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SRI RAMACHANDRA
INSTITUTE OF HIGHER EDUCATION AND RESEARCH

INSTITUTIONAL ANIMAL ETHICS COMMITTEE [IAEC]

IAEC PROTOCOL COVER SHEET

Date:

From

Name of the Principal Investigator :
Designation : Faculty / Ph D Scholar
Emp. No :
Department :
Address for Communication :
Pin code :
Extension No :

To

The Secretary-IAEC, Sri Ramachandra Institute of Higher Education and Research

Subject: IAEC – Proposal – Submission – Regarding

Title of Project:

Sir,

I am herewith submitting 1 original copy + 1 photocopies with one soft copy via sruiaec@gmail.com of the above proposal for approval at the _____ Session of the Institutional Animal Ethics Committee.

Thanking you

Yours truly,

Name and Signature of Principal Investigator

To be filled by the IAEC-Secretary

Protocol Review #:..... Proposal Received on:

Proposal Category	<input type="checkbox"/> New Proposal	<input type="checkbox"/> Revised Proposal	<input type="checkbox"/> Proposal for Renewal/Extension	<input type="checkbox"/> Ph.D Provisional Registration at SRU
Last Session appeared and Date	NA			NA
Enclosure (If any)				

Self Funding Applied for funding Funding Sanctioned Consultancy

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APPLICATION FOR PERMISSION FOR ANIMAL EXPERIMENTS - Form B

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

PART A

- *1** Name and address of establishment : Sri Ramachandra Institute of Higher Education and Research
: No.1, Ramachandra Nagar
Porur, Chennai-600 116
- 2** New Registration number & Date of Registration : 189/PO/ReBi/S/2000/CPCSEA, 18.07.2018 (Renewal)
- 3** Name, Address and registration number of breeder from which animals acquired (or to be acquired) for experiments mentioned in Part B and C : Procured from Approved Vendor
- 4** Place where the animals are presently kept (or proposed to be kept) : Centre for Toxicology and Developmental Research (CEFT)
: Sri Ramachandra Institute of Higher Education and Research
Chennai-600 116
- 5** Place where the experiments is to be performed (Please provide CPCSEA Reg. Number) : Centre for Toxicology and Developmental Research (CEFT)
: Sri Ramachandra Institute of Higher Education and Research
Chennai-600 116 (189/PO/ReBi/S/2000/CPCSEA, 22.05.2015)
- 6** Date on which the experiment is to commence and duration of the experiment :
- 7** Type of research involved (Please tick the appropriate) : 1. University Affiliated (SRIHER/Others _____)
2. Academic (Basic Research - P.G / Doctoral program/
: Seeking Grants to Funding Agency/ Funded Project)
3. Contract Research (Regulatory/Non-Regulatory)

Signature

Date :
Place :

Name of Investigator

*The filled in Form B having above information / details / supporting documents (1 original + 3 copies of soft copy) should be sent to: - The IAEC Secretary, Centre for Toxicology and Developmental Research, Sri Ramachandra Institute of Higher Education and Research, Chennai-600 116.

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PART B

Protocol form for research proposals to be submitted to the Institutional Animal Ethics Committee, for new experiments or for extension of ongoing experiments using animals other than non-human primates

1. Project / Dissertation /Thesis Title:

2. Principal Investigator/Research Scholar/Research Guide/Advisor

S. No	Details	Principal Investigator / Research Scholar / Ph D student	Research Supervisor ^{\$}	Co-Guide /Advisor ^{\$}
1.	Name			
2.	Designation			
3.	Dept/Div/Lab			
4.	Mobile No.			
5.	Experience (yr.)			
6.	PhD registration No ^{\$} .		NA	

^{\$} Applicable for SRIHER PhD Student

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

S. No	Details	1	2	3
1.	Name			
2.	Designation			
3.	Dept/Div/Lab			
4.	Mobile No.			
5.	Experience			

6. Funding source with complete address (Please attach the proof):

Government Fund/Private Sponsored Fund/Self Fund/Scholarship Fund

7. Duration of the project: (IAEC approval invalid after one year if not extended)

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- a. Number of months :
- b. Date of initiation (Proposed) :
- c. Date of completion (Proposed) :

8. Detailed study plan may be given (not more than one page): Experiment wise

9. Animals required

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Volumes:

Blood withdrawal

Volumes:

Sites:

Radiation (dosage and schedules):

12. Please provide brief descriptions of similar studies from *in vitro* / *in vivo* (from other animal models) on same / similar test component or line of research. If, enough information is available, justify the proposed reasons.

13. Does the protocol prohibit use of anesthetic or analgesic for the conduct of painful procedures (any which cause more pain than that associated with routine injection or blood withdrawal)? If Yes, explanation and justification.

14. Will survival surgery be done? Yes/No

If Yes, the following to be described.

- a. List and description of all such surgical procedures (including methods of asepsis) Names, qualifications and experience levels of operators
- b. Description of post-operative care
- c. Justification in major survival surgery is to be performed more than once on a single individual animals.

15. Methods of disposal post-experimentation

a. Euthanasia (Specific method):

b. Method of carcass disposal:

c. Rehabilitation:

16. Animal transportation methods if extra-institutional transport is envisaged.

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17. 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 will betes and carcasses must be identified)

- (a) Radionuclides**
- (b) Microorganisms / Biological infectious Agents**
- (c) Hazardous chemicals or drugs**
- (d) Recombinant DNA**
- (e) Any other (give name)**

If, your project involved use of any of the above, attach copy of the minutes of IBSC granting approval.

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Investigator's declaration

1. I certify that I have determined that the research proposal herein 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 11, 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 significant changes in this study.
5. Certified 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 (to be named)).
6. Institutional Biosafety Committee's (IBC) certification of review and concurrence will be taken (Required for studies utilizing DNA agents of human pathogens).
7. I shall maintain all the records as per format (Form D)
8. I certify that, I will not initiate the study unless approval from CPCSEA received in writing. Further, I certify that I will follow the recommendations of CPCSEA.
9. I certify that I will ensure the rehabilitation policies are adopted.

Investigator

Date:

Name and Signature

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DECLARATION FROM THE GUIDE / SUPERVISOR HEAD OF THE DEPARTMENT

I certify that the project proposal entitled

.....
.....”

submitted by Dr/Mr/Miss/Mrs..... for IAEC approval at Sri Ramachandra Institute of Higher Education and Research is for the purpose of Teaching Practical Class/Department Basic Research/ Seeking Grants to Funding Agency/ Funded Project Post-graduate research/Doctoral research /Consultancy Services.

I understand that, he/she shall use the protocol described in this application as a basis for the above said purpose and it is my responsibility to ensure that the description of animal use in the research proposal, is identical in belief to that contained in the IAEC review application.

Any non-invasive changes to be done during experiment will be reported in writing to IAEC through member secretary and PI / student will submit duly filled ‘Form- D’ along with brief results as per CPCSEA regulations to member secretary upon completion of project. We further, agree that scientists from animal facility involved/assisting animal research work will be duly acknowledged in project report/thesis as well as in publication.

Signature of the Guide/ Supervisor:

Date with Seal:

Forwarded Through:

Head of Department /Institution

Date with Seal: