Create a new IACUC Protocol

- To access Kuali for IACUC protocols go to <u>https://colostate.kuali.co/protocols</u> (or access via the IACUC webpage)
 - a. Choose the appropriate CSU campus
 - b. Sign in with your CSU eID name and password
 - c. After signing in, the Principal Investigator will be directed to the "Manage Protocols" screen where all protocols will be stored once submitted (for review or for amendments). The title, number given to the protocol, and the status of each protocol are shown (Hint: You can search and filter protocols).
 - d. Click + New Protocol and choose the IACUC drop-down

PROTOCOLS				kuali			• — 1
↔ Hide Menu	Protocols						
Manage Protocols	Q, \Xi Saved Filters 👻						+ New Protocol
	TITLE	NUMBER 🔟	PI	SUBMISSION TYPE	REVIEW TYPE	STATUS	ASSIGNMEI IACUC
		238		New		In Progress	
		237		New		In Progress	
		236		New		In Progress	
		234		New		In Progress	
		233		New		Submitted for Review	
		232		New		Submitted for Review	
	:	231		New		Submitted for Review	
		230		New		Submitted for Review	
		229		New		Submitted for Review	
		228		New		Submitted for Review	
		227		New		Submitted for Review	
		226		New		Submitted for Review	
		225		New		Submitted for Review	

2. Accessing the first IACUC- General Information page will ask for PI name, Department, and Project Title

Please note that Personnel and Department Lists include in	formation across the entire CSU System. If you cannot find your name or department, contact RICRO IACUC Staff for a
CO = Fort Collins Campus	
• PB = Pueblo Campus	
GC = Global Campus (also GR) BG = Board of Governors	
Examples:	
Examples: · Clinical Sciences (CO-1678) = CSU, Clinical Science: · Biology (PB-P241) = CSU Pueblo, Biology	3
Clinical Sciences (CO-1678) = CSU, Clinical Science	Department
Clinical Sciences (CO-1678) = CSU, Clinical Science: Biology (PB-P241) = CSU Pueblo, Biology Principal Investigator (Last_First)	
Clinical Sciences (CO-1678) = CSU, Clinical Science: Biology (PB-P241) = CSU Pueblo, Biology Principal Investigator (Last, First) Last name, First name	
Clinical Sciences (CO-1678) = CSU, Clinical Science: Biology (PB-P241) = CSU Pueblo, Biology	

- a. Select PI name and Department from drop-down menu
- b. All sections must be filled out before proceeding
- c. Click **NEXT** to continue

3. You will select the appropriate form for the project you are submitting: IACUC Waiver, IACUC Protocol, and/or Client Consent

← Back Manage Protocols → IACUC: #238 Pathogen B
Choose the appropriate form(s) for your project. Please note that if you submit the Client Consent, it MUST be accompanied by either an IACUC Waiver or IACUC Protocol. If you have any questions, please contact RICRO IACUC Staff.
IACUC Waiver
IACUC Protocol
Client Consent

- a. The new IACUC protocol will be given a corresponding number
- b. Click **NEXT** to continue to the IACUC Protocol page
- 4. IACUC Protocol page GENERAL LAYOUT:
 - *a.* After entering the IACUC Protocol page, clicking "**BACK**" will save your work and and give the protocol an "*In Progress*" *status* which can be accessed for further corrections by clicking on the name of the protocol via the "Manage Protocols" home screen
 - b. Abandoning the protocol at any time will not allow any edits to be done in the future.
 - c. The left sidebar menu allows for access to each section of the protocol, a ✓ will appear once section is filled to completion, no ✓ indicates an incomplete section. To jump around to different sections, click on the corresponding section on the left sidebar menu.
 - d. Progressive logic is used throughout the form, so your answer <u>may cause additional question</u> <u>fields to appear</u> -- requiring you to enter additional information
 - e. Each section includes instructions pertinent to that section with hotlinks to their additional information

