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| **To ensure that there are no unnecessary delays in the processing and review of your submission, please make sure that you read all instructions throughout the application carefully before submitting your request.**   1. Prior to completing and submitting an application, you must discuss the feasibility of the proposed project and whether it aligns with the aquarium’s research goals with Georgia Aquarium’s Research and Conservation Department ([GAIresearch@georgiaaquarium.org](mailto:GAIresearch@georgiaaquarium.org)). Through this process, you will need to receive up to four approval codes from our research, husbandry, and veterinary management teams (see Section E). If your submission does not have the sufficient approval codes, your submission will be returned back to you. 2. All necessary documents must be submitted to [iacuc@georgiaaquarium.org](mailto:iacuc@georgiaaquarium.org) as **Word** documents once completed. Hard copies, PDFs, scanned hard copies, and faxed copies of applications will not be accepted. |

**SECTION A. ADMINISTRATIVE**

**A1. PERSONNEL INFORMATION\***

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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Protocol Title: |  | | | | | | | | | |  | | | | | | | | | | | Principal Investigator: | | |  | Institution/Department: | | | |  | | |  | | | | | | | | | | | Office Phone: |  | | | | Cell Phone: |  | | | | |  | | | | | | | | | | | E-mail Address: | |  | | | | | Funding Source: | | Choose an item. | |  | | | | | | | | | | |

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| **In case the animal(s) is/are observed in distress, the following person(s) should be contacted:**  Dr. Matt O’Connor, Director of Animal Health & Nutrition  404-581-4341 (o), 530-400-6057 (c), [moconnor@georgiaaquarium.org](mailto:moconnor@georgiaaquarium.org)  In the event that Dr. O’Connor is not available, please contact the Vice President of Animal Health & Wellness and/or any Georgia Aquarium veterinarian on duty. |

**A2. STUDY TYPE\***

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| If you are only requesting animal records, **archived** samples, and/or **archived** media, only a Section I Form is needed. If you are conducting research at another institution in which there are no Georgia Aquarium personnel engaging in animal and/or sample handling, you do not need to submit an application to the IACUC. If you would like to request a review of such projects from the IACUC for publication purposes and/or at the request of the institution hosting the research, please contact [iacuc@georgiaaquarium.org](mailto:iacuc@georgiaaquarium.org) prior to submitting an application.  For purposes of completing the section below, **field studies** are defined as any study conducted on free-living wild animals in their natural habitat, which does not involve invasive procedure, and which does not harm or materially alter the behavior of the animals under study. In which, **natural habitat** does not include a zoo/aquarium, petting zoo, fish hatchery/farm, or other animal exhibit or man-made housing, regardless of how similar to the animals’ natural habitat. In which **invasive procedure** is defined as a break in or cutting of the skin or equivalent, insertion of an instrument or material into an orifice, introduction of a substance or object into the animal’s immediate environment that is likely either to be ingested or to contact and directly affect animal tissues, or stimulus directed at animals that may have an impact on normal function or behavior. |

**Select All That Apply:**

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| **On-Site Observation:** Research at Georgia Aquarium (any campus) with no animal handling, management, or   control and no collection or handling of animal samples.  **On-Site Animal Handling:** Research at Georgia Aquarium (any campus) with methods involving animals or their   samples for the purpose of scientific investigation or medical/veterinary research.  **Off-Site, Managed Care with Animal Handling:** Research at another zoological or research institution with   methods involving animals or their samples for the purpose of scientific investigation or medical/veterinary   research.  **Off-Site, Wild with Animal Handling:** Research at off-site locations with methods involving invasive procedures on   wild animals (otherwise does not qualify as a “field study”).  **Field Study Observation:** Research in the field with no animal handling, management, or control and no collection   or handling of animal samples.  **Field Study Animal Handling:** Research in the field with methods involving animals or their samples for the purpose   of scientific investigation or medical/veterinary research, not including invasive procedures. |

**A3. RENEWAL PROTOCOLS\***

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| |  |  |  |  | | --- | --- | --- | --- | | a. Does this application renew an existing protocol? No | | Yes, Protocol ID: |  | |  | | | | | | | |  | If **yes**, briefly summarize findings thus far: | | | | | | | |  |  | | | | |  |  | | | | | |  | Specify numbers of animals that were used: | | | | | |  |  | | | | |  |  | | | | | |  | Describe any adverse events: | | | | | |  |  | | | | |  |  | | | | | |

**A4. ROLE DELINEATION\***

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| All individuals listed under this section are those who will be doing animal handling under this protocol. For the purposes of this section, **animal handling** is defined as anyone who will be doing hands-on procedures (both invasive and non-invasive), training/maintaining under stimulus control, restraining, collecting or otherwise touching animal samples, or providing treatment to animals. This includes any and all Georgia Aquarium staff who may otherwise be handling the animals on your behalf during the execution of work under this protocol.  All individuals listed under this section must have a completed **Personnel Qualifications (Section F) Form** included within this application. Separated Section F Forms should not be used unless all available spaces within this application have already been used. Exceptions: (1) International colleagues do not need a Personnel Qualifications Form but must have a signed liability waiver, similar to those not engaged in animal handling, as described below. (2) Georgia Aquarium personnel who are conducting work under this protocol that does not exceed the daily skills/responsibilities (e.g., animal handling, species work with, etc.) of their employed position do not need to complete one of these forms (e.g., a commissary technician wanting to do elasmobranch work in the field DOES need a completed Section F Form).  Those who will not be engaging in animal handling but will be assisting with other aspects of this project **do not need to be listed below or complete a Personnel Qualifications Form**. However, pursuant to Georgia Aquarium IACUC’s Special Conditions of Approval, all individuals who assist with the execution of work under this protocol that are not listed below must sign a **Liability Waiter** and submit it to the IACUC, either before the start of work or as attachments to the Principal Investigator’s Annual Update Form, which must be submitted to the IACUC no later than November 1st of each year. |

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| Name | GAI Title or Other Affiliation | Role in Project (Select All That Apply) |
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### Expand this section to add another Section A4. Role Delineation table.

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| Name | GAI Title or Other Affiliation | Role in Project (Select All That Apply) |
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## A5. COLLABORATING (INCLUDES SUB-CONTRACTING) INSTITUTIONS\*

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| a. Will any facilities other than Georgia Aquarium (any campus) be used for animal use activities (e.g., housing, experimentation, observation, or procedures)?   |  |  |  |  | | --- | --- | --- | --- | | This is entirely a field-based operation (field study). | | | | |  | | | | | No. All work will be performed at Georgia Aquarium (any campus). | | | | |  | |  | | | Yes. Work will be performed at another facility (domestic and/or international). | | | | |  |  | | | | | Please specify: |  | | |  |  | | |

**SECTION B: ANIMAL USE JUSTIFICATION**

**B1. PURPOSE & SCIENTIFIC BENEFIT\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | a. Briefly describe, in less than 250 words and in lay terms, the purpose of this animal study and the potential scientific benefit of the proposed study with respect to human or animal health, the advancement of knowledge, or the good of society. **Please spell out acronyms at first use.** | | |  |  | |  | | | b. Summarize the primary objective(s) of this study in bullet-point form. | | |  |  | |  | | |  | | |

**B2. SPECIES JUSTIFICATION** **\***

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| Address all species that the described methodology will be used on by individual species. |

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| Scientific Name | This species was selected for the study because of the following attributes (select all that apply): |
|  | A large database exists allowing comparisons with previous data.  The anatomy or physiology is uniquely suited to the study proposed.  This is the lowest species on the phylogenetic scale that is suitable for the proposed study.  Other: |
|  | A large database exists allowing comparisons with previous data.  The anatomy or physiology is uniquely suited to the study proposed.  This is the lowest species on the phylogenetic scale that is suitable for the proposed study.  Other: |
|  | A large database exists allowing comparisons with previous data.  The anatomy or physiology is uniquely suited to the study proposed.  This is the lowest species on the phylogenetic scale that is suitable for the proposed study.  Other: |
|  | A large database exists allowing comparisons with previous data.  The anatomy or physiology is uniquely suited to the study proposed.  This is the lowest species on the phylogenetic scale that is suitable for the proposed study.  Other: |
|  | A large database exists allowing comparisons with previous data.  The anatomy or physiology is uniquely suited to the study proposed.  This is the lowest species on the phylogenetic scale that is suitable for the proposed study.  Other: |
|  | A large database exists allowing comparisons with previous data.  The anatomy or physiology is uniquely suited to the study proposed.  This is the lowest species on the phylogenetic scale that is suitable for the proposed study.  Other: |

### Expand this section to add an additional B2. Species Justification table

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| Species | This species was selected for the study because of the following attributes (select all that apply): |
|  | A large database exists allowing comparisons with previous data.  The anatomy or physiology is uniquely suited to the study proposed.  This is the lowest species on the phylogenetic scale that is suitable for the proposed study.  Other: |
|  | A large database exists allowing comparisons with previous data.  The anatomy or physiology is uniquely suited to the study proposed.  This is the lowest species on the phylogenetic scale that is suitable for the proposed study.  Other: |
|  | A large database exists allowing comparisons with previous data.  The anatomy or physiology is uniquely suited to the study proposed.  This is the lowest species on the phylogenetic scale that is suitable for the proposed study.  Other: |
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### Expand this section to add an additional B2. Species Justification table

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| Species | This species was selected for the study because of the following attributes (select all that apply): |
|  | A large database exists allowing comparisons with previous data.  The anatomy or physiology is uniquely suited to the study proposed.  This is the lowest species on the phylogenetic scale that is suitable for the proposed study.  Other: |
|  | A large database exists allowing comparisons with previous data.  The anatomy or physiology is uniquely suited to the study proposed.  This is the lowest species on the phylogenetic scale that is suitable for the proposed study.  Other: |
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|  | A large database exists allowing comparisons with previous data.  The anatomy or physiology is uniquely suited to the study proposed.  This is the lowest species on the phylogenetic scale that is suitable for the proposed study.  Other: |

## B3. TARGET ANIMAL NUMBERS\*

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| List the number of animals that will be used for the life of this 3-year protocol and the pain category for each species. For renewal protocols, unused animal numbers that were previously approved cannot be transferred to this new submission. Please use [this guide](https://www.aphis.usda.gov/sites/default/files/ac-tech-note-categorizing-animal-pain-or-distress.pdf) to help understand USDA’s pain level categories associated with animal research. |

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| --- | --- | --- | --- |
| Scientific Name | Age/Weight Range/Sex | Number of Animals for 3 Year Protocol | USDA Pain Category |
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### Expand this section to add an additional B3. Target Animal Numbers table.

