification of review and concurrence for studies mentioned in point 14.
7. I shall maintain all the records as per format (Form D) and submit to Institutional Animal Ethics Committee (IAEC).
8. I certify that, I will not initiate the study before approval from IAEC/ CPCSEA received in writing. Further, I certify that I will follow the recommendations of IAEC/ CPCSEA.
9. I certify that I will ensure the rehabilitation policies are adopted (wherever required).

Signature

Name of Investigator

Date:

CERTIFICATE

This is to certify that the project proposal no. entitled
..... submitted by Dr. / Mr. / Ms. has been
approved/recommended by the IAEC of.....(Organization) in its meeting
dated..... and (No. of animals) have been sanctioned under this proposal for
a duration of next months.

Authorized by	Name	Signature	Date
Chairman	: Prof. Usha Vijayaraghavan
Member Secretary	: Prof. Sathees C. Raghavan
Main Nominee of CPCSEA	: Dr. Rashmi Rajashekaraiiah