PROTOCOLS	k	uali	•
← Back Manage Pro	locols → IACUC: #234		
	PROTOCOL	ACTIVITY LOG	
Jump to	Version: 1 New In Progress	- •]	Admin Attachments
General Information 🗸	Submission Type	Status	Abandon Submit
General Questionnai 🗸	New	In Progress	Print
General Instructions 🗸 🚽			
Personnel			
Legacy ID Number	General Information		
Lay Summary			
Project Overview and P	Please note that Personnel and Department Lists include information across the entire CSU Syste • CO = Fort Collins Campus	m. If you cannot find your name or department, contact RICRO IACUC Staff for assistance.	
Procedures Table In 🗸	PB = Pueblo Campus GC = Global Campus (also GR)		
Justification of Propos	BG = Board of Governors		
Alternative Search	Examples: · Clinical Sciences (CO-1678) = CSU, Clinical Sciences		
Drugs and Compounds	Biology (PB-P241) = CSU Pueblo, Biology		
Surgery Section	Reincland Incontinuence (Long Rings)	Department	
Species and Protoc 🗸	Principal Investigator.(Last. First)		
Source of Animals			
Husbandry & Variances	Project Title		
Final Disposition			
IBC Information			
Quality Assurance (QA)			
Funding			
General Attachments 🗸	General Questionnaire		
PI Certification			

f. If a required section is not complete, a red box will appear

Project Overview and Procedures
Instructions for IACUC Waivers: 1. Provide information on the types of animals that will be used or involved in the project. 2. Provide a sequential description of the procedures the animals will undergo for this project. 3. If euthanasia may be performed on the animals at the end of the study, then include the methods used. Instructions for IACUC Protocols: 1. Provide a sequential description of the procedures the animals will undergo for this study, from day 0 to end of study. Each procedure should be completely described in terms of restraint, anesthesia, analgesia, routes of administration, dose ranges, volumes, frequency, and monitoring. 2. Include the study endpoint (when scientific aims and objectives have been reached), and/or the point at which animals in each study group will be euthanized or released from the study, e.g. turnor size, days, weeks, months, etc. 3. For lengthy or complex experiments with many groups and/or procedures, a table or flowchart showing the experimental annipulations by group may be attached in the General Attachments section at the end of the protocol form. 4. Define all abbreviations and use terminology that will be understood by individuals outside of your field of expertise.
Sans Serif + Normal + = B I + U A M = = = +
Required
Early Endpoint Criteria: 1. What criteria will be used to determine if animals exhibiting adverse effects, clinical or behavioral changes should be given rescue analgesia, other clinical treatments, or euthanasia? 2. Include any scoring system that will be used to determine when humane intervention will be triggered, for example LAR Behavioral Scoring as described in the CSU IACUC Policy on Observation of Animals in Progressive Disease Studies. Enter response here
Required

- 5. <u>General Instructions</u>: provides different links for IACUC training, resources, OHSP, etc.
- 6. <u>Personnel</u>: include all researcher and admin roles, group personnel helping with the project, and subsequent training records
 - a. Click + Add Line for each new researcher role OR admin role
 - i. At least 1 role (Researcher or Admin) for each person must be selected, but multiple roles may be selected
 - ii. Full Access or Read Only permissions may be designated individually
 - **b.** Include any training records for all personnel listed in the Researcher role (anyone who will have contact with animals) in **Personnel Attachments** subsection by clicking **+ Add Info**
- 7. <u>Legacy ID Number</u>: If applicable, enter ID number used in legacy systems (i.e. eProtocol IACUC protocol number, IACUC Exemption, VCS), if renewing study
- 8. <u>Lay Summary</u>: include a short summary of why this study is relevant to human or animal health, the advancement of knowledge, or the good of society
- Project Overview and Procedures: include types of animals used, description of the procedures
 performed on the animals, the duration of the study, study endpoint, euthanasia or release information,
 and disease effects and how to treat or relieve pain

- 10. Procedures Table Information: include type and location of procedures
 - a. Click + Add Info for each procedure (+ Add Line for any new procedure(s) needed)b.