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| Scientific Name | Age/Weight Range/Sex | Number of Animals for 3 Year Protocol | USDA Pain Category |
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## B4. TARGET ANIMAL NUMBERS JUSTIFICATION\*

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| Address all species that the described methodology will be used on by individual species. If you select “a statistical estimate of the number required to achieve statistical significance”, you must include the results of a power analysis as a separate document to this application. |

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### Expand this section to add an additional B4. Target Animal Numbers Justification table

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### Expand this section to add an additional B4. Target Animal Numbers Justification table

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### Expand this section to add an additional B4. Target Animal Numbers Justification table

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### Expand this section to add an additional B4. Target Animal Numbers Justification table

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## B5. LITERATURE SEARCH FOR ALTERNATIVES TO PAINFUL PROCEDURES

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| For protocols with USDA Category D and E pain levels only. |

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | a. What are the potentially painful conditions in this proposal? (Examples: surgery, toxins, ionizing radiation, implants,   tumor development, adjuvants, sepsis, infectious challenge). | | | | | | | |  | | |  | | | |  | | | |  | | | | b. A literature search for alternatives to the potentially painful conditions (listed above) is required. Please provide the following details: | | | | | | |  | Date (day, month, year) literature search was performed: | | | |  | |  | Years Covered By The Search (From - To): | | | |  | |  | Search Strategy / Keywords used in the search: | | | |  | |  | | | |  | | | | c. Databases Searched (Minimum of **2** databases required. Check all databases searched): | | | | | | | | AGRICOLA Data Base  AltBib  PubMed/MEDLINE (is considered one database)  Web of Science  Animal Welfare Information Center (AWIC)  Altweb | | | | SCOPUS  ToxNet  Biosis  Zoological Record  Other(s): | | | |  | | | |  | | | | d. Did the literature search reveal less painful alternatives to the potentially painful conditions that are proposed? | | | | | | | | No alternatives were found. | | | | | | | | Yes, but they are not suitable alternatives for the following reason(s): | | | | | | | |  | | Potentially painful conditions in this proposal (match to keywords used) | | | | |  | |  | | | | |  | | | |  | | | |  | | Write a BRIEF explanation why the alternatives found to these potentially painful conditions were not acceptable alternatives. | | | | |  | |  | | | | |  | | | |  | | | |

## B6. OVERVIEW OF EXPERIMENTAL DESIGN AND ANIMAL USE TIMELINES\*

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| |  |  |  | | --- | --- | --- | | a. Provide summary of the scientific overview including the goals/rationale. If this is a 3-year renewal, give a brief synopsis of study progress to date (research aims completed, numbers of animals used) before you discuss your current proposed work. | | | |  |  | |  |  | | b. Provide a detailed explanation of the overall experimental design. The description should define animal groups, group sizes, anticipated or established mortality for these procedures, and how each group will be tested or used. This section should *not* include a detailed review of surgery or other activities but should include the use of any unique drugs or practices. | | |  |  | |  |  | | c. Describe the anticipated sequence of experimental events (timeline) such as breeding, preparation of animals, surgery, testing procedures, collection of tissues, euthanasia, etc. | | |  |  | |  |  | |

**B7. USE OF ANIMALS FOR PERSONNEL TRAINING**\*

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| |  |  |  | | --- | --- | --- | | Is personnel training or teaching the primary purpose of this protocol?  No, this is not a training or teaching protocol.  No, this is not a training or teaching protocol. However, I may use small numbers of the approved   experimental animals to train my research staff the procedures approved on this protocol.  Yes, this is a training or teaching protocol. Animals will be used for personnel training or teaching (students   or others): | | | |  | | | |  | Describe how the use of animals enhances the didactic components of the training or teaching exercise: | | |  |  | |  |  | |

## B8. ANIMAL IDENTIFICATION\*

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| |  |  |  |  | | --- | --- | --- | --- | | Animal identification is not necessary for this protocol: | | | | |  | Please explain why animal identification is not necessary: | | | |  |  | | | |  | | |  | | Animal identification is necessary for this protocol.  Specify identification method(s) to be employed. Check all that apply: | | | | | Ear tagging with a unique numbered tag  Tattoo  Temporary dye or Ink marking  Ear punch or notch | | |  |  | | --- | --- | | Microchip  PIT tags  Acoustic transmitters | | | Other. Please identify: |  | | | |

**B9. PHOTOGRAPHY/VIDEOS OF ANIMALS OR TISSUES**\*

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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | a. Will images/video be taken of live animals for scientific purposes/publication? No Yes | | | | | | | | | |  | | |  | | | | | | |  | Are animals (tissues) GAI-owned or free-ranging? Free ranging GAI-owned.   **Please complete the following ↓** | | | | | | |  | | | | |  | | | | |  | | Provide the name(s) of the photographer(s) and description of how images/videos will be secured/protected from unauthorized use: | | | | |  | |  | | | | | | |  | |  | | | | |  | | Provide a description and purpose of the photographs/videos, including species (if not all listed in the protocol), and whether the photos are whole body, histologic/fresh/fixed tissues, or radiologic (e.g., CT, PET, MRI): | | | | |  | |  | | | | | | |  | | | |  | | | | |

**SECTION C: SPECIAL CONSIDERATIONS FOR ANIMAL USE**

**C1. ALTERNATIVE HUSBANDRY REQUIREMENTS\***

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| Alternative husbandry needs that are approved through the IACUC must also be approved and implemented through direct arrangements with Georgia Aquarium’s Animal Care Management team. All special considerations must be within the scope of the Animal Welfare Regulations and/or Georgia Aquarium’s Non-Regulated Species Policy. |

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| |  |  |  |  | | --- | --- | --- | --- | | a. Is approval requested for any alternative husbandry needs?  No. There are no alternative husbandry requirements.  Yes. Please provide a description of the alternative husbandry needs below ↓ | | | | |  | Food restriction (other than for routine presurgical preparation): | | | |  | |  | |  |  | | | |  | Water restriction: | | | |  | |  | |  |  | | | |  | Special caging: | | | |  | |  | |  |  | | | |  | Special environment: | | | |  | |  | |  |  | | | |  | Other restrictions or special needs: | | | |  | |  | |  |  | | | |

**C2. CONTROLLED SUBSTANCE USE\***

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| a. Will controlled substances be used for anesthesia, restraint, animal management, agent testing, or euthanasia?  No. Controlled substances will not be used.  Yes. Controlled substances will be used. I DO have the registrations at present.  Yes. Controlled substances will be used, but I will not obtain a controlled substance registration. Georgia   Aquarium will provide necessary controlled substances for sedation, anesthesia, analgesia, and euthanasia,   and provision of controlled substances will continue for the duration of this protocol.  Yes. Controlled substances will be used. I DO NOT have the registrations at present, but I am/will apply for   controlled substance registration. |

**C3. PHYSICAL RESTRAINT\***

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| |  |  | | --- | --- | | a. Will the proposed research require the use of physical restraint (other than short-term hand-held) of awake animals? | | | No. Physical restraint will not be used. ([Skip to C4](#_C4._WITHHOLDING_OF))  Yes, but physical restraint of awake animals will not exceed short-term hand restraint. ([Skip to C4](#_C4._WITHHOLDING_OF))  Yes. Physical restraint must be used. | | |  | **If physical restraint will be used, I agree with the following:**  Restraint devices shall not be considered a normal method of housing.  Restraint devices shall not be used as convenience in handling or managing animals.  Alternatives to physical restraint have been considered and cannot meet the requirements of my study.  The restraint period shall be the minimum required to accomplish my research objectives.  Animals shall be acclimated to the devices and personnel prior to actual research use.  Animals that fail to adapt shall be removed from the study.  Animals in restraint shall be observed at appropriate intervals, as described below.  Veterinary care shall be provided if lesions or illnesses associated with restraint are observed.  A clear explanation of the purpose of the restraint and its duration shall be provided to the personnel involved. | |  | D3a.1. Briefly describe or identify the restraint device: | |  |  | | |  | | | |  | D3a.2. Briefly describe the procedure for restraining the animal: | | |  |  | | |  | | | |  | D3a.3. State the duration of the restraint period: | | |  |  | | |  | | | |  | D3a.4. Describe the plan for observation of the animal during the period of restraint: | | |  |  | | |  | | | |  | D3a.5. Describe the plan for animal care and support during the period of restraint to ensure comfort and well-being: | | |  |  | | |  | | | |  | D3a.6. Describe the procedure for conditioning the animal to the restraint device and procedure so as to minimize potential animal distress during restraint: | | |  |  | | |  | | | |

## C4. WITHHOLDING OF ANESTHETICS OR ANALGESICS\*

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| a. Does this protocol involve procedures that are expected to cause pain, but for which pain-relieving anesthetics and/or analgesics will be provided?  No. There are no painful procedures (i.e., no greater pain than from simple injections).  No. Anesthetics and/or analgesics will be provided for pain relief.  Yes. This protocol includes painful procedures for which anesthetics and/or analgesics will be withheld. |

**C5. ANIMAL WELL-BEING, HUMANE AND DEATH AS ENDPOINT FOR EXPERIMENTAL ENDPOINTS\***

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| Researchers should consider the impact of their procedures upon the animals’ well-being. Do you anticipate any animal health complications (e.g., local or systemic infection, physical or physiological impairment, heavy tumor burden, tumor necrosis, malnutrition, dehydration, etc.) arising from the experimental procedures or animals manipulations that are proposed in this protocol? |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | No. Animal health complications/adverse events are not expected. *Answer only C5d.* | | | | | | Yes. Animal health complications/adverse events may occur. *Answer C5a through C5e.* | | | | | |  | | | | | |  | C5a. Describe the health complications that are anticipated: | | | | | |  |  | | | | | |  | | | | | | |  | C5b. Describe the plan for detecting the development of complications and their routine management: | | | | | |  |  | | | | | |  | | | | | | |  | C5c. If animals experience complications that are not resolved by the above management plan, specify the action(s) that will be taken (select all that apply):  Euthanize the animal  Seek veterinary care from the Attending Veterinarian  Withdraw the animal from the study for treatment and recovery according to the following plan   (describe): | | | | | |  | |  | | | | |  | | | | | | |  | C5d. The Principal Investigator, with precise knowledge of both the objectives of the study and the proposed model, should identify, explain and include in the protocol a study endpoint that is both humane and scientifically sound. The experimental endpoint of a study occurs when the scientific aims and objectives have been reached. The humane endpoint is the point at which pain or distress is prevented, terminated or relieved in an experimental animal. The use of humane endpoints contributes to refinement by providing an alternative to experimental endpoints that result in more severe animal pain and distress, including death. Please select the appropriate response.  I anticipate that the experimental endpoints will be reached prior to the humane endpoints.  I anticipate that humane endpoints will be reached prior to the experimental endpoints.  This is necessary because: | | | | | |  | | | |  | | |  | | | | | | |  | C5e. Will death be the endpoint for any animal(s) in this protocol? (i.e., The animal's death is a required experimental data point). For example, heart failure is induced in a rabbit, and it is allowed to survive until it dies of congestive heart failure without being euthanized.  No  Yes **↓** | | | | | |  | | | | | | |  | | | Will euthanasia ever be considered or is there any other measurable endpoint at which euthanasia will be performed? If YES, this may not be death as an endpoint. If yes, please explain. | | | |  | | |  | | | |  | | | | | | |  | | | If euthanasia will never be considered, please justify why death is the end point rather than euthanasia. | | | |  | | |  | | | |  | | | | | | |  | | | What signs are the animals expected to exhibit as they go through the terminal stages? | | | |  | | |  | | | |  | | | What measures can be taken to alleviate pain (e.g., analgesics)? (If NONE, please justify) | | | |  | | |  | | | |  | | | | | | |  | | | Who will observe the animal during the terminal stages? | | | |  | | |  | | | |  | | | | | | |

