AUTHORIZATION REQUEST FORM THE USE OF ANIMALS IN TRAINING AND/OR RESEARCH

**Commission exclusive use Protocol No.** Click here to enter text.

**Received in:** Click here to enter text.

# PURPOSE

* Research
* Training

Start date: Click here to insert a date

End date: Click here to insert a date

# PROJECT TITLE

Click here to enter text.

Knowledge area:

Click here to enter text.

*List of knowledge areas available at:* [http://www.cnpq.br/areasconhecimento/index.htm.](http://www.cnpq.br/areasconhecimento/index.htm)

# RESPONSIBLE

Name: Click here to enter text.

Academic Education: Click here to enter text.

Department/Institution: Click here to enter text.

Phone/Branch line: Click here to enter text.

Email: Click here to enter text.

# COLLABORATORS

Name: Click here to enter text.

Academic Education: Click here to enter text.

Department/Institution: Click here to enter text.

Phone/Branch line: Click here to enter text.

Email: Click here to enter text.

Name: Click here to enter text.

Academic Education: Click here to enter text. Department/Institution: Click here to enter text. Phone/Branch line: Click here to enter text.

Email: Click here to enter text.

Name: Click here to enter text.

Academic Education: Click here to enter text. Department/Institution: Click here to enter text. Phone/Branch line: Click here to enter text.

Email: Click here to enter text.

Name: Click here to enter text.

Academic Education: Click here to enter text.

Department/Institution: Click here to enter text.

Phone/Branch line: Click here to enter text.

Email: Click here to enter text.

**Fill in the information of all collaborators.**

# PROJECT SUMMARY

Click here to enter text.

1. **OBJECTIVES**

Click here to enter text.

# JUSTIFICATION

Click here to enter text.

1. **RELEVANCE**

Click here to enter text.

# FINANCIAL FUNDS

Please add an estimated budget for the study and the source of the funds. Will there be funding from any funding agency?

Click here to enter text.

# ANIMAL MODEL

Specie: Click here to enter text.

Justify the use of procedures and animal species:

Click here to enter text.

Provenance: Click here to enter text.

Type and characteristics: Click here to enter text.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Specie** | **Pedigree** | **Age (months)** | **Weight (approx.)** | **Number** | | |
| **M (male)** | **F (female)** | **M + F** |
| * Bovine * Buffaline * Caprine * Rabbit * Ovine * Swine * Other | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **TOTAL** | | | | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Are there any previous studies with the proposed animal model? Add a short summary of these studies, citing the references:

Click here to enter text.

Are there previous studies with other animal models and/or in vitro studies? Add a short summary of these studies, citing the references:

Click here to enter text.

# STATISTICAL PLANNING/EXPERIMENTAL DESIGN

Click here to enter text.

1. **DEGREE OF INVASIVENESS\*: *(1, 2, 3 or 4)***

Will the biological materials from these specimens be used in other projects? Which ones? If already approved by CEUA (Comitê de Ética no Uso de Animais), mention the protocol number.

Click here to enter text.

**\* DEGREE OF INVASIVENESS (definitions according to CONCEA – Conselho Nacional de Controle de Experimentação Animal)**

1. Experiments that cause little or no discomfort or stress (*e.g.: observation and physical examination; administration of substances orally, intravenously, intraperitoneally, subcutaneously, or intramuscularly, which do not cause noticeable adverse reactions; euthanasia by approved methods after anesthesia or sedation; food or water deprivation for periods equivalent to deprivation in the wild*).
2. Experiments causing mild stress, discomfort, or pain (*e.g.: minor surgical procedures such as biopsies under anesthesia; brief periods of restraint and immobility in conscious animals; exposure to non-lethal levels of chemical compounds not causing serious adverse reactions*).
3. Experiments causing stress, discomfort, or pain of intermediate intensity (*e.g.: invasive surgical procedures conducted on anesthetized animals; physical immobility for several hours; induction of stress by maternal separation or exposure to aggressors; exposure to inescapable aversive stimuli; exposure to mild localized shocks; exposure to levels of radiation and chemical compounds that cause lasting impairment of sensory and motor function; administration of chemical agents by routes such as intracardiac and intracerebral*).
4. Experiments that cause high-intensity pain (*e.g.: induction of trauma to non-sedated animals*).

# ACCOMODATION AND FEEDING CONDITIONS FOR ANIMALS

Food: Click here to enter text.

Water source: Click here to enter text.

Capacity - number of animals/area: Click here to enter text.

Air exhaust: yes or no: Click here to enter text.

Compulsorily comment on the items above and the other conditions that are particular to the species.

Click here to enter text.

Place where the animal will be kept (vivarium, farm, aviary, etc.): Host environment:

* Coop
* Cage
* Stables
* Other. Specify: Click here to enter text.

Number of animals per cage: Click here to enter text.

Type of bedding (shavings, pallet or other): Click here to enter text.

# EXPERIMENTAL PROCEDURES

Intentional stress/pain in animals: ☐ YES ☐ NO

(IF “YES”, PLEASE JUSTIFY)

STRESS: Click here to enter text.

PAIN: Click here to enter text.

WATER/FOOD RESTRICTION: Click here to enter text.

OTHER: Click here to enter text.