Procedures Table Information	Add	×	
	Procedure Type		Humns + Add Line
+ Add Info	Procedure Location		
Justification of Proposed Animal Use Numbers	× Cancel	✓ Done	ste Lab

- 11. Justification of Proposed Animal Use Numbers: enter justification of the number of animals used/needed for the study
- 12. Alternative Search: enter information for literature search(es)
 - a. Click + Add Info for searches (+ Add Line for any new search(es) needed)

	Add	×
\rightarrow IACUC: #238 Pathogen B		A
PROTOCOL	Search Range From Enter month/year here	ACTIVITY LOG
justification with a power analysis t	Enter month/year nere	
Make sure the information provided	Search Range To	
	Enter month/year here	
		-
	Date Search was done	
	Click here	
Alternative Search		
Federal regulations require that alte	Search Terms: Provide the keywords and the Boolean terms such as AND, OR used to relate keywords (e.g.	
Conduct a literature search utilizing not unnecessarily duplicative.	term#1 AND term#2) for each search performed.	ain or distress, and that the procedures are
For assistance with alternatives sea		
	Databases (must use at least 2 databases)	Columns + Add Line
	Agricola	AND THE TO RELATE = DATABASES (MUST USE AT = DR EACH = LEAST 2 DATABASES)
SEARCH RANGE		TO RELATE = DATABASES (MUST USE AT = LEAST 2 DATABASES)
+ Add Info	ALTBIB	
4	AnimAlt-ZEBET	· · · · · · · · · · · · · · · · · · ·
Alternative Search Question		
O Alternatives were considered and this	BIOSIS	
O This study is duplicative and/or there a	CAB Abstracts	
	Google Scholar	
Drugs and Compounds Section	HSVMA Alternatives Database	
Anesthesia and Analgesia	Scroll for more	•
	× Cancel	One Oclumns + Add Line

b. If "study is duplicative" is selected for Alternative Search Question, a justification is needed

- 13. <u>Drugs and Compounds Section</u>: include any analgesics, anesthesia, or other compounds used for relief of pain, distress, or other
 - a. Click + Add Info to add anesthetic, analgesic, or other compound (+ Add Line for any additional anesthetic(s), analgesic(s), or other compound(s))
 - i. If the drug or compound is Non-Pharmaceutical Grade (NPG), a justification is needed

-		idered and this study is not duplica e and/or there are alternatives.	ive. There are no alternatives to perform the work outlined in this r Add	protocol.			
Drugs and (Compounds	Section	Drug Name	-			
Anesthesia ar	nd Analgesia		Additional Information: Frequency, Route of Administration, Enter response here	etc.			Columns + Add Line
		DRUG NAME	This is a Non-Pharmaceutical Grade (NPG) Compound.		Ŧ	AA NPG	Ŧ
1			• Yes			Yes	
1			O No			Yes	
d Other Composition Compos	unds (includin	g antimicrobials, paralytics, hazar	NPG Justification				<u>ь</u>
			Enter response here				Columns + Add Line
		OTHER CMPDS HAZMAT	× Cancel	✓ Done	÷	OC NPG	Ŧ
1		Dexamethasone		V Doile		Yes	
4							•