**SECTION D: EUTHANASIA & DISPOSITION**

**D1. EUTHANASIA\***

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| Please indicate the role of euthanasia in the proposed activity: |

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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Euthanasia is not planned, but ***if*** necessary, will be performed to prevent animal distress using one of these   options:1) The Attending Veterinarian will perform or asked performed an AVMA-approved method of   euthanasia or 2) For situations (e.g., field studies) where no veterinarian is available, the method selected   below will be used. [(Skip to D2)](#_D2._FINAL_DISPOSITION)  Euthanasia will not be performed. Federal, international, or local permits governing this work do not allow   euthanasia. [(Skip to D2 after completing ->)](#_D2._FINAL_DISPOSITION) Please specify:        Animals will be euthanized as part of the experimental protocol:  Specify experimental protocol here: | | | | | | | | |  | | |  | | | | |  | | | | | | | | **Generally Acceptable Methods Of Euthanasia**  Please specify the method(s) of euthanasia below. If applicable, provide a justification for methods that are acceptable with conditions. If using a different method with the same animal, indicate such in the Other/Additional column.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Species Group | | Species | Method | Other / Additional | |  | Mammal |  | Choose an item. |  | |  | | | | | |  | Marine Mammal |  | Choose an item. |  | |  | | | | | |  | Bird |  | Choose an item. |  | |  | | | | | |  | Fish |  | Choose an item. |  | |  | | | | | |  | Reptile |  | Choose an item. |  | |  | | | | | |  | Amphibian |  | Choose an item. |  | |  | | | | | |  | AQ Invertebrate |  | Choose an item. |  | |  |  |  |  |  | |  | TR Invertebrate |  | Choose an item. |  | |  |  |  |  |  | | | | | | | | | Unacceptable methods might be appropriate under certain circumstances (e.g., under field conditions) and can be approved by the IACUC if a strong justification is provided: | | | | | | | | Thoracic compression. Please justify: | | | | | | | |  | | | | | | | |  | |  | | | | | |  | | | | | | | | Blunt force trauma to the head. Please justify: | | | | | | | |  | | | | | | | |  | |  | | | | | |  | | | | | | | | Death must be assured by a second physical form of euthanasia in mammals, amphibians, and reptiles unless otherwise approved by the IACUC. In all other species, at a minimum respiratory and cardiac arrest must be assured by a trained technician. | | | | | | | |  | | | | |  | | | Bilateral thoracotomy  Decapitation  Tissue/organ collection. Please specify **↓** | | | | | Cervical dislocation  Pithing  Other. Please specify **↓** | | |  |  | | |  | |  | |  |  | | |  | |  |   Other Methods of Euthanasia ([AVMA Guide on Euthanasia](https://www.avma.org/sites/default/files/2020-01/2020-Euthanasia-Final-1-17-20.pdf)) |

## D2. FINAL DISPOSITION OF ANIMALS\*

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| |  |  |  | | --- | --- | --- | | Live animals will remain part of the institution’s collection and may be transferred to other approved protocols to   facilitate collaborative interactions and reduce overall animal usage and undue waste. **(most common selection)**  Animals will be euthanized by methods specified in Section D1: Euthanasia. *Answer D3.*  Disposition to another partner facility.  Animals will be released back into their natural habitat (field studies). | | | | Other: |  | |  | | | |

**D3. SHARING OF TISSUES, FLUIDS, OR CARCASSES**

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| This section only applies to animals which are **dead** prior to the collection of the tissues, fluids, or carcasses. Any collection of tissues or fluids from animals which are alive requires specific protocol approval for their collection. |

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| Indicate below if you anticipate sharing tissues, fluids, or carcasses post-euthanasia (intentional or not) from this protocol with **non-GAI researchers**:  I may share tissues, fluids, or carcasses from euthanized animals owned and/or housed by Georgia Aquarium.  I may share tissues, fluids, or carcasses from euthanized animals owned and/or housed by other institutions. |

**SECTION E: APPLICATION ADMINISTRATION**

**E1. PRE-SUBMISSION APPROVALS\***

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| All Principal Investigators must collaborate with Georgia Aquarium’s animal care, research, and/or veterinary departments prior to submitting an application to the IACUC. This collaboration can be established by e-mailing the Research and Conservation Department at ([gairesearch@georgiaaquarium.org](mailto:gairesearch@georgiaaquarium.org)). Applications that do not have the appropriate code(s) will be immediately sent back to you.  **Approval Types:**   * Research & Conservation Director: All submissions to the IACUC must have an approval code from this director. * Animal Care Director: Any submission that includes handling of animals being housed at Georgia Aquarium. * Animal Health Veterinarian: Any submission that includes handling of animals being housed at Georgia Aquarium. * Compliance Officer: Any submission that includes a request for animal records (Section I). |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 1. Research & Conservation Director: | |  | | | | |  | |  | | | | | 1. Animal Care Director: | |  | | | | |  | |  | | | | | 1. Animal Health Veterinarian: | |  | | | | |  | |  | | | | | 1. Compliance Officer: | |  | | | | |  | |  | | | | | All principal investigators that are employees of Georgia Aquarium must also have their supervisor’s approval to conduct research at Georgia Aquarium, at partner facilities, or in the field. By providing the information of your supervisor below, you are certifying that you have obtained such approval to submit this research request: | | | | | | | | | Name: |  | | Title: | |  | | |  | | | |  | | | | | I am not an employee of Georgia Aquarium. | | | | | | | | |  | | | |  | | | | |

**E2. INTERNSHIP PROJECTS\***

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| All internship projects must be submitted with the appropriate advance notice to ensure requests can be processed within the IACUC’s deadlines and timelines, while allowing for enough time to complete the project. Participating in an internship at Georgia Aquarium does not guarantee that an internship project will be approved by the IACUC. |

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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | This project is part of an internship program at Georgia Aquarium | | | | | | | |  | | | | |  | | |  | Dates of Internship: |  | to |  | | |  | | | | | | | | This project is not for an internship. | | | | | | | |  | | | | |  | | |

**E3. PRINCIPAL INVESTIGATOR AGREEMENT\***

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| **Duplication & OHSP\*:** I have determined that the research proposed is not unnecessarily duplicative and confirm that all individuals working on this protocol have been assessed for health risks and are participating in an appropriate Occupational Health & Safety Program.  **Emergency Veterinary Care\*:** I understand that in cases of necessary medical treatment or distress, the housing institution’s veterinary team is authorized to provide treatment required to sustain life, or if necessary, provide humane euthanasia to prevent unapproved distress and/or pain. The housing institution’s veterinary staff will contact me as soon as possible, but I understand that such contact may not always be possible prior to providing treatment/euthanasia. For field studies, I will contact Georgia Aquarium’s veterinary team for consultation on providing emergency veterinary care.  **Information Release\*:** Georgia Aquarium’s IACUC has a legal responsibility to protect all information related to trade secrets and proprietary information and to not release such information unless it has met the criteria outlined in the IACUC’s policies. However, in working with Georgia Aquarium, all non-exempted information related to this research may be openly shared with internal personnel, the scientific community, and/or the public at any time. Projects that do not allow information sharing will not be approved by the IACUC. I understand, and agree, that Georgia Aquarium may share information about this research project.  **Principal Investigator Responsibility\*:** I authorize individuals listed on this application to conduct the approved procedures and I accept full responsibility for their oversight in the conduct of this protocol.  **Records\*:** All records documenting observation of animal health and well-being will be stored in the housing institution’s record management system. For field studies, all records will be kept by the research staff.  **Standard Approval Conditions\*:** I have reviewed and will abide by the IACUC’s Research Approval Standard Conditions and Research Policy and understand that any work performed without IACUC approval may result in federally required reporting of non-compliance.  **Submission Review Availability\*:** I will make myself available during the scheduled review meeting of this submission, in case the IACUC needs to ask additional questions. If I am not available, I understand that the review of my project may be delayed pending the return of requested information and/or materials to the IACUC.  **Animal Welfare Regulations:** I understand that no proposed methodologies can be in violation of the Animal Welfare Regulations or Georgia Aquarium’s Non-Regulated Species Policy. I understand that Georgia Aquarium applies these standards of care to all taxa that are housed at Georgia Aquarium. *[For work at Georgia Aquarium (any campus) only]*  **Category D or E Pain:** I certify that Georgia Aquarium’s veterinary team was consulted during the development of this protocol request for such categorized procedures. *[For protocols that are Category D or E pain only]* |

**E4. FINAL SIGNATURE\***

**I have obtained all the required approvals and have carefully reviewed, understand, and agree to all the above agreement clauses (required for a submission) for:**

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Project Title: |  | | | | |  | | | |  | | Ideal Project Start Date (Not Guaranteed): | | |  | | |  | | | |  | | Principal Investigator Signature:  To insert your signature, hover over and click on the photo icon to the right and select a saved photo of your signature. | |  | | | |  | | | |  | |

**E5. SPONSOR**

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| This section is required if the applicant is not a university faculty member, research scientist, or health professional. |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name: |  | Date: |  | | | |  | | | | | Title: |  | Sponsor Signature:  To insert your signature, hover over and click on the photo icon below and select a saved photo of your signature. | | | |  | | | | | | | Affiliation: |  | **A white square with a blue border  Description automatically generated** | | | | |  |  | |  | | | | | | |

**E6. SUPPLEMENTAL SECTIONS INCLUDED IN THIS APPLICATION\***

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| --- |
| Select all that apply to your protocol. Section that you check off here have corresponding sections that need to be expanded and completed at the end of this form. |

[Section F: Personnel Qualifications](#_SECTION_F._PERSONNEL) **(Required)**

[Section G: Survival Surgical Procedures](#_SECTION_G._SURVIVAL)

[Section H: Field Studies](#_SECTION_H._FIELD)

[Section I: Archived Samples or Data](#_SECTION_I._ARCHIVED)

*Click on the arrow to expand the additional sections that are needed for this application and please leave all non-applicable sections closed.*

# SECTION F. PERSONNEL QUALIFICATIONS

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| All individuals listed under the Role Delineation section above must have a completed **Personnel Qualifications (Section F) Form** included within this application. Separated Section F Forms should not be used unless all available spaces within this application have already been used. Exceptions: (1) International colleagues do not need a Personnel Qualifications Form but must have a signed liability waiver, similar to those not engaged in animal handling, as described below. (2) Georgia Aquarium personnel who are conducting work under this protocol that does not exceed the daily skills/responsibilities (e.g., animal handling, species work with, etc.) of their employed position do not need to complete one of these forms (e.g., a commissary technician wanting to do elasmobranch work in the field DOES need a completed Section F Form).  Those who will not be engaging in animal handling but will be assisting with other aspects of this project **do not need to be listed under the Role Delineation section or complete a Personnel Qualifications Form**. However, pursuant to Georgia Aquarium IACUC’s Special Conditions of Approval, all individuals who assist with the execution of work under this protocol that are not listed below must sign a **Liability Waiter** and submit it to the IACUC, either before the start of work or as attachments to the Principal Investigator’s Annual Update Form, which must be submitted to the IACUC no later than November 1st of each year. |

