**University of Delaware**

**Institutional Animal Care and Use Committee**

**Application to Use Animals in Research and Teaching**

**ADDENDUM “F”**

**Wildlife and Field Studies**

|  |  |
| --- | --- |
| **AUP Number:** Click here to enter text. | **🡨 (4 digits only — if new, leave blank)** |
| **Project:** Click here to enter text. |

|  |
| --- |
| 1. Have all required federal, state, and local permits\* been obtained?

 [ ]  Yes [ ]  No [ ]  Pending**If No or Pending,** you must sign below to assure the IACUC that all necessary permits will be obtained and copies submitted to the IACUC before commencing with any animal work.Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\*****Please submit copies of all permits to the IACUC Coordinator****.* |
| 1. Indicate the type of study:

 [ ]  Live Capture and Release [ ]  Non-survival Capture [ ]  Other *(Describe)*: Click here to enter text. |
| 1. For animals that will be released, describe the possible impact of capture on subsequent behavior and survival of the animals:

 Click here to enter text. |
| 1. Does this work present hazards to personnel such as potential injury or infection with zoonotic disease [ ]  Yes [ ]  No

 If yes, describe hazards: Click here to enter text. Method to control exposure:  Click here to enter text. |
| 1. Indicate area(s) where animals will be captured/manipulated:

 Click here to enter text. |
| 1. List all equipment (traps, nets, guns, electroshock, etc.) that will be used and include specifics’ (type, number to be used, net or trap dimensions, mesh size, etc.):

 Click here to enter text. |
| 1. Indicate the **maximum** duration of time an animal will be held by capture equipment:

 Click here to enter text. |
| 1. Will the traps or capture equipment ever be “set to capture” and left unattended\*?

 [ ]  Yes [ ]  No**If Yes,** give detailed information below on how often the traps or capture equipment will be checked and by whom:Click here to enter text.  |
| ***\*Note:*** *The Committee requires that a* ***bound log book,*** *with the pages sewn in, be kept for* ***each trap “set to capture” and left unattended.*** *This may be one book for all sites or a separate book for each site. Pages must be sewn in, not loose leaf or spiral bound. This log must include name or location of site, date site is visited, time of arrival, time of departure, condition of all animal(s) captured, all procedures performed (banding, blood collection, measurements, released to the wild, taken to the lab, etc.); name(s) and signature(s) of person(s) checking site.**This log shall be made available at any time to the IACUC, immediately upon request.* |
| 1. Will any form of chemical restraint be used?

 [ ]  Yes [ ]  No **If Yes** - Complete the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Drug: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Dose (mg/kg): | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Route: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| First administered: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Frequency: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Planned duration:  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Reason: | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| 1. Will any chemical reversal agent be used?

 [ ]  Yes [ ]  No  **If Yes** - Complete the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Drug: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Dose (mg/kg): | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Route: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| First administered: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Frequency: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Planned duration:  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Reason: | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| 1. Will any other drugs or pharmaceuticals be administered?

 [ ]  Yes [ ]  No **If Yes** - Complete the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Drug: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Dose (mg/kg): | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Route: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| First administered: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Frequency: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Planned duration:  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Reason: | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| 1. Describe procedures/criteria used for monitoring an animal’s health status during restraint and recovery when **chemical restraint is used**:

 Click here to enter text. |
| 1. If any DEA Scheduled (Controlled) drugs will be used, indicate how they will be managed and stored in the field:

 Click here to enter text. |
| 1. Describe how animals will be restrained when **no chemical restraint is used**:

 Click here to enter text. |
| 1. Describe procedures/criteria used for monitoring an animal’s health status during and after capture when **no chemical restraint is used**:

 Click here to enter text. |
| 1. Discuss the expected morbidity and/or mortality rates:

 Click here to enter text. |
| 1. Describe precautions that will be taken to minimize morbidity and/or mortality:

 Click here to enter text. |
| 1. In the event that a **target** animal is injured during capture/handling, what procedures will be followed?

 Click here to enter text. |
| 1. Will any samples (blood, tissues, feathers, saliva, etc) be taken from live animals?

 [ ]  Yes [ ]  No**If Yes,** list samples and include details on collection procedures, volumes, etc:  Click here to enter text. |
| 1. Will a telemetry package be attached to live animals?

 [ ]  Yes [ ]  No  **If Yes** - Complete the following:

|  |  |
| --- | --- |
| Total weight of package: | Click here to enter text. |
| Dimensions of package (minus attachments and antenna): | Click here to enter text. |
| Type of antenna: | Click here to enter text.  |
| Length of antenna: | Click here to enter text. |
| Method of attachment to animal: | Click here to enter text. |
| Method of removal from animal: | Click here to enter text. |

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| 1. Will any animal be marked, tagged, banded, or altered in any way (excluding telemetry)?

 [ ]  Yes [ ]  No**If Yes –** provide details, including size, shape, attachment point(s), color, etc:  Click here to enter text. |
| 1. Discuss whether the marking, tagging, banding, or altering of an animal, or the attachment of a telemetry package is known/suspected to cause any pain, distress, or increased morbidity/mortality?

 Click here to enter text. |
| 1. Describe any other procedure(s) that will be done to live animals:

 Click here to enter text. |
| 1. Discuss the possibility of capturing **non-target** animals:

 Click here to enter text. |
| 1. What precautions will be taken to reduce **non-target** captures?

 Click here to enter text. |
| 1. Provide details for dealing with captured **non-target** animals:

 Click here to enter text. |
| 1. In the event that a **non-target** animal is injured during capture/handling, what procedures will be followed?

 Click here to enter text. |
| 1. Will live animals be transported?

 [ ]  Yes [ ]  No **If Yes**, provide details:  Click here to enter text. |
| 1. Will captured animals be held for more than 12 hours?

 [ ]  Yes [ ]  No **If Yes**, 1. How long will animals be held?

Click here to enter text. |
| 1. Location of confinement?

Click here to enter text. |
| 1. Type/size of cage/container?

Click here to enter text. |
| 1. Indicate how hydration and nutritional needs will be met:

Click here to enter text. |
| 1. Will animals be released?

 [ ]  Yes [ ]  No **If Yes**, 1. Animals will be released:

[ ]  At the site of capture [ ]  Other *(Describe Location and Justify):* Click here to enter text. |
|  **If No**, 1. How long will animals be held prior to euthanasia?

Click here to enter text. |
| 1. What will the tissues/carcasses be used for?

Click here to enter text. |
| 1. How will the carcasses be disposed of?

Click here to enter text. |

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