14. <u>Surgery Section</u>: surgical procedures requiring a pain category D or E must have Surgeon(s) information, surgical and post-surgical monitoring parameters, and general surgery information

	er this project (pain category D or E	202				
Yes No	er this project (pain category b or E	.)?				
rgeon(s)						
					Olumns	+ Add Li
		SURGEON NAME(S)				
	- Add Info					
Monitoring Information						
Surgical Monitoring:						
2. Include information as	monitored during the procedure to o when additional anesthesia will b uscular blocking agents, indicate b	be administered.	sia			
 Include information as If you are using neuron 	o when additional anesthesia will t uscular blocking agents, indicate h					
Include information as If you are using neuron Anesthesia monitoring Enter response here Post-Surgical Monitoring: Describe the physiolog Animals must be closel	o when additional anesthesia will t uscular blocking agents, indicate h ypically includes respiration rate, i definition of the second second second second cal parameters and frequency of m	pe administered. iow you will assess adequacy of anesther response to stimuli, e.g. toe pinch, heart i provident of the pinch of the pinch of the pinch pinch of the pinch	rate, muscle tone, etc.	cal recovery period.		
Include information as If you are using neuron Anesthesia monitoring Enter response here Post-Surgical Monitoring: Describe the physiolog Animals must be closel	o when additional anesthesia will uscular blocking agents, indicate h ypically includes respiration rate, i additional sector and the sector additional sector additional cal parameters and frequency of m monitored and not left unattende	pe administered. iow you will assess adequacy of anesther response to stimuli, e.g. toe pinch, heart i provident of the pinch of the pinch of the pinch pinch of the pinch	rate, muscle tone, etc.	al recovery period.		
2. Include information as 3. If you are using neuron 4. Anesthesia monitoring Enter response here Post-Surgical Monitoring: 1. Describe the physiolog 2. Animals must be closel 3. An anesthetic record m	o when additional anesthesia will uscular blocking agents, indicate h ypically includes respiration rate, i additional sector and the sector additional sector additional cal parameters and frequency of m monitored and not left unattende	pe administered. iow you will assess adequacy of anesther response to stimuli, e.g. toe pinch, heart i provident of the pinch of the pinch of the pinch pinch of the pinch	rate, muscle tone, etc.	cal recovery period.	Columns	+ Add Li
2. Include information as 3. If you are using neuron 4. Anesthesia monitoring Enter response here Post-Surgical Monitoring: 1. Describe the physiolog 2. Animals must be close 3. An anesthetic record m Enter response here	o when additional anesthesia will uscular blocking agents, indicate h ypically includes respiration rate, i additional sector and the sector additional sector additional cal parameters and frequency of m monitored and not left unattende	pe administered. iow you will assess adequacy of anesther response to stimuli, e.g. toe pinch, heart i provident of the pinch of the pinch of the pinch pinch of the pinch	rate, muscle tone, etc.		Columns MMSS JUSTIFICATION	+ Add Li

- a. Click + Add Info to add surgery information (+ Add Line for any additional surgery information)
- b. Under Surgery Information, if **Multiple Major Survival Surgery (MMSS)** is necessary, a justification is needed

PROTOCOL	Add	ACTIVITY LOG
Surgical Monitoring:	Surgery Location	
2. Include information as to when 3. If you are using neuromuscular 4. Anesthesia monitoring typically Enter response here	Terminal or Survival Surgery? Please Note: Rodent survival surgeries must be performed in accordance with the CSU IACUC Guidelines for Rodent Survival Surgery. O Terminal	
Post-Surgical Monitoring: 1. Describe the physiological para 2. Animals must be closely monit 3. An anesthetic record must be c	Survival Multiple Major Survival Surgery (MMSS)? The definition of a Major Surgery: penetrates and exposes a body cavity or produces substantial impairment of physical or physiologic function. Yes No	
Enter response here Surgery Information	MMSS on a single animal may be permitted if scientifically justified by the user and approved by the user For example, MMSS procedures can be justified if they are related components of a single user of the project if they will conserve scarce animal resources or if they are needed for clinical costs. (Guide for the Care and Use of Laboratory Animals, 8th Edition.) MMSS Justification: Enter response here	
SURGERY LOCATION		MMSS JUSTIFICATION =
•	X Cancel	e