**F1. PERSONNEL INFORMATION\***

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| |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Institution/Department: |  | |  |  |  |  | | Day Phone: |  | E-mail address: |  | |  |  |  |  | | GAI Relationship: | Staff Intern Volunteer Not Affiliated | | | |  | | | | |

**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| During the review of this protocol, the IACUC will review and confirm that you have met the training requirements for the species and work involved in this protocol. Please review such training requirements below and indicate which option matches your situation the best. **Training must be completed every five years**.   |  |  | | --- | --- | | Research Group | Required Training or Forms | | Georgia Aquarium Personnel -  Research & Conservation | 1. Working with the IACUC  2. Working with Fish in a Research Setting  3. Wildlife Research | | Georgia Aquarium Personnel -  Zoological Operations, Aquatic Sustainability, Animal Health, Other | 1. Working with the IACUC  2. Species Appropriate Module(s)\*  3. Research Basics  **(Georgia Aquarium Academy)** | | Principal Investigators & Animal Handling Researchers/Technicians – In House | 1. Working with the IACUC  2. Species Appropriate Module(s)\* | | Principal Investigators & Animal Handling Researchers/Technicians – In Field | 1. Working with the IACUC  2. Species Appropriate Module(s)\*  3. Wildlife Research | | International Researchers, Technicians, or Fisherman - Animal Handling | 1. Liability Waiver – Individual must receive instruction and supervision by a GAI staff member. | | Researchers or Technicians – No Animal Handling | 1. Liability Waiver |   \* “Species Appropriate Module(s)” include Working with Fish in a Research Setting, Working with Amphibians in a Research Setting, and Working with Reptiles in a Research Setting. For species appropriate training for mammals, birds, or invertebrates, please contact the IACUC. |

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| |  | | --- | | I have completed all the required training through the CITI Program under Georgia Aquarium as an institution.   *Certificates will be verified by the IACUC through CITI (and Georgia Aquarium Academy where applicable).* | |  | | I have completed all the required training through the CITI Program under another institution.   *Copies of your certificates must be provided with this application.* | |  | |

**F3. PERSONNEL AGREEMENT\***

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| |  | | --- | | I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly   notify the Principal Investigator of any situations that arise which fall under these standard conditions. | |  | | I have reviewed, or will review, the protocol section under which I will be performing work. I accept   responsibility for conducting my work in accord with the approved protocol. | |  | | I understand that work performed without IACUC approval may result in federally required reporting of non-  compliance. | |  | | I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's   well-being. | |  | |

**F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Please describe any formal training that you have received related to the use of animals. Include the institution, approximate dates, and a brief description of the training content: | | | | | | |  | | |  | | | |  |  | | | | |  | |  | | | | | What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? **(Please be specific.)** | | | | | | |  | |  | | | | |  |  | | | | |  | |  | | | | | If training in specific skills is needed (as indicated below) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: | | | | | | |  | |  | | | | |  |  | | | |  | | | | | | |

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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted**. |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) | | Direct Handling |  |  |  |  | | Passive Handling (Training; Stimulus Control) |  |  |  |  | | Restraint |  |  |  |  | | Oral Gavage |  |  |  |  | | Other: |  | | | | | **Injections** | | | | | | Intramuscular |  |  |  |  | | Subcutaneous |  |  |  |  | | Intraperitoneal |  |  |  |  | | Intracardiac |  |  |  |  | | Other: |  | | | | | **Blood Collection** | | | | | | Tail vein |  |  |  |  | | Facial (maxillary) vein |  |  |  |  | | Saphenous vein |  |  |  |  | | Orbital sinus/plexus |  |  |  |  | | Cardiac puncture |  |  |  |  | | Other: |  | | | | | **Identification** | | | | | | Ear tagging |  |  |  |  | | Ear notch |  |  |  |  | | Microchip |  |  |  |  | | Dart/roto tag |  |  |  |  | | Other: |  | | | | | **Anesthesia** | | | | | | Injectable |  |  |  |  | | Volatile |  |  |  |  | | Aseptic technique |  |  |  |  | | Post-surgical care |  |  |  |  | | Other: |  | | | | | **Euthanasia** | | | | | | CO2 |  |  |  |  | | Decapitation |  |  |  |  | | Cervical dislocation |  |  |  |  | | Transcardial perforation |  |  |  |  | | Other: |  | | | | |  | | | | | |

### Expand this section to add 5 more Section F.

**F1. PERSONNEL INFORMATION\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Institution/Department: |  | |  |  |  |  | | Day Phone: |  | E-mail address: |  | |  |  |  |  | | GAI Relationship: | Staff Intern Volunteer Not Affiliated | | | |  | | | | |

**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| During the review of this protocol, the IACUC will review and confirm that you have met the training requirements for the species and work involved in this protocol. Please review such training requirements below and indicate which option matches your situation the best. **Training must be completed every five years**.   |  |  | | --- | --- | | Research Group | Required Training or Forms | | Georgia Aquarium Personnel -  Research & Conservation | 1. Working with the IACUC  2. Working with Fish in a Research Setting  3. Wildlife Research | | Georgia Aquarium Personnel -  Zoological Operations, Aquatic Sustainability, Animal Health, Other | 1. Working with the IACUC  2. Species Appropriate Module(s)\*  3. Research Basics  **(Georgia Aquarium Academy)** | | Principal Investigators & Animal Handling Researchers/Technicians – In House | 1. Working with the IACUC  2. Species Appropriate Module(s)\* | | Principal Investigators & Animal Handling Researchers/Technicians – In Field | 1. Working with the IACUC  2. Species Appropriate Module(s)\*  3. Wildlife Research | | International Researchers, Technicians, or Fisherman - Animal Handling | 1. Liability Waiver – Individual must receive instruction and supervision by a GAI staff member. | | Researchers or Technicians – No Animal Handling | 1. Liability Waiver |   \* “Species Appropriate Module(s)” include Working with Fish in a Research Setting, Working with Amphibians in a Research Setting, and Working with Reptiles in a Research Setting. For species appropriate training for mammals, birds, or invertebrates, please contact the IACUC. |

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| |  | | --- | | I have completed all the required training through the CITI Program under Georgia Aquarium as an institution.   *Certificates will be verified by the IACUC through CITI (and Georgia Aquarium Academy where applicable).* | |  | | I have completed all the required training through the CITI Program under another institution.   *Copies of your certificates must be provided with this application.* | |  | |

**F3. PERSONNEL AGREEMENT\***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly   notify the Principal Investigator of any situations that arise which fall under these standard conditions. | |  | | I have reviewed, or will review, the protocol section under which I will be performing work. I accept   responsibility for conducting my work in accord with the approved protocol. | |  | | I understand that work performed without IACUC approval may result in federally required reporting of non-  compliance. | |  | | I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's   well-being. | |  | |

**F4. SKILLS AND EXPERIENCE\***

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| --- |
| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Please describe any formal training that you have received related to the use of animals. Include the institution, approximate dates, and a brief description of the training content: | | | | | | |  | | |  | | | |  |  | | | | |  | |  | | | | | What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? **(Please be specific.)** | | | | | | |  | |  | | | | |  |  | | | | |  | |  | | | | | If training in specific skills is needed (as indicated below) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: | | | | | | |  | |  | | | | |  |  | | | |  | | | | | | |

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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted**. |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) | | Direct Handling |  |  |  |  | | Passive Handling (Training; Stimulus Control) |  |  |  |  | | Restraint |  |  |  |  | | Oral Gavage |  |  |  |  | | Other: |  | | | | | **Injections** | | | | | | Intramuscular |  |  |  |  | | Subcutaneous |  |  |  |  | | Intraperitoneal |  |  |  |  | | Intracardiac |  |  |  |  | | Other: |  | | | | | **Blood Collection** | | | | | | Tail vein |  |  |  |  | | Facial (maxillary) vein |  |  |  |  | | Saphenous vein |  |  |  |  | | Orbital sinus/plexus |  |  |  |  | | Cardiac puncture |  |  |  |  | | Other: |  | | | | | **Identification** | | | | | | Ear tagging |  |  |  |  | | Ear notch |  |  |  |  | | Microchip |  |  |  |  | | Dart/roto tag |  |  |  |  | | Other: |  | | | | | **Anesthesia** | | | | | | Injectable |  |  |  |  | | Volatile |  |  |  |  | | Aseptic technique |  |  |  |  | | Post-surgical care |  |  |  |  | | Other: |  | | | | | **Euthanasia** | | | | | | CO2 |  |  |  |  | | Decapitation |  |  |  |  | | Cervical dislocation |  |  |  |  | | Transcardial perforation |  |  |  |  | | Other: |  | | | | |  | | | | | |

**F1. PERSONNEL INFORMATION\***

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| |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Institution/Department: |  | |  |  |  |  | | Day Phone: |  | E-mail address: |  | |  |  |  |  | | GAI Relationship: | Staff Intern Volunteer Not Affiliated | | | |  | | | | |

**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| During the review of this protocol, the IACUC will review and confirm that you have met the training requirements for the species and work involved in this protocol. Please review such training requirements below and indicate which option matches your situation the best. **Training must be completed every five years**.   |  |  | | --- | --- | | Research Group | Required Training or Forms | | Georgia Aquarium Personnel -  Research & Conservation | 1. Working with the IACUC  2. Working with Fish in a Research Setting  3. Wildlife Research | | Georgia Aquarium Personnel -  Zoological Operations, Aquatic Sustainability, Animal Health, Other | 1. Working with the IACUC  2. Species Appropriate Module(s)\*  3. Research Basics  **(Georgia Aquarium Academy)** | | Principal Investigators & Animal Handling Researchers/Technicians – In House | 1. Working with the IACUC  2. Species Appropriate Module(s)\* | | Principal Investigators & Animal Handling Researchers/Technicians – In Field | 1. Working with the IACUC  2. Species Appropriate Module(s)\*  3. Wildlife Research | | International Researchers, Technicians, or Fisherman - Animal Handling | 1. Liability Waiver – Individual must receive instruction and supervision by a GAI staff member. | | Researchers or Technicians – No Animal Handling | 1. Liability Waiver |   \* “Species Appropriate Module(s)” include Working with Fish in a Research Setting, Working with Amphibians in a Research Setting, and Working with Reptiles in a Research Setting. For species appropriate training for mammals, birds, or invertebrates, please contact the IACUC. |

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| |  | | --- | | I have completed all the required training through the CITI Program under Georgia Aquarium as an institution.   *Certificates will be verified by the IACUC through CITI (and Georgia Aquarium Academy where applicable).* | |  | | I have completed all the required training through the CITI Program under another institution.   *Copies of your certificates must be provided with this application.* | |  | |

**F3. PERSONNEL AGREEMENT\***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly   notify the Principal Investigator of any situations that arise which fall under these standard conditions. | |  | | I have reviewed, or will review, the protocol section under which I will be performing work. I accept   responsibility for conducting my work in accord with the approved protocol. | |  | | I understand that work performed without IACUC approval may result in federally required reporting of non-  compliance. | |  | | I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's   well-being. | |  | |

**F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Please describe any formal training that you have received related to the use of animals. Include the institution, approximate dates, and a brief description of the training content: | | | | | | |  | | |  | | | |  |  | | | | |  | |  | | | | | What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? **(Please be specific.)** | | | | | | |  | |  | | | | |  |  | | | | |  | |  | | | | | If training in specific skills is needed (as indicated below) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: | | | | | | |  | |  | | | | |  |  | | | |  | | | | | | |

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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted**. |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) | | Direct Handling |  |  |  |  | | Passive Handling (Training; Stimulus Control) |  |  |  |  | | Restraint |  |  |  |  | | Oral Gavage |  |  |  |  | | Other: |  | | | | | **Injections** | | | | | | Intramuscular |  |  |  |  | | Subcutaneous |  |  |  |  | | Intraperitoneal |  |  |  |  | | Intracardiac |  |  |  |  | | Other: |  | | | | | **Blood Collection** | | | | | | Tail vein |  |  |  |  | | Facial (maxillary) vein |  |  |  |  | | Saphenous vein |  |  |  |  | | Orbital sinus/plexus |  |  |  |  | | Cardiac puncture |  |  |  |  | | Other: |  | | | | | **Identification** | | | | | | Ear tagging |  |  |  |  | | Ear notch |  |  |  |  | | Microchip |  |  |  |  | | Dart/roto tag |  |  |  |  | | Other: |  | | | | | **Anesthesia** | | | | | | Injectable |  |  |  |  | | Volatile |  |  |  |  | | Aseptic technique |  |  |  |  | | Post-surgical care |  |  |  |  | | Other: |  | | | | | **Euthanasia** | | | | | | CO2 |  |  |  |  | | Decapitation |  |  |  |  | | Cervical dislocation |  |  |  |  | | Transcardial perforation |  |  |  |  | | Other: |  | | | | |  | | | | | |

**F1. PERSONNEL INFORMATION\***

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| |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Institution/Department: |  | |  |  |  |  | | Day Phone: |  | E-mail address: |  | |  |  |  |  | | GAI Relationship: | Staff Intern Volunteer Not Affiliated | | | |  | | | | |

**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| During the review of this protocol, the IACUC will review and confirm that you have met the training requirements for the species and work involved in this protocol. Please review such training requirements below and indicate which option matches your situation the best. **Training must be completed every five years**.   |  |  | | --- | --- | | Research Group | Required Training or Forms | | Georgia Aquarium Personnel -  Research & Conservation | 1. Working with the IACUC  2. Working with Fish in a Research Setting  3. Wildlife Research | | Georgia Aquarium Personnel -  Zoological Operations, Aquatic Sustainability, Animal Health, Other | 1. Working with the IACUC  2. Species Appropriate Module(s)\*  3. Research Basics  **(Georgia Aquarium Academy)** | | Principal Investigators & Animal Handling Researchers/Technicians – In House | 1. Working with the IACUC  2. Species Appropriate Module(s)\* | | Principal Investigators & Animal Handling Researchers/Technicians – In Field | 1. Working with the IACUC  2. Species Appropriate Module(s)\*  3. Wildlife Research | | International Researchers, Technicians, or Fisherman - Animal Handling | 1. Liability Waiver – Individual must receive instruction and supervision by a GAI staff member. | | Researchers or Technicians – No Animal Handling | 1. Liability Waiver |   \* “Species Appropriate Module(s)” include Working with Fish in a Research Setting, Working with Amphibians in a Research Setting, and Working with Reptiles in a Research Setting. For species appropriate training for mammals, birds, or invertebrates, please contact the IACUC. |

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**F3. PERSONNEL AGREEMENT\***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly   notify the Principal Investigator of any situations that arise which fall under these standard conditions. | |  | | I have reviewed, or will review, the protocol section under which I will be performing work. I accept   responsibility for conducting my work in accord with the approved protocol. | |  | | I understand that work performed without IACUC approval may result in federally required reporting of non-  compliance. | |  | | I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's   well-being. | |  | |

**F4. SKILLS AND EXPERIENCE\***

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| --- |
| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Please describe any formal training that you have received related to the use of animals. Include the institution, approximate dates, and a brief description of the training content: | | | | | | |  | | |  | | | |  |  | | | | |  | |  | | | | | What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? **(Please be specific.)** | | | | | | |  | |  | | | | |  |  | | | | |  | |  | | | | | If training in specific skills is needed (as indicated below) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: | | | | | | |  | |  | | | | |  |  | | | |  | | | | | | |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) | | Direct Handling |  |  |  |  | | Passive Handling (Training; Stimulus Control) |  |  |  |  | | Restraint |  |  |  |  | | Oral Gavage |  |  |  |  | | Other: |  | | | | | **Injections** | | | | | | Intramuscular |  |  |  |  | | Subcutaneous |  |  |  |  | | Intraperitoneal |  |  |  |  | | Intracardiac |  |  |  |  | | Other: |  | | | | | **Blood Collection** | | | | | | Tail vein |  |  |  |  | | Facial (maxillary) vein |  |  |  |  | | Saphenous vein |  |  |  |  | | Orbital sinus/plexus |  |  |  |  | | Cardiac puncture |  |  |  |  | | Other: |  | | | | | **Identification** | | | | | | Ear tagging |  |  |  |  | | Ear notch |  |  |  |  | | Microchip |  |  |  |  | | Dart/roto tag |  |  |  |  | | Other: |  | | | | | **Anesthesia** | | | | | | Injectable |  |  |  |  | | Volatile |  |  |  |  | | Aseptic technique |  |  |  |  | | Post-surgical care |  |  |  |  | | Other: |  | | | | | **Euthanasia** | | | | | | CO2 |  |  |  |  | | Decapitation |  |  |  |  | | Cervical dislocation |  |  |  |  | | Transcardial perforation |  |  |  |  | | Other: |  | | | | |  | | | | | |

**F1. PERSONNEL INFORMATION\***

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| |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Institution/Department: |  | |  |  |  |  | | Day Phone: |  | E-mail address: |  | |  |  |  |  | | GAI Relationship: | Staff Intern Volunteer Not Affiliated | | | |  | | | | |

**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

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**F3. PERSONNEL AGREEMENT\***

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| |  | | --- | | I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly   notify the Principal Investigator of any situations that arise which fall under these standard conditions. | |  | | I have reviewed, or will review, the protocol section under which I will be performing work. I accept   responsibility for conducting my work in accord with the approved protocol. | |  | | I understand that work performed without IACUC approval may result in federally required reporting of non-  compliance. | |  | | I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's   well-being. | |  | |

**F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) | | Direct Handling |  |  |  |  | | Passive Handling (Training; Stimulus Control) |  |  |  |  | | Restraint |  |  |  |  | | Oral Gavage |  |  |  |  | | Other: |  | | | | | **Injections** | | | | | | Intramuscular |  |  |  |  | | Subcutaneous |  |  |  |  | | Intraperitoneal |  |  |  |  | | Intracardiac |  |  |  |  | | Other: |  | | | | | **Blood Collection** | | | | | | Tail vein |  |  |  |  | | Facial (maxillary) vein |  |  |  |  | | Saphenous vein |  |  |  |  | | Orbital sinus/plexus |  |  |  |  | | Cardiac puncture |  |  |  |  | | Other: |  | | | | | **Identification** | | | | | | Ear tagging |  |  |  |  | | Ear notch |  |  |  |  | | Microchip |  |  |  |  | | Dart/roto tag |  |  |  |  | | Other: |  | | | | | **Anesthesia** | | | | | | Injectable |  |  |  |  | | Volatile |  |  |  |  | | Aseptic technique |  |  |  |  | | Post-surgical care |  |  |  |  | | Other: |  | | | | | **Euthanasia** | | | | | | CO2 |  |  |  |  | | Decapitation |  |  |  |  | | Cervical dislocation |  |  |  |  | | Transcardial perforation |  |  |  |  | | Other: |  | | | | |  | | | | | |

**F1. PERSONNEL INFORMATION\***

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| |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Institution/Department: |  | |  |  |  |  | | Day Phone: |  | E-mail address: |  | |  |  |  |  | | GAI Relationship: | Staff Intern Volunteer Not Affiliated | | | |  | | | | |

**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

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**F3. PERSONNEL AGREEMENT\***

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| |  | | --- | | I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly   notify the Principal Investigator of any situations that arise which fall under these standard conditions. | |  | | I have reviewed, or will review, the protocol section under which I will be performing work. I accept   responsibility for conducting my work in accord with the approved protocol. | |  | | I understand that work performed without IACUC approval may result in federally required reporting of non-  compliance. | |  | | I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's   well-being. | |  | |

**F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) | | Direct Handling |  |  |  |  | | Passive Handling (Training; Stimulus Control) |  |  |  |  | | Restraint |  |  |  |  | | Oral Gavage |  |  |  |  | | Other: |  | | | | | **Injections** | | | | | | Intramuscular |  |  |  |  | | Subcutaneous |  |  |  |  | | Intraperitoneal |  |  |  |  | | Intracardiac |  |  |  |  | | Other: |  | | | | | **Blood Collection** | | | | | | Tail vein |  |  |  |  | | Facial (maxillary) vein |  |  |  |  | | Saphenous vein |  |  |  |  | | Orbital sinus/plexus |  |  |  |  | | Cardiac puncture |  |  |  |  | | Other: |  | | | | | **Identification** | | | | | | Ear tagging |  |  |  |  | | Ear notch |  |  |  |  | | Microchip |  |  |  |  | | Dart/roto tag |  |  |  |  | | Other: |  | | | | | **Anesthesia** | | | | | | Injectable |  |  |  |  | | Volatile |  |  |  |  | | Aseptic technique |  |  |  |  | | Post-surgical care |  |  |  |  | | Other: |  | | | | | **Euthanasia** | | | | | | CO2 |  |  |  |  | | Decapitation |  |  |  |  | | Cervical dislocation |  |  |  |  | | Transcardial perforation |  |  |  |  | | Other: |  | | | | |  | | | | | |

### Expand this section to add 5 more Section F.

**F1. PERSONNEL INFORMATION\***

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| |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Institution/Department: |  | |  |  |  |  | | Day Phone: |  | E-mail address: |  | |  |  |  |  | | GAI Relationship: | Staff Intern Volunteer Not Affiliated | | | |  | | | | |

**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

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**F3. PERSONNEL AGREEMENT\***

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**F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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**F1. PERSONNEL INFORMATION\***

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| |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Institution/Department: |  | |  |  |  |  | | Day Phone: |  | E-mail address: |  | |  |  |  |  | | GAI Relationship: | Staff Intern Volunteer Not Affiliated | | | |  | | | | |

