## Form B (per rule 8 (a)\* for Submission of Research Protocol(s)

## **Application for Permission for Animal Experiments**

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

## Section-I

1.	Name and address of establishment	:	JSS Academy of Higher Education & Research, Sri Shivarathreeshwara Nagara, Mysore - 570 015
2.	Registration number and date of registration.	:	261/PO/ReRcBi/S/2000/CCSEA 16-10-2000 to 06-06-2029
3.	Name, address, and registration number of breeder from which animals acquired (or to be acquired) for experiments mentioned in parts B & C	:	Will be procured from a CCSEA- approved commercial breeder
4.	Place where the animals are presently kept (or proposed to be kept).	:	Centre for Experimental Pharmacology & Toxicology, JSS Academy of Higher Education & Research, Sri Shivarathreeshwara Nagara, Mysore - 570 015
5.	Place where the experiment is to be performed (Please provide CCSEA Reg. Number)	:	Centre for Experimental Pharmacology & Toxicology, JSS Academy of Higher Education & Research, Sri Shivarathreeshwara Nagara, Mysore - 570 015 Reg. No.: 261/PO/ReRcBi/S/2000/CCSEA
6.	Date and Duration of the experiment	:	
7.	Type of research involved (Basic Research / Educational / Regulatory / Contract Research)	:	
Date:	Signature		:
	Name		:

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Place: Mysuru	Designation & Dept of Investigator	:	

## Section-II

Protocol form for research proposals to be submitted to the Institutional Animal Ethics Committee / CCSEA, for new experiments or extensions of ongoing experiments using animals

Project/Dissertation /Thesis Title	:	
Principal Investigator/Research Gu	ide/	Advisor
Name	:	
Designation	:	
Dept/Div/ Lab	:	
Telephone No	:	
E-mail Id	:	
Experience in Lab animal experimentation	:	
List of all individuals authorized to	con	duct procedures under this proposal
Name	:	
Designation	:	
Department	:	
Telephone No	:	
E-mail Id	:	
Experience in Lab animal experimentation	:	
Funding source /Proposed Funding the proof):	sou	rce with complete address (please attach
	Principal Investigator/Research Gu  Name  Designation  Dept/Div/ Lab  Telephone No  E-mail Id  Experience in Lab animal experimentation  List of all individuals authorized to  Name  Designation  Department  Telephone No  E-mail Id  Experience in Lab animal experimentation  Funding source /Proposed Funding	Principal Investigator/Research Guide/ Name :  Designation :  Dept/Div/ Lab :  Telephone No :  E-mail Id :  Experience in Lab animal :  experimentation :  Designation :  Designation :  Title of all individuals authorized to condition of the con

5.	Duration of the animal experiment		
a.	Date of initiation (Proposed)	:	
b.	Date of completion (Proposed)	:	
6.	Describe details of the study plan to justify the use of animals (Enclose Annexure)	:	
7.	Animals required		
a.	Species and Strain	:	
b.	Age and Weight	:	
c.	Gender	:	
d.	Number to be used (Year-wise break ups and total figures needed to be given in tabular form)	:	
e.	Number of days each animal will be housed	:	
8.	Rationale for animal usage		
a.	Why is animal usage necessary for these studies?	:	
b.	Whether similar study has been conducted on <i>in vitro</i> models? If yes, describe the leading points to justify the requirement of animal experiment	:	
c.	Why are the particular species selected?	:	
d.	Why is the estimated number of animals essential?	:	

e.	Are similar experiments conducted in the past in your establishment?	:	
f.	If yes, justify why the new experiment is required?	:	
g.	Have similar experiments been conducted by any other organization in same or other <i>in vivo</i> models? If yes, enclose the reference	:	
Desc	ribe the procedures in detail	ı	
a.	Describe all invasive and potentially will be subjected to in the course of t		sful non-invasive procedures that animals xperiments—
b.	Furnish details of injection schedule	Sub	stances:
c.	Blood withdrawal Details <ul><li>Volumes</li><li>Sites</li></ul>		: :
d.	Radiation (dosage and schedules)		:
e.	Nature of compound /Board Classific	atioı	n of drug/NCE: (Ex: Synthetic/Herbal etc.)

Does the protocol prohibit the use of anesthetic or analgesic for the conduct of

painful procedures? If yes, justify

9.

10.

11.	Will	survival	surgery	be	done?

- a. Names, qualifications, and experience level of personnel involved
- b. Describe post-operative care
- c. Justify if major survival surgery is to be performed more than once on a single animal.

#### 12. Describe post-experimentation procedures.

a.	Scope for Reuse	:	
b.	Rehabilitation (Name and Address,	:	
	where the animals are proposed to be		
	rehabilitated)		
c.	Describe the method of Euthanasia	:	
d.	Method of carcass disposal after	:	
	euthanasia		

# 13. Describe animal transportation methods if extra-institutional transport is envisaged

14. 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 wastes, and carcasses must be identified)

If, your project involved the use of any of the below-mentioned agent, attach copies of the approval certificates of the respective agencies:

a.	Radio-nucleotides (AERB)	:	
b.	Microorganisms / Biological infectious	:	
	Agents (IBSC)		
c.	Recombinant DNA (RCGM)	:	
d.	Any other Hazardous Chemical/Drugs	:	

#### **Investigator's Declaration**

- 1. I certify that the research proposal submitted 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 10, I certify that I have reviewed the pertinent scientific literature and have found no valid alternative to any procedure described herein that may cause less pain or distress.
- 4. I will obtain approval from the IAEC/ CCSEA before initiating any changes in this study.
- 5. I certify that performance of experiment will be initiated only upon review and approval of scientific intent by the appropriate expert body (Institutional Scientific Advisory Committee/ funding agency/other body).
- 6. I certify that I will submit appropriate certification of review and concurrence for studies mentioned in point 14.
- 7. I shall maintain all the records as per format (Form D) and submit them to the Institutional Animal Ethics Committee (IAEC).
- 8. I certify that I will not initiate the study before approval from IAEC/ CCSEA is received in writing. Further, I certify that I will follow the recommendations of IAEC/CCSEA.
- 9. I certify that I will ensure that rehabilitation policies are adopted (wherever required).

Name of investigator	:
Signature	:
Date	:

## Certificate

· ·		no
ed		entitl
"		" submitted by Dr./
Mr ./Ms.		,
	has been approved/ recomn	nended by the IAEC of JSS
Academy of Higher Educ	cation & Research, Mysuru in i	ts meeting datedand has
been		sanctioned
		(ani
mals)		
under this proposal for a	duration of next	months.
Authorized by	Name	Signature
·	Date	Ü
Chairman		
Member Secretary		
Main Nominee of CCSE	A	

(Kindly make sure that minutes of the meeting duly signed by all the participants are maintained by the office).

#### Annexure-I

1. Title of the study

2. Objectives :

3. Methodology :

4. Summary :

S No	Experiment	Species	Strain	Gender	Age	Body weight	Number of animals requested	Duration
1								
2								
3								
			r	Total num	ber of	animals		

## 5. References

## **Annexure- II (Optional)**

1. Preliminary data (invitro / exvivo / invivo)