- 15. <u>Species and Protocol Pain Categorization</u>: include species, location of procedures, number of animals needed, and pain category
 - a. Click + Add Info to add surgery information (+ Add Line for any additional surgery information)
 - b. Note: Pain Category E will need a justification
 - *c.* If the species being used is on the USDA-covered species list, click the **USDA check box** under RICRO Use Only

	Add	×		Columns + Add Line
SURGERY LOCATION			Ξ MN	
	Species/Animal Name	•		
Species and Protocol Pain Categorization	Primary Procedure Location	*		
Protocol Pain Categorization: • Choose the <u>most painful/distressful pain category for e</u> • The IACUC understands not all animals may undergo p • Reference: CSU IACUC Guidelines on Pain Categories	Number of Animals: Maximum number of animals for 3 years Click here to add animal numbers			
SPECIES/ANIM	Pain Category		PAIN CATEGO	Columns + Add Line
+ Add Info	RICRO USE ONLY	- 11		
K	USDA		_	,
Source of Animals	× Cancel	e		

- 16. <u>Source of Animals</u>: multiple selections are possible: animal vendor, client owned, etc.
 - a. "Other" requires more information

Source of Animals
Choose all that apply:
Outside vendor (e.g. Taconic, Charles River, Jackson Lab, Charles Carter, etc.)
Transfer from another approved IACUC protocol
Free-ranging wildlife
Privately-owned (e.g. client, shelter, rescue, faculty/staff/student, etc.)
Other (e.g. collaborator, institution, private company, food animal facility, etc.)
Other Animal Source
Enter response here

- 17. <u>Husbandry & Variances</u>: include all centralized units providing daily and veterinary care (if necessary), housing requirements for the animals, and any deviations from standard diet, housing environment, or restraint of animals
 - a. <u>Centralized Unit</u>: requires identification of each group needed

Daily and Veterinary Care	
A Centralized Unit* will provide daily AN	ND veterinary care for these animals.
• Yes	
O No	
Check all that apply	
LAR	
AES (ARDEC, ECRC, Rouse Ranch)	
ARBL	
ERL ERL	
EPAF/TMI	
VTH Barn Crew	

b. Social Housing: animals housed singly out of necessity must have a justification

Social Housing
If you are using a social species, there are mandatory housing requirements. CSU considers social housing to include compatible housing with conspecifics, as well as housing in the same secondary containment with visual, auditory, olfactory or tactile contact with conspecifics. CSU IACUC Policy on Social Management of Animals.
Indicate which of the following are true (choose all that apply):
Animals will be provided with social housing (unless an animal has individual incompatibility or vet care concerns, or due to cohort attrition).
Animals will be housed singly because that is appropriate for this species (MAY include hamsters, rabbits, male mice, tom cats, livestock in stalls).
Animals will be housed singly because such housing is necessary for research, testing or teaching goals.
Animals will not be housed at CSU.
Justification for Single Housing; Indicate the experimental constraints that make this housing necessary
Enter response here

- c. <u>Variances</u>: any variances require justification
- Deviation from standard diet food or fluid requires a more in-depth justification. Click + Add Info to add "food or fluid" information (+ Add Line for any additional "food or fluid" information).

-	Variances		
	Variances: Choose all that apply	Add ×	
	No Variancesincludes FOOD removal UP TO 12 hours	Туре \$	
	Deviation from standard diet-food or fluid (FOOD rem	- <u>1995</u>	
	Deviation from standard housing environment condition	Duration of Food and/or Fluid Variance Enter response here	
	Deviation from routine sanitation schedule	Justification	
	Deviations from normal space allocation	Enter response here	
	Deviation from standard environmental enrichment		
	Restraint of Conscious animals (other than momentar	X Cancel	
	Food/Fluid Variance		
			Columns + Add Line
	Түре	FF VARIANCE DURATION	
	+ Add Info		

e. **Restraint of conscious animals** requires a more in-depth justification. Click **+ Add Info** to add restraint information (**+ Add Line** for any additional restraint information).

Va	ariances: Choose all that apply				
	No Variances-includes FOOD removal UP TO 12 hours	prior to surgery/general anesthesia			
	Deviation from standard diet-food or fluid (FOOD rem	Add	×		
1	Deviation from standard housing environment condition	Type of Restraint	\$		
	Deviation from routine sanitation schedule	Type of Reolitain.	•		
	Deviations from normal space allocation	Duration of Restraint Enter response here			
	Deviation from standard environmental enrichment	Describe Acclimation to Restraint			
	Restraint of Conscious animals (other than momentar	Enter response here			
	Restraint of Conscious Animals				
		× Cancel	🗸 Done		
				 Columns 	+ Add Line
	TYPE OF R	ESTRAINT 👻	DURATION OF RESTRAINT	T ACCLIMATION	Ŧ
	+ Add Info				
					,

- 18. Final Disposition: Describe what happens to animals at end of study (terminal or not)
- 19. IBC Information: include any biohazardous agent used for study

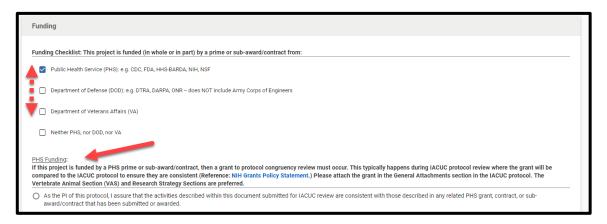
- a. Click + Add Info to add biohazardous agent (+ Add Line for any additional biohazardous agent(s))
- A PARF# is required for any biohazardous agent(s) used (radioactive materials, ionizing radiation, human or human tissue research studies, or controlled substances - see the <u>CSU</u> <u>Biosafety Manual</u> for details)

Transferred to Other Studies	
C Other	Add ×
	Biohazardous agent +
IBC Information	Name of biohazardous agent
IACUC approval will not occur until the appropri biohazardous agents include:	Enter response here ICRO IBC Staff. Some examples of PARF# Enter response here Biosafety Level (for animal housing):
O No	× Cancel
IBC Table BIOHAZARD + Add Info	OUS AGENT T NAME OF BIOHAZARDOUS AGENT T PARF# T BSL T
4	×

- 20. Quality Assurance (QA): include any QA information regarding the work/data from this study
 - a. Click + Add Info to add agency and product information (+ Add Line for any additional agency and product information)

Quality Assurance (QA)	Add ×	
Check all that apply. Please contact RICRO QA Staff for assis	Agency	
Work/data from this study will be submitted to FDA, USDA, c	Regulated Product	
This study will be performed under Good Laboratory, Good C	Product Name Enter response here	
This project uses CBD/hemp products. None	Where is the product manufactured or made?	
AGENCY 😇 R	Intended For	Columns + Add Line
+ Add Info	X Cancel	,

21. Funding: describe the source of funding (approval of funding must be issued)



a. Click + Add Info to add funding information in the table (+ Add Line for any additional funding information)

PROTOCOL		_			ACTIVITY LOG
AGENCY = RI	Add	× ATI	10N -	LOCATION NAM	E - INTENDED FOR
+ Add Info		- 8			
4	Funding administered by	- 18			•
	\$	- 8	_		
Funding	Sponsor				
	Enter response here	- 12			
Funding Checklist: This project is funded (in whole or in part)		- 8			
Public Health Service (PHS): e.g. CDC, FDA, HHS-BARDA, NIF	Grant/Contract Title	- 88			
-	Enter response here	- 88			
Department of Defense (DOD): e.g. DTRA, DARPA, ONR doe	Grant/Contract PI	- 18			
Department of Veterans Affairs (VA)	Last name, First name	- 88			
1		-88			
Neither PHS, nor DOD, nor VA	KRPD #	- 88			
Funding Information Table	Enter response here	- 88			
		-8			Columns + Add Line
	Account # Enter response here	- 84			
FUNDING ADMINISTERED BY 😤 SI	Enter response nere	PI	Ŧ	KRPD #	ACCOUNT #
+ Add Info		- 1			
4	× Cancel ✓ Done				•

b. The **Funding Information Table** subsection is required for any box chosen from the checklist

