UiTM CARE APPLICATION FORM
(Committee on Animal Research and Ethics)

FOR UiTM CARE OFFICE USE ONLY

Proposal No.: ......................... Date of hard copy receipt:..........................

INFORMATION FOR PRINCIPAL INVESTIGATOR

Submit the duly filled UiTM CARE Application Form (original hard copy) to the UiTM CARE Secretary, Laboratory Animal Facility and Management (LAFAM), UiTM Puncak Alam Campus, Selangor and submit soft copy via email to Cik Nur Hidayah Husin, Assistant Veterinary Office, hidayah8289@salam.uitm.edu.my. Proposal number will be communicated to PI and refer proposal number for further communication.

1. Title of Project:

2. Name of Principal Investigator (P.I.) :
   (Name / Staff No.)

3. List of other Co-Investigators (Co-I.) :
   (Name / Staff or Student No. / Programme)
   a. _______________________________________________________________
   b. _______________________________________________________________
   c. _______________________________________________________________

4. Office Address of P.I. :
   Designation:
   Tel. No: Fax No:
   E-mail:

5. Is the P.I./Co-I. adequately trained for the animal procedures proposed? Either the P.I./Co-I. must be trained or have previous experience. (Enclose certificates, if any)
   Yes [ ] No [ ]

6. Funding Source (Please mention the details of funds and attach proof, if applicable):

7. Duration of project.
   From : ___________________ To : ___________________

Page 1 of 5
8. Has the project been presented and endorsed by the institutional/faculty research committee? Please state date of presentation:

____________________________________________________________________

Endorsement by:

____________________________________________________________________

Signature / Date
Dean/ Deputy Dean/ Chairman of Research Committee/ Head of Department

9. Details of animal(s) intended to be used:

<table>
<thead>
<tr>
<th>Species :</th>
<th>Age (weeks/months) :</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strain :</td>
<td>Weight (g/kg) :</td>
</tr>
<tr>
<td>Male :</td>
<td></td>
</tr>
<tr>
<td>Female :</td>
<td>Total number of animals :</td>
</tr>
</tbody>
</table>

Source of animals, Please ☑ appropriate.
☐ LAFAM
☐ Other Institutions (specify): ________________________________
☐ Imported*

Anticipated duration of holding animals: ________________
*Attach details of source, copy of health certificate and import permit

10. Means of transportation of animals from vendor/ supplier to place of work.

____________________________________________________________________

11. Explain procedures to be carried out on the animal(s). Please enclose the flow chart of your research protocol as annexure.

a. Objective(s) of the project.

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

b. Justification of animal use in the research.

i. Explain why animal usage is necessary and why replacement alternatives could not be adopted for the project?

____________________________________________________________________

ii. Why this particular species/strain is required for the study?

____________________________________________________________________
iii. Why the estimated number of animals is required?

________________________________________________________________________

iv. Have similar experiments been conducted in the past? If yes, provide a reference and indicate why new experiments are required/repeated?

________________________________________________________________________

c. Does the experiment include surgical procedure? If yes, explain the pre, post-operative care of animals. List the drugs and dosage that will be used on the animal.

________________________________________________________________________

________________________________________________________________________

d. Does the experiment include the use of biohazards, radioactive materials or microbes? If yes explain the nature of the hazard, the safety measures that will be taken during experiment and how disposal will be handled (provide documented evidence of approval from the respective committee).

________________________________________________________________________

________________________________________________________________________

e. Will the animal(s) be sacrificed after the research?

Yes   [ ]   No   [ ]

If yes, state the method of sacrifice. If drug is used, name the drug, dose and route of administration. Explain the method of carcass disposal. If no, mention the rehabilitation procedures to adopt for normal wellbeing of the animals.

________________________________________________________________________

________________________________________________________________________

f. Methods of Humane Killing (Please ☑ appropriate)

☐ Cervical dislocation
☐ Chemical Method (Specify the drug, dose and route)

☐ CO₂ euthanasia
☐ Others (specify)
12. Classification of the project based on USDA pain and distress.
   Please ☑ appropriate. *(Refer Appendix-1)*

   B ☐ C ☐ D ☐ E ☐

   B. Animals being bred, acclimatised, or held for use in teaching, testing, experiments,
      research, or surgery but not yet used for such purposes. Non-invasive observation
      only of animals in the wild.