**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

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**F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) | | Direct Handling |  |  |  |  | | Passive Handling (Training; Stimulus Control) |  |  |  |  | | Restraint |  |  |  |  | | Oral Gavage |  |  |  |  | | Other: |  | | | | | **Injections** | | | | | | Intramuscular |  |  |  |  | | Subcutaneous |  |  |  |  | | Intraperitoneal |  |  |  |  | | Intracardiac |  |  |  |  | | Other: |  | | | | | **Blood Collection** | | | | | | Tail vein |  |  |  |  | | Facial (maxillary) vein |  |  |  |  | | Saphenous vein |  |  |  |  | | Orbital sinus/plexus |  |  |  |  | | Cardiac puncture |  |  |  |  | | Other: |  | | | | | **Identification** | | | | | | Ear tagging |  |  |  |  | | Ear notch |  |  |  |  | | Microchip |  |  |  |  | | Dart/roto tag |  |  |  |  | | Other: |  | | | | | **Anesthesia** | | | | | | Injectable |  |  |  |  | | Volatile |  |  |  |  | | Aseptic technique |  |  |  |  | | Post-surgical care |  |  |  |  | | Other: |  | | | | | **Euthanasia** | | | | | | CO2 |  |  |  |  | | Decapitation |  |  |  |  | | Cervical dislocation |  |  |  |  | | Transcardial perforation |  |  |  |  | | Other: |  | | | | |  | | | | | |

**F1. PERSONNEL INFORMATION\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Institution/Department: |  | |  |  |  |  | | Day Phone: |  | E-mail address: |  | |  |  |  |  | | GAI Relationship: | Staff Intern Volunteer Not Affiliated | | | |  | | | | |

**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

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| During the review of this protocol, the IACUC will review and confirm that you have met the training requirements for the species and work involved in this protocol. Please review such training requirements below and indicate which option matches your situation the best. **Training must be completed every five years**.   |  |  | | --- | --- | | Research Group | Required Training or Forms | | Georgia Aquarium Personnel -  Research & Conservation | 1. Working with the IACUC  2. Working with Fish in a Research Setting  3. Wildlife Research | | Georgia Aquarium Personnel -  Zoological Operations, Aquatic Sustainability, Animal Health, Other | 1. Working with the IACUC  2. Species Appropriate Module(s)\*  3. Research Basics  **(Georgia Aquarium Academy)** | | Principal Investigators & Animal Handling Researchers/Technicians – In House | 1. Working with the IACUC  2. Species Appropriate Module(s)\* | | Principal Investigators & Animal Handling Researchers/Technicians – In Field | 1. Working with the IACUC  2. Species Appropriate Module(s)\*  3. Wildlife Research | | International Researchers, Technicians, or Fisherman - Animal Handling | 1. Liability Waiver – Individual must receive instruction and supervision by a GAI staff member. | | Researchers or Technicians – No Animal Handling | 1. Liability Waiver |   \* “Species Appropriate Module(s)” include Working with Fish in a Research Setting, Working with Amphibians in a Research Setting, and Working with Reptiles in a Research Setting. For species appropriate training for mammals, birds, or invertebrates, please contact the IACUC. |

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**F3. PERSONNEL AGREEMENT\***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly   notify the Principal Investigator of any situations that arise which fall under these standard conditions. | |  | | I have reviewed, or will review, the protocol section under which I will be performing work. I accept   responsibility for conducting my work in accord with the approved protocol. | |  | | I understand that work performed without IACUC approval may result in federally required reporting of non-  compliance. | |  | | I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's   well-being. | |  | |

**F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Please describe any formal training that you have received related to the use of animals. Include the institution, approximate dates, and a brief description of the training content: | | | | | | |  | | |  | | | |  |  | | | | |  | |  | | | | | What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? **(Please be specific.)** | | | | | | |  | |  | | | | |  |  | | | | |  | |  | | | | | If training in specific skills is needed (as indicated below) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: | | | | | | |  | |  | | | | |  |  | | | |  | | | | | | |

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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted**. |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) | | Direct Handling |  |  |  |  | | Passive Handling (Training; Stimulus Control) |  |  |  |  | | Restraint |  |  |  |  | | Oral Gavage |  |  |  |  | | Other: |  | | | | | **Injections** | | | | | | Intramuscular |  |  |  |  | | Subcutaneous |  |  |  |  | | Intraperitoneal |  |  |  |  | | Intracardiac |  |  |  |  | | Other: |  | | | | | **Blood Collection** | | | | | | Tail vein |  |  |  |  | | Facial (maxillary) vein |  |  |  |  | | Saphenous vein |  |  |  |  | | Orbital sinus/plexus |  |  |  |  | | Cardiac puncture |  |  |  |  | | Other: |  | | | | | **Identification** | | | | | | Ear tagging |  |  |  |  | | Ear notch |  |  |  |  | | Microchip |  |  |  |  | | Dart/roto tag |  |  |  |  | | Other: |  | | | | | **Anesthesia** | | | | | | Injectable |  |  |  |  | | Volatile |  |  |  |  | | Aseptic technique |  |  |  |  | | Post-surgical care |  |  |  |  | | Other: |  | | | | | **Euthanasia** | | | | | | CO2 |  |  |  |  | | Decapitation |  |  |  |  | | Cervical dislocation |  |  |  |  | | Transcardial perforation |  |  |  |  | | Other: |  | | | | |  | | | | | |

**F1. PERSONNEL INFORMATION\***

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| |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Institution/Department: |  | |  |  |  |  | | Day Phone: |  | E-mail address: |  | |  |  |  |  | | GAI Relationship: | Staff Intern Volunteer Not Affiliated | | | |  | | | | |

**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| During the review of this protocol, the IACUC will review and confirm that you have met the training requirements for the species and work involved in this protocol. Please review such training requirements below and indicate which option matches your situation the best. **Training must be completed every five years**.   |  |  | | --- | --- | | Research Group | Required Training or Forms | | Georgia Aquarium Personnel -  Research & Conservation | 1. Working with the IACUC  2. Working with Fish in a Research Setting  3. Wildlife Research | | Georgia Aquarium Personnel -  Zoological Operations, Aquatic Sustainability, Animal Health, Other | 1. Working with the IACUC  2. Species Appropriate Module(s)\*  3. Research Basics  **(Georgia Aquarium Academy)** | | Principal Investigators & Animal Handling Researchers/Technicians – In House | 1. Working with the IACUC  2. Species Appropriate Module(s)\* | | Principal Investigators & Animal Handling Researchers/Technicians – In Field | 1. Working with the IACUC  2. Species Appropriate Module(s)\*  3. Wildlife Research | | International Researchers, Technicians, or Fisherman - Animal Handling | 1. Liability Waiver – Individual must receive instruction and supervision by a GAI staff member. | | Researchers or Technicians – No Animal Handling | 1. Liability Waiver |   \* “Species Appropriate Module(s)” include Working with Fish in a Research Setting, Working with Amphibians in a Research Setting, and Working with Reptiles in a Research Setting. For species appropriate training for mammals, birds, or invertebrates, please contact the IACUC. |

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**F3. PERSONNEL AGREEMENT\***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly   notify the Principal Investigator of any situations that arise which fall under these standard conditions. | |  | | I have reviewed, or will review, the protocol section under which I will be performing work. I accept   responsibility for conducting my work in accord with the approved protocol. | |  | | I understand that work performed without IACUC approval may result in federally required reporting of non-  compliance. | |  | | I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's   well-being. | |  | |

**F4. SKILLS AND EXPERIENCE\***

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| --- |
| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Please describe any formal training that you have received related to the use of animals. Include the institution, approximate dates, and a brief description of the training content: | | | | | | |  | | |  | | | |  |  | | | | |  | |  | | | | | What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? **(Please be specific.)** | | | | | | |  | |  | | | | |  |  | | | | |  | |  | | | | | If training in specific skills is needed (as indicated below) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: | | | | | | |  | |  | | | | |  |  | | | |  | | | | | | |

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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted**. |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) | | Direct Handling |  |  |  |  | | Passive Handling (Training; Stimulus Control) |  |  |  |  | | Restraint |  |  |  |  | | Oral Gavage |  |  |  |  | | Other: |  | | | | | **Injections** | | | | | | Intramuscular |  |  |  |  | | Subcutaneous |  |  |  |  | | Intraperitoneal |  |  |  |  | | Intracardiac |  |  |  |  | | Other: |  | | | | | **Blood Collection** | | | | | | Tail vein |  |  |  |  | | Facial (maxillary) vein |  |  |  |  | | Saphenous vein |  |  |  |  | | Orbital sinus/plexus |  |  |  |  | | Cardiac puncture |  |  |  |  | | Other: |  | | | | | **Identification** | | | | | | Ear tagging |  |  |  |  | | Ear notch |  |  |  |  | | Microchip |  |  |  |  | | Dart/roto tag |  |  |  |  | | Other: |  | | | | | **Anesthesia** | | | | | | Injectable |  |  |  |  | | Volatile |  |  |  |  | | Aseptic technique |  |  |  |  | | Post-surgical care |  |  |  |  | | Other: |  | | | | | **Euthanasia** | | | | | | CO2 |  |  |  |  | | Decapitation |  |  |  |  | | Cervical dislocation |  |  |  |  | | Transcardial perforation |  |  |  |  | | Other: |  | | | | |  | | | | | |

**F1. PERSONNEL INFORMATION\***

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| |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Institution/Department: |  | |  |  |  |  | | Day Phone: |  | E-mail address: |  | |  |  |  |  | | GAI Relationship: | Staff Intern Volunteer Not Affiliated | | | |  | | | | |

**F2. ANIMAL USE, ETHICS, AND WELFARE TRAINING\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**F3. PERSONNEL AGREEMENT\***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | I have reviewed and will abide by the IACUC’s **Research Approval Standard Conditions** and will promptly   notify the Principal Investigator of any situations that arise which fall under these standard conditions. | |  | | I have reviewed, or will review, the protocol section under which I will be performing work. I accept   responsibility for conducting my work in accord with the approved protocol. | |  | | I understand that work performed without IACUC approval may result in federally required reporting of non-  compliance. | |  | | I certify that I have reviewed the humane endpoints in this proposal and are competent to assess the animal's   well-being. | |  | |

**F4. SKILLS AND EXPERIENCE\***

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| With respect to **THIS PROTOCOL CONLY**, please indicate the species with which you will be working with and indicate which skills are needed to perform the study in which you are **ALREADY PROFICIENT**. |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Please describe any formal training that you have received related to the use of animals. Include the institution, approximate dates, and a brief description of the training content: | | | | | | |  | | |  | | | |  |  | | | | |  | |  | | | | | What experience do you have that prepares you to perform the procedures and use the techniques required of you in this protocol? **(Please be specific.)** | | | | | | |  | |  | | | | |  |  | | | | |  | |  | | | | | If training in specific skills is needed (as indicated below) or if you will be engaged in procedures for which you are not presently proficient, indicate who will provide the necessary training and who will provide oversight until you have achieved proficiency: | | | | | | |  | |  | | | | |  |  | | | |  | | | | | | |

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| Please complete the researcher techniques checklist below. All applicable techniques that will be used in this protocol should be completed with appropriate skills, experience, and training information. **Blank checklists will not be accepted**. |