- 22. General Attachments: attach any necessary supplemental materials
 - a. Click + Add Info to add supplemental materials (+ Add Line for additional materials)

- 23. <u>PI Certification</u>: checking this section ensures CSU IACUC that all personnel are properly certified and trained, all procedures are conducted in accordance with IACUC regulations, all personnel participate in OHSP with submission of medical history, and that the information, procedures, and pain relief alternatives written are accurate to the best of the PI's knowledge
 - a. Protocol will not be submitted without checking this section

Pl Certification	
SU IACUC Protocols: B	submitting this protocol to the CSU IACUC, the Principal Investigator (PI) assures that:
: All protocol personne	I working with animals (including myself) are:
 have taken the CS testing methods t and as applicable 	education and/or training to conduct procedures involving animals under this proposal U Online IACUC Training, which includes information on the regulatory responsibilities of the institution, the IACUC, and investigators, as well as the concepts of research or hat limit the use of animals or minimize distress, and the methods for reporting animal welfare concerns. to their work with animals, all individuals on the protocol have received training in the biology, handling, and care of the species to be used; aseptic surgical methods and he proper use of anesthetics, analgesics, and tranquilizers.
: All procedures will be se of personal protection	conducted in accordance with all applicable CSU IACUC Policies and Guidelines as well as Occupational Health and Biosafety requirements, including those pertaining to the ve equipment.
: All protocol personne	working with animals are participating in the Occupational Health and Safety Program (OHSP), including submission of all necessary medical history forms.
: ANY changes in the a	proved protocol will be submitted in writing to the IACUC as an amendment request, and approved by the IACUC prior to implementation.
	onsidered alternatives to procedures that may cause more than momentary or slight pain or distress to the animals, and I have provided a written narrative description of the red to determine that alternatives are not available.
: I have provided writte	n assurance that the activities do not unnecessarily duplicate previous experiments.
: The information conta	nined in this application for animal use is accurate to the best of my knowledge.
: The following procedu	res will be followed if funded in whole or in part by relevant federal agency/agencies.
subaward/contrac • As the PI of this p	rotocol, I assure that the activities described within this document submitted for IACUC review are consistent with those described in any related PHS grant, award, contract, o t that has been submitted or awarded (NIH Grants Policy Statement). rotocol, I will obtain approval from DOD ACURO for all new protocols, as well as for amendments, and continuing reviews to existing protocols, prior to initiation of the
• As the PI of this p	e protocol [DOD Animal Care and Use Research Office (ACURO)]. rotocol, I will obtain approval from VA Research and Development Committee for all new protocols, as well as for amendments, and continuing reviews to existing protocols, of the work/change to the protocol (VA Handbook 1200.07 Use of Animals in Research).
: That as the Principal I	nvestigator for this project, I assume ultimate responsibility for all animal work done by all protocol personnel for this protocol.
SU Pueblo IACUC Proto	teols: Same certifications apply under CSU Pueblo IACUC policies and procedures.
I understand that ti	nis application and my animal use privileges may be revoked by the IACUC if I violate any of the above statements.

- 24. Once all sections are completed, and accurate the best of the PI's knowledge, the protocol may be submitted for review
 - a. Submission <u>does NOT</u> mean the protocol is approved. The protocol must be reviewed by a designated member of the CSU IACUC approval board.

