



**ANIMAL CARE AND USE PROTOCOL**  
**Mahidol University-Institute Animal Care and Use Committee**  
**(MU-IACUC)**

**“Exemption Review”**

**COVER SHEET**

<b>Protocol Number</b>		This section will be completed by the MU-IACUC
<b>Received by IACUC (dd/mm/yy)</b>		
<b>Approved/Request Modification (dd/mm/yy)</b>		
<b>Resubmitted (dd/mm/yy)</b>		
<b>Approved/Disapproved by IACUC (dd/mm/yy)</b>		
<b>Approved/Disapproved by IO/Dean (dd/mm/yy)</b>		
<b>Expiration Date (dd/mm/yy)</b>		

**Protocol title:**

(Thai).....

(English).....

**If this protocol is a part of the main project, please provide the main project title:**

(Thai) .....

(English) .....

**Funding source(s):** .....

- Grant proposal:**      to be submitted  
                               has been submitted  
                               has been approved. If approved, duration of approval.....

**Anticipated protocol period: From** ..... **To**.....

**Type of animal protocol**

- [ ] Research: In the Field of .....
- [ ] Testing/Monitoring (please specify).....
- [ ] Teaching: Course Title/Level.....
- [ ] Biological Production: (please specify) .....
- [ ] Animal Breeding (please specify).....
- [ ] Other (please specify) .....

**Principal investigator: Name**.....

*(for a student thesis, the principal investigator is the principal adviser, and the student is a co-investigator)*

**Position:** .....**Department** .....

**Faculty/Institute** .....

**Tel.** .....**Fax.** .....

**E-mail** .....

\* **Animal use license no.**.....**Expired date**.....

**Co- investigator: Name** .....

**Position:** .....**Department** .....

**Faculty/Institute** .....

**Tel.** .....**Fax.** .....

**E-mail** .....

\***Animal use license no.**.....**Expired date**.....

**Co- investigator: Name** .....

**Position:** .....**Department** .....

**Faculty/Institute** .....

**Tel.** .....**Fax.** .....

**E-mail** .....

\***Animal use license no.**.....**Expired date**.....

**Contact Person in Case of Emergency:** .....

**Office/Affiliation:** .....

**Phone:** .....**E-mail:** .....

*\*Issued by Institute of Animal for Scientific Purposes Development, NRCT*

Your signature as P.I., Co-investigator on this application verifies that the information herein is true and correct and that you are familiar with and will comply with standard of animal care and use established under the ethical guidelines and policies of the Mahidol University and Office of the National Research Council of Thailand (NRCT) and the animal for scientific purpose act., B.E. 2558

**Principal investigator: Name**.....

\_\_\_\_\_  
(Signature) (Date)

**Co- investigator: Name** .....

\_\_\_\_\_  
(Signature) (Date)

**Co- investigator: Name** .....

\_\_\_\_\_  
(Signature) (Date)

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*This section will be completed by the MU-IACUC*

**Statistical Review: Name** .....

\_\_\_\_\_  
(Signature) (Date)

**Safety Review: Name** .....

\_\_\_\_\_  
(Signature) (Date)

**Attending Veterinarian: Name** .....

\* Animal use license no.....Expired date.....

\*\* Veterinary practitioner license no.....Expired date.....

\_\_\_\_\_  
(Signature) (Date)

*\*Issued by Institute of Animal for Scientific Purposes Development*

*\*\* Issued by The Veterinary Council of Thailand*

**Head of Faculty/Institute: Name** .....

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Faculty/Institute:** .....  
.....

## Approval

**MU-IACUC Review:**

**Approved**     **Approval recommended**     **Disapproved**

.....  
(Chair, MU-IACUC Signature, Date)

**MAHIDOL UNIVERSITY**  
**STANDARDIZED RESEARCH PROTOCOL FORMAT**  
**FOR PERMISSION OF ANIMAL CARE AND USE**

**1. Non-technical summary:** *(Provide a brief description of the project that is easily understood by non-scientists, expressing its significance and needs for undertaking the study).*

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**2. Rationale and literature review:** *((Include a brief statement of the requirement for the information being sought. Typically, the literature or the experience that led to the proposal will be briefly reviewed, references cited will be provided.))*

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**3. Literature Search for Duplication:** *(This search must be performed to prevent unnecessary duplication of previous experiments.)*

- 3.1 Literature Source(s) Searched:** *(database name)*.....
- 3.2 Date of Search:** *(perform the search no earlier than 6 months prior to IACUC meeting, (dd/m/yy))*.....
- 3.3 Period of Search:** *(range of years searched):*.....
- 3.4 Key Words used in Search:** .....
- 3.5 Results of Search:** *Provide a narrative description of the results of the literature search*

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**4. Objective(s):** *(Provide goal/specific aim of this project)*

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**5. Experimental design:** *(Provide a complete description of what will be done to the animals. Succinctly outline the formal scientific plan and direction for experimentation, sequential description of procedures what will be done to the animals from obtain the animal to the end of study. A diagram or chart may be helpful to explain complex design).*

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**6. Data analysis and statistical method:** *(List the statistical test(s) planned or describe the strategy intended to evaluate the data).*

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**7. Source of samples or specimens:**

7.1 From previously approved protocol: *(Provide detail of the source protocol)*

7.1.1 Protocol Title – Protocol no.

(Thai): .....

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(English): .....

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7.1.2 Description of animal source of sample

Animal	Genus and Species	Sample/Organ/Specimen	Number of samples will be used in this protocol

7.2 From wildlife (must be complied with Wildlife Preservation and Protection Act BE.2535), please specify:

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7.3 From other sources, please specify:

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7.4 Transportation of samples/specimen to the laboratory *(Check all that apply):*

Transport in a closed container, please specify

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Duration of transportation:

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Transport in a temperature controlled container, please specify .....

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Duration of transportation:

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Other, please specify

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Duration of transportation:

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**8. Disposal of sample/specimen:**

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**9. Biohazard/safety:**

- Infectious agent (s) is/are used: specify .....
- Biohazardous chemical or carcinogen or radioactive material is/are used  
specify .....
- Recombination agent(s) is/are used: specify .....
- None

9.1 Provide a list of any potential biohazards associated with this protocol. Specify biosafety level.    BSL 1    BSL 2    BSL 3    BSL 4

9.2 Explain any safety precaution or program designed to protect personnel from biohazard and any surveillance procedure in place to monitor potential exposure.

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9.3 Explain how the waste is decontaminated and disposed.

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9.4 List primary safety equipment and personnel protective equipment requirements.

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9.5 List procedures if any accident, injury or illness occurs.

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9.6 List specific treatment provision for accidental exposure.

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9.7 List relevant occupational medical health provision.

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**10. Qualification of personnel:**

*List all individuals who will be involved in this protocol.*

Name	Responsibilities	Description of relevant experience or training
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(Principal investigator)

Date