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Techniques | Current Skills | List length of experience | Training Needed | Species Applicable To (list all) | | Direct Handling |  |  |  |  | | Passive Handling (Training; Stimulus Control) |  |  |  |  | | Restraint |  |  |  |  | | Oral Gavage |  |  |  |  | | Other: |  | | | | | **Injections** | | | | | | Intramuscular |  |  |  |  | | Subcutaneous |  |  |  |  | | Intraperitoneal |  |  |  |  | | Intracardiac |  |  |  |  | | Other: |  | | | | | **Blood Collection** | | | | | | Tail vein |  |  |  |  | | Facial (maxillary) vein |  |  |  |  | | Saphenous vein |  |  |  |  | | Orbital sinus/plexus |  |  |  |  | | Cardiac puncture |  |  |  |  | | Other: |  | | | | | **Identification** | | | | | | Ear tagging |  |  |  |  | | Ear notch |  |  |  |  | | Microchip |  |  |  |  | | Dart/roto tag |  |  |  |  | | Other: |  | | | | | **Anesthesia** | | | | | | Injectable |  |  |  |  | | Volatile |  |  |  |  | | Aseptic technique |  |  |  |  | | Post-surgical care |  |  |  |  | | Other: |  | | | | | **Euthanasia** | | | | | | CO2 |  |  |  |  | | Decapitation |  |  |  |  | | Cervical dislocation |  |  |  |  | | Transcardial perforation |  |  |  |  | | Other: |  | | | | |  | | | | | |

# SECTION G. SURVIVAL SURGICAL PROCEDURES

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| If surgical procedures differ between species, please indicate such in all of your responses below. For purposes of completing this section, **survival surgical procedures** are defined as procedures which require the incision of an animal’s skin and/or body cavity, to which requires closure by sutures (any form), and to which the animal will either maintain consciousness throughout the procedure or recover consciousness following such procedures (e.g., internal tags; biopsies). |

**G1. MULTIPLE SURVIVAL SURGERY\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  | | --- | --- | --- | | Will any of the animals have undergone survival surgery prior to being entered into this study (e.g., by the vendor or under a different protocol)? | | | |  | |  | | No, animals will not have had prior survival surgery. | | | |  | |  | | Yes, animals will have had prior survival surgery: | | | |  | | | |  | Provide prior surgeries and include dates of the procedures: | | |  |  | | |  |  | | |  | | | | Will any of the animals experience more than one survival surgery, including surgery prior to entering the study? | | | |  | | | | No. Animals will have only one survival surgery procedure. | | | |  | | | | Yes. Animals will have more than one survival surgery procedure: | | | |  | | | |  | Describe how the multiple survival surgeries, including any experienced prior to entering this study, are interrelated components of this protocol and why the multiple surgeries are necessary to achieve the scientific objective). | | |  |  | | |  |  | | |  |  | | |

**G2. NARRATIVE OF SURVIVAL SURGERY PROCEDURES UNDER THIS PROTOCOL\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  | | --- | --- | --- | | Description of survival surgery procedures: | |  | |  | |  | |  |  | | |  | |  | | Specify the method of wound closure: | |  | |  | |  | |  |  | | |  | |  | | Will all sutures and/or wound clips be allowed to remain in place beyond the 14th post-operative day? | | | |  | |  | | No, all sutures and/or wound clips will be removed on or before the 14th day after surgery.  Yes, sutures and/or wound clips will remain in place for more than 14 days. | | | |  | |  | |

**G3. NEUROMUSCULAR BLOCKING AGENTS (PARALYTICS)\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  | | --- | --- | --- | --- | | Will neuromuscular blocking agents (paralytics) be used at any time during the procedure? | | | | |  | | |  | | No. Neuromuscular blocking agents will not be used for the procedure.  Yes. Neuromuscular blocking agents will be used: | | | | |  | | |  | |  | Provide details on neuromuscular blocking agents: | | | | |  |  | | | | |  | |  | | | |  |  | | | | |

**G4. PAIN MANAGEMENT INTRA- OR POST-PROCEDURE\***

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| The IACUC encourages the use of preemptive analgesia for pain management. Analgesia should be provided as early as possible in the procedure if it is expected to be painful or result in residual pain, ideally before the procedure begins. |

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| |  |  |  |  | | --- | --- | --- | --- | | Will analgesia be provided to the animal for relief of post-operative pain? | | | | |  | | |  | | No. Post-operative analgesia will not be provided. | | | | |  | | |  | |  | Please explain why analgesia will be withheld: | | | |  | |  | | |  | |  | | |  | | |  | | Yes. Analgesia will be provided. | | | | |  | | | | |  | Please list analgesics, time of administration, and dosing regimens: | | | |  | | |  | |  | |  | | |  | | |  | |

**G5. POST-OPERATIVE ANTIBIOTIC OR DRUG THERAPY\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  | | --- | --- | --- | --- | | Will antibiotics or drugs other than experimental agents be provided to animals during the post-operative period?  (7 days) | | | | |  | | |  | | No. Such treatment is not planned and will be provided only if medically advised. | | | | |  | | |  | |  | | |  | | Yes. Antibiotics and/or drugs will be administered: | | | | |  | | | | |  | Specify details: | | | |  | | |  | |  | |  | | |  | | |  | |

**G6. SINGLE HOUSING DURING POST-OPERATIVE RECOVERY\***

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| Animals are required to be socially housed (if appropriate) unless otherwise requested and justified. This provision exists from the point of anesthesia recovery up to seven days post recovery. Please select the appropriate response which applies to this protocol. If more than one is applicable, then select multiple responses: |

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| |  |  |  |  | | --- | --- | --- | --- | | Single housing post procedure is not required for this study. | | | | |  | | |  | |  | | |  | | Animals may be singly housed post procedure for up to 7 days. Animals in this condition will be provided with environmental enrichment: | | | | |  | | | | |  | Which animals in your study will require single housing? | | | |  | | |  | |  | |  | | |  | | |  | |

**G7. SPECIMEN COLLECTION FROM LIVE ANIMALS\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Will specimens be collected from living animals during or after the survival surgery? | | | | | | | | | | | | |  | | | | | | | |  | | | | | No. Specimens will not be collected from living animals.  Yes. Specimens will be collected from living animals: | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | Define specimen type and collection details below: | | | | | | | | | | | |  | |  |  |  | |  |  | | | | | |  | | Fluids (e.g., blood, lymph, ascites, CSF,   GI fluids, etc.) | | | | | | |  | Solid Tissues | | |  | |  | | |  | | | |  |  |  | |  | | Fluid type (specify): | | |  | | | |  | Tissue type (specify): |  | |  | |  | | |  | | | |  |  |  | |  | | Volume (mls) per collections: | | |  | | | |  | Volume (mm3) per collections: |  | |  | |  | | |  | | | |  |  |  | |  | | Collection method (specify): | | |  | | | |  | Collection method (specify): |  | |  | |  | | |  | | | |  |  |  | |  | | Frequency of collection: | | |  | | | |  | Frequency of collection: |  | |  | |  | | |  | | | |  |  |  | |

**G8. INDWELLING CATHETERS OR IMPLANTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Not applicable to this protocol.  Indwelling catheters or implants will be used:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Size: | | |  | | Type: |  | |  | | |  | |  |  | | Is maintenance necessary? | | | | No Yes | | | |  |  | | | | | | |  | Describe: | | | | | | |  |  | | | | | | |  | |  | | | | | |  | | | | | | | |

**G9. HUMANE ENDPOINTS WHICH WILL BE MONITORED AND WILL PROMPT INTERVENTION TO PREVENT CONTINUED PAIN OR DISTRESS\***

|  |
| --- |
| Information that is critical to the IACUC's assessment of appropriate endpoint consideration within a protocol includes precisely defining the humane endpoint (including assessment criteria); the frequency of animal observation; training of personnel responsible for assessment and recognition of the humane endpoint; and the response required upon reaching the humane endpoint. The IACUC has determined that the list below defines the commonly accepted clinical milestones which should be regarded as humane endpoints for most animal studies. Choose all of those which are appropriate for the species being used. For each milestone, indicate the action that will be taken. Add other milestones (in the row marked 'other') if applicable for defining the humane endpoints for the proposed study. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | No, humane endpoints are not related to this protocol.  Yes, humane endpoints are applicable to this protocol. **Please drop down and complete the table below:** | | | | | | |  |  |  |  |  |  | | |

### Click here to drop down the table for completion.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **HUMANE ENDPOINTS THAT WILL PROMPT INTERVENTION TO PREVENT CONTINUED PAIN OR DISTRESS** | | | | | | | Clinical Observation/ Milestone | Applicable to my proposal? | Frequency of observation | Protocol personnel will perform each of these observations | Response required upon reaching the humane endpoint | Provide duration (days, weeks, etc.) of monitoring or a scientific justification for not using the milestones listed | | Infection unrelated to the protocol | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Not eating or drinking (will require individual housing to effectively assess) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Decreased fecal and urine output (will require individual housing to effectively assess) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Delayed wound healing (requires checking at least daily until suture removal) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Sudden behavioral change (Ex. aggression, guarding, hiding) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Licking, biting, scratching of the operative / injection site (requires checking at least daily until suture removal | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Poor posture or ambulating difficulty (Ex: tense, tucked-up, stiff gait) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Lost hair coat condition (Ex: ruffled fur, lack of grooming, piloerection) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Sudden activity level change (Ex: restlessness, pacing, reluctance to move) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Unexpected sweating or salivation (Ex: stressed rodents salivate excessively when stressed) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Painful' facial expression (Ex: grimace, eyes dull, pupils dilated, pinning of ears) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Oculonasal discharge (Ex: rats shed porphyrin pigment when stressed) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Teeth grinding (Ex: More common sign in rabbits, livestock) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Signs of moderate to severe pain or distress that was not anticipated by the study plan | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Body weight loss exceeding 15% of free feeding bodyweight relative to an age matched reference (Ex: Requires regular weighing) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Self-mutilation (requires checking at least daily until suture removal) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Neurological disorders (e.g., seizures, blindness, ataxia) that were not anticipated by the study plan | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Cardiopulmonary disorders (e.g., sudden weakness, vascular collapse, coma) that were not anticipated by the study plan | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Abnormal feeding or defecation for 48 hours (e.g., decreased feed or water intake and/or decreased fecal production that is unrelated to the study plan) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | Non-weight bearing for 72 hours (e.g., difficulty walking, inability to maintain upright posture) | Choose an item. | Choose an item. | Choose an item. | Choose an item. |  | | **Other humane endpoints which will be employed in this project:** |  | | | | | |  |  |  |  |  |  | |

**\*USE THE DROP DOWNS BELOW BASED ON IF SURGERY WILL INCLUDE ANESTHESIA OR NOT AND COMPLETE THE SECTIONS ACCORDINGLY.**

### No Anesthesia

**G10. PRE-OPERATIVE ANIMAL SUPPORT (NOT ANESTHESIA)\***

|  |
| --- |
| Specify pre-operative actions that will be taken to prepare the animals for survival surgery (select all that apply): |

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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Physical exam/evaluation of overall appearance  Iodine (or Chlorhexidine) + alcohol skin scrub, 3 alternating cycles  CBC/Chemistry profile (define blood sampling method): | | | | | | Overnight food withdrawal  Ophthalmic ointment to eyes  Clipping of fur | | |  | | | | | |  | | |  |  | | | |  | |  |  | |  | |  | | |

|  |
| --- |
| For ALL drugs that fall under this category **(Pre-Op, non-anesthesia)**, please identify the drug and specify the dose, route and frequency of administration, and duration of treatment below: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Drug | Dose | Route of Administration | Frequency of Administration | Duration of Treatment | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