   C. Animals subjected to procedures that cause no pain or distress, or only momentary or
      slight pain or distress and do not require the use of pain-relieving drugs.

   D. Animals subjected to potentially painful or stressful procedures for which they receive
      appropriate anesthetics, analgesics and/or tranquilizer drugs.

   E. Animals subjected to potentially painful or stressful procedures that are not relieved
      with anaesthetics, analgesics and/or tranquilizer drugs. Withholding
      anesthesia/analgesia must be scientifically justified in writing and approved by the
      UiTM CARE.

PRINCIPAL INVESTIGATOR’S DECLARATION

I/we certify that the study entitled below will be initiated by me/us only upon review and
approval of scientific intent by UiTM CARE. I/we will obtain approval from the UiTM
CARE before initiating any significant changes in the approved study.

Title of study:

________________________________________________________________________

Name of Principal Investigator

Signature / Date

Signature of Co-Investigator(s)

Name              Signature/ Date
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

*Any changes in investigators, UiTM CARE need to be informed.

Termination date for the protocol: __________________________________________

________________________________________________________________________

Signature of Chairman of UiTM CARE

Approval Date
## APPENDIX 1

### EXAMPLES OF USDA PAIN AND DISTRESS CATEGORIES

<table>
<thead>
<tr>
<th>Category B</th>
<th>Category C</th>
<th>Category D</th>
<th>Category E</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Animals being bred or housed, without any research manipulation, prior to euthanasia or transfer to another protocol.</td>
<td>1. Holding or weighing animals in teaching or research activities.</td>
<td>1. Diagnostic procedures such as laparoscopy or needle biopsies.</td>
<td>1. Toxicological or microbiological testing, cancer research or infectious disease research that requires continuation until clinical symptoms are evident or death occurs.</td>
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<tr>
<td>2. Observation of animal behavior in the wild without manipulating the animal or its environment</td>
<td>2. Injections, blood collection or catheter implantation via superficial vessels.</td>
<td>2. Non-survival surgical procedures.</td>
<td>2. Ocular or skin irritancy testing.</td>
</tr>
<tr>
<td>3. Tattooing animals.</td>
<td>3. Routine physical examinations.</td>
<td>3. Survival surgical procedures.</td>
<td>3. Food or water deprivation beyond that necessary for ordinary pre-surgical preparation.</td>
</tr>
<tr>
<td>4. Ear punching or rodents.</td>
<td>4. Observation of animal behavior.</td>
<td>4. Post operative pain or distress.</td>
<td>4. Application of noxious stimulation such as electrical shock if the animal cannot avoid/escape the stimuli and/or it is severe enough to cause injury or more than momentary pain or distress.</td>
</tr>
<tr>
<td>5. Feeding studies, which do not result in clinical health problems.</td>
<td>5. AVMA approved humane euthanasia procedures.</td>
<td>5. Ocular blood collection in mice.</td>
<td>5. Infliction of burns or trauma.</td>
</tr>
<tr>
<td>7. Observation of animal behavior.</td>
<td>7. Exposure of blood vessels for catheter implantation.</td>
<td>7. Any post procedural outcome resulting in evident pain, discomfort or distress such as that associated with decreased appetite/activity level, adverse reactions, to touch, open skin lesions, abscesses, lameness conjunctivitis, corneal edema and photophobia.</td>
<td>7. Any procedures for which needed analgesics, tranquilizers, sedatives, or anesthetics must be withheld for justifiable study purposes. Use of paralyzing or immobilizing drugs for restraint. Use of paralyzing or immobilizing drugs for restraint.</td>
</tr>
<tr>
<td>8. AVMA approved humane euthanasia procedures.</td>
<td>8. Exsanguination under anesthesia.</td>
<td>8. Induced infections or antibody production with appropriate anesthesia and post-op/post-procedure analgesia when necessary.</td>
<td>8. Exposure to abnormal or extreme environmental conditions.</td>
</tr>
<tr>
<td>9. Exposure to abnormal or extreme environmental conditions.</td>
<td>9. Psychotic-like behavior suggesting a painful or distressful status.</td>
<td>9. Use of paralyzing or immobilizing drugs for restraint.</td>
<td>9. Euthanasia by procedures not approved by the AVMA.</td>
</tr>
</tbody>
</table>