Instructions: If your study consists of observation of vertebrate animal(s) in an educational setting and does not require any handling by observers and does not interfere with the animal(s) normal behavior or activities, you may complete the form and send to the Office of Research Compliance, 320B Cameron Hall or by email to uncc-iacuc@uncc.edu. The completed form will be reviewed by the Institutional Animal Care and Use Committee (IACUC). Please complete all areas of the form. NOTE: Approval of the use of animals for observation for educational purposes by the IACUC is required PRIOR to animal purchase and use.

Contact Information:

<table>
<thead>
<tr>
<th>Name (First &amp; Last):</th>
<th>Department:</th>
<th>Phone (Office):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax:</td>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

Course Number and Title:

1. Will this study consist of the observation of an animal or animals that:
   a) Will interfere with the animal or animals’ normal behavior or activities?
      Yes ☐ No ☐
   b) Will require that the animal(s) be handled at any time by the observers?
      Yes ☐ No ☐

If you answered YES to EITHER a) or b) above:

Complete the full protocol form in ACAP (this includes activities involving procedures that may cause more than momentary pain or distress, surgery and euthanasia):
https://uncc.myresearchonline.org/acap/

If you answered NO to BOTH a) and b) above:

Complete this form and submit to:
- Campus Mail Address: Office of Research Compliance, 320B Cameron Hall or
- Email: uncc-iacuc@uncc.edu

2. List Species of animal(s) to be observed, total number and source:

<table>
<thead>
<tr>
<th>SPECIES</th>
<th>TOTAL NUMBER PER YEAR</th>
<th>SOURCE OF ANIMAL(S) (I.E. RETAIL STORE, COMMERCIAL VENDOR, ETC.)</th>
</tr>
</thead>
</table>
3. Who will be responsible for care of animals (i.e. feeding, cleaning of housing/holding environment, etc.) while they are part of your project/course/study? Select one response.

☐ a). I (contact completing form) solely will be responsible for animal care for the duration of the study/course/project.

☐ b). Vivarium/animal facility personnel will be primarily responsible for care of these animals

☐ c). Other person/people will be responsible for animal care. List information in the table below for each person responsible for animal care.

<table>
<thead>
<tr>
<th>NAME (FIRST &amp; LAST)</th>
<th>PHONE (OFFICE)</th>
<th>FAX</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

If you checked EITHER a) or c) above: Complete Question #4. Otherwise, skip to Question #5.

4. Describe how basic maintenance of the animals will occur (i.e. how often and with what type of food will the animals be fed; how often will cage/containers be cleaned and what will be the process for cleaning and disposing of waste; what steps will be taken if an animal appears to be sick, in distress, etc.) (Note: Consult with the Director, Laboratory Animal Resources at 687-8368 if you are unsure of appropriate animal care practices):

5. What will happen to animals after the study/project/course is completed? Select one response.

☐ They will be dispositioned appropriately by the Vivarium according to federal and state regulatory policies for animal welfare.

☐ They will be maintained in the department under the care of one of the individuals identified in Question #3 for the duration of the animals’ natural lives.

☐ They will be donated to (Add in full name of organization/individual to receive animals):

☐ Other If “Other” explain:

6. Provide a simple justification of number of animal(s):

7. Check off “a)” or “b)” below to assure that this educational project isn’t necessarily duplicative:
a). New information or technique not previously available.

b). Student population not previously exposed to information or technique.

8. Provide assurance that the use of alternate methods (i.e. computer simulation models, videotapes) has been considered to meet these educational goals:

9. List locations where the housing of animals and observations will take place:

10. Briefly state in lay terms the educational goals of the activity including the appropriateness of the species used, what will be demonstrated by use of the animal(s) and who will be performing the demonstration:

11. Can the observation of the animal(s) pose any potential risks to the observers (such as allergic reactions)?

   - Yes ☐
   - No ☐
   - Unsure ☐

   If YES, please inform the individuals of the risks by using information provided on the animal care and use website related to zoonoses at [http://research.uncc.edu/compliance-ethics/animal-care-use/vivarium-safety](http://research.uncc.edu/compliance-ethics/animal-care-use/vivarium-safety) or request the zoonoses forms from the Office of Research Compliance for distribution to students. To request zoonoses forms, email [uncc-iacuc@uncc.edu](mailto:uncc-iacuc@uncc.edu) or call 704-687-1872.

   If UNSURE of any potential risks the species of animal you propose to use may pose to students, contact the Attending Veterinarian at [cwill297@uncc.edu](mailto:cwill297@uncc.edu) or via phone at 704-687-5017.

**Educational Observational Study Director/Investigator Assurance:**

I certify that I am familiar with and assure compliance in this Project with the legal standards of animal care and use established under the Federal and State laws and the policies on animal welfare of the Public Health Service (PHS) and UNC Charlotte.

I certify the following: the research proposed herein is not unnecessarily duplicative of previously reported research and appropriate non-animal alternatives for this research do not exist.

I certify that all individuals responsible for animals on this project will: 1) Complete the on-line animal use tutorial as required by the IACUC; 2) When applicable, enroll in the Occupational Health Program by completing and submitting the Basic Health History Form medical history questionnaire to the University Student Health Center; and 3) Attend any required initial IACUC training as well as subsequent training each year while working on this study.

I will secure IACUC approval before changing procedures or personnel associated with this study (including adding or removing personnel from the study).

_____________________________________   _____________________
Study Director/Investigator Signature    Date

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1Source: Modified from University of Wisconsin-Madison “Protocol for Educational Observational Studies” form