**G11. INTRA-OPERATIVE ANIMAL SUPPORT (NOT ANESTHESIA)\***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Specify intra-operative care that will be provided to animals during survival surgery (select all that apply): | | | | | | |  | |  | | | | | Mechanical ventilation  Intravenous fluids  None, explain: | | | | Ophthalmic ointment to eyes  Heat to prevent hypothermia  Cooling to prevent hyperthermia | |  | | | |  | |  |  | | | | |  |  | | | Other, please detail: | | | |  |  | | | | |  |  | | | | |

### Anesthesia

**G12. PRE-OPERATIVE ANESTHESIA, SEDATION, TRANQUILIZATION\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | Will pre-operative anesthesia, sedation or tranquilization be provided to the animals? | | | | |  |  | | | | No. Drugs will not be administered to the animals prior to surgical anesthesia.  Yes. Pre-operative drugs will be used to calm the animals. | | | | | |  | |  | |

|  |
| --- |
| For ALL drugs that fall under this category **(Pre-Op, non-anesthesia)**, please identify the drug and specify the dose, route and frequency of administration, and duration of treatment below: |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Drug | Dose | Route of Administration | Frequency of Administration | Duration of Treatment | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

**G13. INTRA-OPERATIVE ANESTHESIA\***

|  |
| --- |
| Please list all agents and dosing regimens to be used for intra-operative anesthesia. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Anesthetic Agent | Dose | Route of Administration | Frequency of Administration | Duration of Treatment | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

**G14. MONITORING DURING ANESTHESIA\***

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| --- |
| Indicate below the indices that will be used for intra-operative monitoring of animal condition and depth of anesthesia. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Respiratory rate / effort  Body temperature  Heart rate  Capillary refill time  Reflex, detail: | | | | Mucous membrane color  Oxygen saturation  Blood pressure  EKG  Other, explain: | | | |  | |  | |  | |  | |  |  | |  | |  | | |  | | | |  | | | | Specify the frequency at which the above indices will be recorded: | | | | | | | |  | | | |  | | | |  |  | | | | | | |  | | | |  | | | |

**G15. POST-OPERATIVE ANIMAL SUPPORT DURING RECOVERY FROM ANESTHESIA\***

|  |
| --- |
| Indicate care that will be provided to animals during post-operative recovery from anesthesia (i.e., until sternal recumbency is regained and maintained. **Select all that apply:** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Heat to prevent hypothermia  Cooling to prevent hyperthermia  Intravenous fluids (IV, IP, SC Fluids), please detail: | | | | Ophthalmic ointment to eyes  Oxygen saturation | | | |  |  | | | | | | |  | | | |  | | | | None, explain: | | | | Other, explain: | | | |  | |  | |  | |  | |  |  | |  | |  | | |  | | | |  | | | |

**G16. MONITORING DURING RECOVERY FROM ANESTHESIA\***

|  |
| --- |
| Indicate below the indices that will be used for post-operative monitoring of animal condition during recovery from anesthesia. **Note**: Animals will be continuously monitored until fully recovered, as indicated by regaining righting reflex and purposeful movement. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Respiratory rate / effort  Body temperature  Heart rate  Capillary refill time  Reflex, detail: | | | | Mucous membrane color  Oxygen saturation  Blood pressure  EKG  Other, explain: | | | |  | |  | |  | |  | |  |  | |  | |  | | |  | | | |  | | | | Specify the frequency at which the above indices will be recorded: | | | | | | | |  | | | |  | | | |  |  | | | | | | |  | | | |  | | | |

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# SECTION H. FIELD STUDIES

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| --- |
| For purposes of completing the section below, **field studies** are defined as any study conducted on free-living wild animals in their natural habitat, which does not involve invasive procedure, and which does not harm or materially alter the behavior of the animals under study. In which, **natural habitat** does not include a zoo/aquarium, petting zoo, fish hatchery/farm, or other animal exhibit or man-made housing, regardless of how similar to the animals’ natural habitat. |

**H1. LOCATION & IMPACTS TO IN SITU POPULATIONS\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Specify the location(s) where the study will take place: | | | | | |  |  | | | | |  |  | | | | |  |  | | | | | Are there other vertebrate species that could be adversely affected or become involved due to proximity? | | | | | |  | NoYes **↓** | | | | |  | | | | | |  | | Please identify species at risk and how risk will be mitigated or reduced: | | | |  |  | | | | |  | | |  | | |  |  | | | | |  | | | | |

**H2. LIVE CAPTURE AND RELEASE**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Describe, in chronological order, how animals will be captured, handled, and released. Describe methods of capture to be used, including devices to be used, frequency with which these devices will be checked and estimated maximum time animals will be restrained before release. | | | |  |  | | |  |  | | |  | | |

**H3. PERMITS AND AUTHORIZATIONS\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Are local, regional, or national permits or other authorizations required for the observation, capture, transportation, data collection or other proposed activity using these animals? | | |  |  | | No, permits or other authorizations are not required.  Yes, permits or other authorizations are required for the proposed activities: | | | Please provide the following information for each required permit or authorization. If agency approval has not yet been obtained, indicate "pending" for date of approval and submit the required information when obtained. Note that certification of IACUC approval will not be provided until all required information has been received. Please provide copies of applicable permits.   |  |  |  |  | | --- | --- | --- | --- | |  | Permit 1 | Permit 2 | Permit 3 | | Agency |  |  |  | | Agency contact person |  |  |  | | Agency email |  |  |  | | Agency phone number |  |  |  | | Permit/authorization number |  |  |  | | Date of approval |  |  |  | | Duration of approval |  |  |  | |  | | | | | | |

**H4. ANIMAL TRANSPORTATION\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  | | --- | --- | | Will animals be transported from one field location to another (e.g., from the capture site to a research facility)? | | |  |  | | No, animals will not be transported.  Yes, animals will be transported from one field location to another: | | | |  |  |  | | --- | --- | --- | | Please provide details on point of origin, the final destination, and the reason animal transportation is necessary: | | | |  | |  | |  |  | | |  | |  | | Person responsible for animals during transport: | | | |  | |  | |  |  | | |  | |  | | Describe method of animal transport (e.g., commercial carrier, agency vehicle, private vehicle, etc.). Describe the vehicle and how it is equipped to ensure the welfare of animals during transport (e.g., heated, air conditioned, tie-down straps for caging, etc.): | | | |  | |  | |  |  | | |  | |  | | Describe procedures to be used to protect the animals during transport (e.g., caging, food, water, frequent observation, etc.): | | | |  | |  | |  |  | | |  | |  | | | |

**H5. IMPORTATION OF ANIMALS INTO GEORGIA AQUARIUM (ANY CAMPUS)\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Will any animals be brought into Georgia Aquarium (any campus) animal housing or use areas? | | |  |  | | No, animals will not be brought into any of Georgia Aquarium’s housing or use areas at any time.  Yes, animals will be brought into Georgia Aquarium's housing or use areas. | | | |  |  |  | | --- | --- | --- | | Georgia Aquarium animal care teams must be consulted regarding the importation of animals into Georgia Aquarium (any campus). Please describe the importation plan that has been developed in consultation with Georgia Aquarium animal care: | | | |  | |  | |  |  | | |  | |  | | | |

# SECTION I. ARCHIVED SAMPLES OR DATA

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| --- |
| This separate Section I Form is to be used to request water or diet/prey samples and/or **ARCHIVED MATERIALS**, including but not limited to **data/media** (e.g., animal records, photos, videos) and **samples** (e.g., water, environmental, biological). Requests for the collection of new data/media and/or samples requires the completion of the GAI IACUC Application Package. |

**I1. PERSONNEL INFORMATION (SEE SECTION A1)**

**I2. SPECIMEN REQUESTED\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Water sample | | | Animal records (specify): | | | |  | | |  | |  | | Diet/prey sample | | | morphometrics | | medical | |  | | |  | |  | | Photo/Video (archived) | | | feeding | | behavioral | |  | | |  | |  | | Other - Not Listed, explain: | | | water chemistry / environmental / LSS | | other, explain: | |  | |  |  | |  | | |  | |  | |  | | Archived tissue (specify): | | | |  | |  | | plasma | | necropsy | |  | |  | | serum | | muscle | |  | |  | | other, explain: | | | |  | | | | | | |  | | | |  | | |  | | | |  | | | Describe the sample request in detail, including target species, sample volumes, preservation methods, storage and shipping requirements: | | | | | | |  | | | |  | | |  |  | | | | | |  | | | |  | | |

**I3. SCIENTIFIC OBJECTIVES (SEE SECTION B1.B)**

**I4. TIMEFRAME AND DURATION OF PROJECT (SKIP FOR FULL APPLICATION PACKAGES)**

**I5. PROCEDURE/SPECIMEN NEEDS (SKIP FOR FULL APPLICATION PACKAGES)**

**I6. SHIPPING AND PERMITS\***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | If samples are to be shipped, please provide shipping details, preferred carrier, and account numbers.  Shipping is not required.  Yes, shipping is required: | | | | | | | | | | |  | | | | |  | | | | | |  | Shipping details (name of recipient, address, email, phone number): | | | | | | | | |  |  | | | | | | | | |  | | | Carrier: |  | | Account #: |  | |  | | | | |  | | | | Do the requested samples require a permit for transfer:  No.  Yes, please explain and provide copies of applicable permits or authorizations (e.g., NMFS, USFWS, CITES): | | | | | | | | |  | | | | | | | | |  | |  | | | | | | |  | | | | |  | | | |

**I7. DATA END USE (SKIP FOR FULL APPLICATION PACKAGES)**

**I8. TERMS AND CONDITIONS**

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| --- |
| Georgia Aquarium Inc. hereby releases, acquits and forever discharges [**RECIPIENT**], its parent company, and the parent, related, affiliated and subsidiary companies of each, and the directors, officers, employees, agents and assigns of each (collectively, “Releasees”) of and from any and all rights, claims, demands, liabilities, judgments, suits, expenses, actions, causes of action, damages, costs, losses, compensation, contracts, agreements and debts (including, without limitation, attorneys’ and consultants’ fees and costs) (collectively, “Claims”), which Georgia Aquarium Inc. may now have or may hereafter have against the Releasees arising out of or related to the Materials.  [**RECIPIENT**] hereby releases, acquits and forever discharges Georgia Aquarium Inc., its parent company, and the parent, related, affiliated and subsidiary companies of each, and the directors, officers, employees, agents and assigns of each (collectively, “GAI Releasees”) of and from any and all rights, claims, demands, liabilities, judgments, suits, expenses, actions, causes of action, damages, costs, losses, compensation, contracts, agreements and debts (including, without limitation, attorneys’ and consultants’ fees and costs) (collectively, “Claims”), which [**RECIPIENT**] may now have or may hereafter have against GAI Releasees arising out of or related to the use of the Materials by [**RECIPIENT**]. |

**I9. SUPPLEMENTAL APPROVALS (SEE SECTION E1)**

**I10.** **AGREEMENT TO TERMS AND CONDITIONS (SEE SECTION E3)**

**I11. SPONSOR (SEE SECTION E5)**