PROTOCOLS	ku	ali	•
← Back Manage Protocols	→ IACUC: #238		
	PROTOCOL	ACTIVITY LOG	
General Information 🗸 🍾	/ersion: 1 New In Progress		Admin Attachments
General Questionnai 🗸			8 Abandon
General Instructions 🧹 🛛 🗕	ubmission Type	Status	1 Submit
Personnel		·······	🖶 Print
Legacy ID Number			
Lay Summary	General Information		
Project Overview and P			
Procedures Table Infor	Please note that Personnel and Department Lists include information across the entire CSU System.	If you cannot find your name or department, contact RICRO IACUC Staff for assistance.	
Justification of Propos	CO = Fort Collins Campus PB = Pueblo Campus		
Alternative Search	GC = Global Campus (also GR) BG = Board of Governors		
Drugs and Compoun 🗸	Examples:		
Surgery Section	Clinical Sciences (CO-1678) = CSU, Clinical Sciences Biology (PB-P241) = CSU Pueblo, Biology		
Species and Protocol P			
Source of Animals	Principal Investigator (Last. First)	Department	
Husbandry & Variances			
Final Disposition			
IBC Information	Project Title		
Quality Assurance (QA)			
Funding			
General Attachments 🗸			
PI Certification	General Questionnaire		

25. After a designated member of the CSU IACUC approval board has reviewed the protocol, the protocol may be returned for edits. Comments will appear throughout the protocol page as "Action Items." The left sidebar menu will show which section has an action item (shown as a yellow circle with a number for amount of comments in each section).

PROTOCOLS		kuali	•	
← Back Manage Proto	cols \rightarrow IACUC: #231			
	PROTOCOL	ACTIVITY LOG		
Jump to	Version: 2 New Returned to Researcher	- Charges	admin Attachments	
General Information General Questionnal General Instructions	Submission Type New	Status Returned to Researcher	Review Assignments Resubmit Abandon Print	
Personnel	Feedback		G. con	
Lay Summary V Project Overview an 1 Procedures Table In V	Returned To Researcher Comment Please review my comments.			
Justification of Prop ✓ Alternative Search 1	cation of Prop.			
Drugs and Compounds Surgery Section Species and Protoc Source of Animals	Please note that Personnel and Department Lists i • C0 = Fort Collins Campus • PB = Pueblo Campus • GC = slobal Campus (also GR) • B0 = Board of Governors	nclude information across the entire CSU System. If you cannot find your name or department, contact BICRO IACUC Staff for assistance.		
Husbandry & Varian 1) Final Disposition 🗸	Examples: · Clinical Sciences (CO-1678) = CSU, Clinical · Biology (PB-P241) = CSU Pueblo, Biology	Sciences		
IBC Information Quality Assurance (_ Funding	Edit Principal Investigat <u>or (Last First)</u>	Department		
General Attachments PI Certification			÷	

a. Click on the "Action Item" box to read comments/action items

General Questionnaire		
Choose the appropriate form(s) for your study. Please note that if you submit Consent Form Inf Protocol. If you have any questions, please contact RICRO IACUC Staff. IACUC Waiver	Click here for comments	CUC 🗾 1 Action item
Consent Form Information		

26. At the top of the page, each version of the protocol can be accessed via the drop-down menu next to the "Version" heading. This includes the NEW version of the protocol with any revisions required after submission and any amendments.

PROTOCOLS			kuali			• —
← Back Manage Prof	tocols \rightarrow IACUC	:: #203				
		PROTOCOL		ACTIVITY LOG		
Jump to	Version:	2 Initial Superseded		×	Changes) Admin Attachments
General Information 🗸	Review Type	4 Amended Approved			te	🖶 Print
General Questionnai 🗸	Designated M	3 Amendment Merged Amendment			2	
General Instructions 🗸	_	2 Initial Superseded				
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Project Overview an 🗸	Genera	al Information				

- a. By checking the **"Show Latest Changes" box**, the OLD and NEW review request edits and amendments will be shown (in red and green, respectively). The OLD edits will be crossed out throughout the protocol page.
- 27. When edits are finished, resubmit edited protocol (top right of page) to be reviewed by the CSU IACUC