**IACUC APPLICATION FOR A BREEDING PROTOCOL**

**IACUC Protocol #:**       *(To be assigned by the IACUC)*

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| **1. PROTOCOL INFORMATION** |
| **PI Name:** |
| **Protocol Title:** |

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| **2. NECESSITY OF BREEDING & IACUC POLICY** |
| **Please provide a scientific justification for this breeding protocol** *(Note: The IACUC will not grant approval solely on the basis of cost or convenience, per* [*IACUC policy*](http://www.liberty.edu/media/9995/policies/animalcareanduse/Policy_BREEDING_OF_RODENTS.pdf)*)*: |
| **Indicate the breeding procedure(s) that you will be using:**  Monogamous Pairs  Harem Mating |
| **Has adequate space been verified with the appropriate facility personnel?**  Yes  No |
| **Will you be following IACUC policy for tracking, mating, routine health checks, after-birth, weaning, and overcrowding on your breeding protocol?**  Yes  No *(justify any deviation)*: |
| **List the personnel responsible for daily husbandry and colony maintenance** *(include all associated personnel)***:** |
| **Have all associated personnel completed the required IACUC training?**  Yes  No |

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| **3. ANIMAL INFORMATION & ANIMAL NUMBER** | |
| **Species/Strain Name:** | |
| Breeder pairs/year: | 3-year total (breeder pairs): |
| Estimated offspring/year: | Estimated 3-year total (offspring): |

***Note:*** *The above numbers should reflect a good faith estimate by the PI. Any anticipated overages must be reported via protocol amendment and receive IACUC approval in advance of reaching the approved number.*

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| **4. SURPLUS/EXCESS ANIMALS** |
| **The IACUC firmly believes that surplus animals are a realistic possibility for any breeding colony.** Even if no surplus animals are expected, as a best practice, please outline a plan for how surplus animals will be addressed. This description should also include what will be done with any animals that do not fit the criteria of established study protocols *(if plans include euthanasia, please specify criteria and methods)***:** |

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| **5. BREEDER & COLONY MAINTENANCE** |
| **Please list the vendor(s) you will use to obtain breeders:** |
| **Describe how long you expect each set of breeders to be maintained** *(if longer than 10 months, please justify)***:** |
| **Describe the criteria and methods for euthanasia/retirement of the breeders** *(what indicators will be used to determine when a breeder should be retired and what will be done with the breeders once the criteria have been met)***:** |
| **Describe whether progeny will be used in the breeding scheme. If so, describe how progeny will be used as well as how many generations will be used:** |
| **Prior to receiving approval, the IACUC must be assured that the genetic quality of the colony will be adequately monitored and maintained. Describe the steps that will be taken to maintain the genetic quality of the colony** *(will you follow an established vendor protocol, how often will you re-order breeders)***:** |
| **Please describe your method(s) of recordkeeping for the colony** *(how will you track the total number of animals, how will you ensure that animals are accounted for when transferring from the breeding protocol to other protocols)***:** |

***Note:*** *You are required to keep accurate records of the number of animals produced and their ultimate disposition. This information may be requested at any time by the IACUC or federal inspectors.*

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| **6. GENETICALLY MODIFIED ANIMALS** |
| **Will this protocol result in the production of genetically modified strains** *(crossing pre-existing or otherwise)***?**  No  Yes *(If applicable, contact the* [*IBC*](mailto:ibc@liberty.edu)*, then answer the below questions)* |
| **List the DNA/transgene(s) or gene(s) to be disrupted:** |
| **Are there any inherent problems for the animal associated with the genetically modified phenotype?**  No  Yes *(describe)*: |
| **Potentially harmful phenotypes must be reported to the IACUC. Do you affirm that such phenotypes will be promptly reported?**  No  Yes |
| **Describe how you will monitor the presence of the transgene in the animals** *(Note: all methods used must be consistent with IACUC policy)*: |
| **Describe the special care, endpoints, or monitoring required for these animals, as well as who will be responsible for monitoring:** |

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| **\*\*Once this application is processed by the IACUC office, a request for a signed investigator agreement will be sent via email.\*\*** |