

**INSTITUTIONAL ANIMAL CARE AND USE PROTOCOL APPLICATION**

**APPENDIX #3 – Use of Hazardous Substances in Live Animals**

Use this appendix to list all carcinogens, teratogens, mutagens, toxic chemicals, volatile substances, infectious agents, viral vectors, etc. that will be given to animals in the proposed study. Duplicate this appendix for each individual hazardous agent to be used in live animals.

**Note:** Institutional Biosafety Committee (IBC) or Radiation Safety Committee (RSC) approval may be required prior to implementation. If applicable, append a copy of the IBC or RSC approval letter to this application as a PDF.

**OVERVIEW**

1. Title of Protocol:
2. Principal Investigator (PI):  
    Telephone:  
    Email:
3. Veterinarian:  
    Telephone:  
    Email:

**IDENTIFICATION**

4. Procedure Name:
5. Species or rodent strain to be treated (Common Name):
6. Number of species or rodent strain:

**PROCEDURE DETAILS**

7. Name of Agent:
8. Will animals experience pain as a result of the treatment?  
    No  
    Yes

9. Hazard type:

Chemical

Biological

Recombinant DNA

Hazardous Drugs

Radioactive (see also item 3, below)

RSC authorization Number:

Name of authorized principle investigator:

Provide details on the management of the radioactive material (e.g., containment, handling, disposal, etc.)

Describe how the radioactive material is metabolized in the animal.

Other (Describe)

10. Briefly describe the purpose of the agent:

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**Agent Purpose:**

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<b>Dose / Volume</b>		<b>Route</b>	<b>Frequency of Administration</b>	<b>Maximum Duration</b>
<b>mg/kg</b>	<b>mL</b>	<b>(e.g., iv, ip, sc)</b>	<b>(e.g., once, continuous, other)</b>	<b>of exposure</b>

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11. Identify and discuss any special husbandry requirements (e.g., singly housed animals).

#### **HAZARD CONTAINMENT**

12. Location of the building(s) and room number(s) of where the agent will be administered:

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**Building**

**Room Number**

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13. How long is the animal expected to survive after the treatment?

14. Location of the building(s) and room number(s) of where the animals will be housed after being exposed to the treatment:

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**Building**

**Room Number**

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15. Identify the Biohazard Containment Level for animal housing (as determined by the IBC):

ABSL 1

ABSL 2

16. Will the animals be involved in any other procedures after treatment with this agent?

No

Yes: If YES, what procedures?

17. Will administration of the agent occur using any of the following types of equipment?

Chemical Fume Hood

Class II Biosafety Cabinet

Other, please specify:

18. Which pieces of personal protective equipment will be required for administration and handling of animals and animal bedding?

Gloves

Dust Mask (used for protection against animal dander, not the infectious agent)

N95 Respirator (enrollment in EHS fit testing program required)

Face Shield

Protective Laboratory Eyewear

Shoe Covers

Laboratory Coat, Gown or Uniform

Additional, please specify:

19. Following exposure to the agent, does the animal or its bedding pose a hazard to other animals, staff and/or the environment?

No

Yes: If YES, please explain:

**ATTACH THIS DOCUMENT TO YOUR IACUC PROPOSAL**