# DRUG

*Use this table to fill in one drug. Copy, paste, and fill in the table as many times as necessary, until all the medications are included.*

*In the "drug" field, you must inform the name(s) of the active ingredient(s) with their respective Brazilian Common Denomination (BCD) or International Nonproprietary Name (INN).*

*List available at:* [http://www.anvisa.gov.br/medicamentos/dcb/lista\_dcb\_2007.pdf.](http://www.anvisa.gov.br/medicamentos/dcb/lista_dcb_2007.pdf)

USE OF ANESTHETICS: ☐ YES ☐ NO

|  |  |
| --- | --- |
| Drug | Click here to enter text. |
| Dosage (UI or mg/kg) | Click here to enter text. |
| Route of administration | Click here to enter text. |

In case of non-use, JUSTIFY.

Click here to enter text.

USE OF MUSCLE RELAXANTS: ☐ YES ☐ NO

|  |  |
| --- | --- |
| Drug | Click here to enter text. |
| Dosage (UI or mg/kg) | Click here to enter text. |
| Route of administration | Click here to enter text. |

USE OF ANALGESICS: ☐ YES ☐ NO

In case of non-use, JUSTIFY:

Click here to enter text.

|  |  |
| --- | --- |
| Drug | Click here to enter text. |
| Dosage (UI or mg/kg) | Click here to enter text. |
| Route of administration | Click here to enter text. |
| Frequency | Click here to enter text. |

# IMMOBILIZATION OF THE ANIMAL

* YES ☐ NO

If positive, indicate the type:

Click here to enter text.

# FOOD CONDITIONS

FASTING: ☐ YES ☐ NO

Time duration: Click here to enter text.

Water restriction: ☐ YES ☐ NO

Time duration: Click here to enter text.

# SURGERY

* YES ☐ NO
* Single ☐ Multiple

Which one(s)?

Click here to enter text.

In the same surgical act or in different acts? Click here to enter text.

# POSTOPERATIVE

RECOVERY OBSERVATION

* YES ☐ NO

Observation time (hours): Click here to enter text.

ANALGESIA USE

* YES ☐ NO

Justify the NON-use of postoperative analgesia, when applicable:

Click here to enter text.

|  |  |
| --- | --- |
| Drug | Click here to enter text. |
| Dosage (UI or mg/kg) | Click here to enter text. |
| Route of administration | Click here to enter text. |
| Frequency | Click here to enter text. |
| Duration time | Click here to enter text. |

*Use this table to fill in one drug. Copy, paste, and fill in the table as many times as necessary, until all the medications are included.*

*In the "drug" field, you must inform the name(s) of the active ingredient(s) with their respective Brazilian Common Denomination (BCD) or International Nonproprietary Name (INN).*

OTHER POSTOPERATIVE CARE

* YES ☐ NO

Description:

Click here to enter text.

# EXPOSURE / INOCULATION / ADMINISTRATION

* YES ☐ NO

|  |  |
| --- | --- |
| Drug | Click here to enter text. |
| Dosage (UI or mg/kg) | Click here to enter text. |
| Route of administration | Click here to enter text. |
| Frequency | Click here to enter text. |

*In the “drug” field, you must inform the name(s) of the active* *ingredient(s) with their respective Brazilian Common Denomination (BCD) or International Nonproprietary Name (INN).*

# BIOLOGICAL MATERIAL EXTRACTION

* YES ☐ NO

|  |  |
| --- | --- |
| Biological material | Click here to enter text. |
| Sample quantity | Click here to enter text. |
| Frequency | Click here to enter text. |
| Collection method | Click here to enter text. |

*Use this table for the filling of a biological material. Copy, paste and fill in the table as many times as necessary until all materials are covered.*

# FINALIZATION

DEATH INDUCTION METHOD

|  |  |
| --- | --- |
| Description | Click here to enter text. |
| Substance, dosage, acess route | Click here to enter text. |

If restricted method, justify:

Click here to enter text.

FATE OF THE ANIMALS AFTER THE EXPERIMENT

Click here to enter text.

Describe how to dispose of the carcass:

Click here to enter text.

# SUMMARY OF THE PROCEDURE

Click here to enter text.

1. **EXECUTION SCHEDULE**

Click here to enter text.

# STATEMENT OF RESPONSABILITY

(READ CAREFULLY BEFORE SIGNING)

I, insert name of person in charge , certify that:

1. I have read the provisions of Law Nº. 11,794, of October 8, 2008, and the other rules applicable to the use of animals in teaching and/or research, especially the Normative Resolutions of the National Council for the Control of Animal Experimentation - CONCEA;
2. This study is not unnecessarily duplicative, has scientific merit, and the team participating in this project was trained and is competent to perform the procedures described in this protocol;
3. There is no substitute method that can be used as an alternative to the project.

Signature: Date: Click here to insert a date

Send in two copies.

When applicable, attach the informed consent form of the owner or person responsible for the animal.

# RESOLUTION OF THE COMISSION

The Ethics Committee on Animal Use - CEUA Braile Biomédica, in its meeting of Click here to insert a date, APPROVED the ethical procedures presented in this Protocol.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission Coordinator

The Ethics Committee on Animal Use - CEUA Braile Biomédica, in its meeting of Click here to insert a date, issued the attached opinion and returns the protocol for its review.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission Coordinator