*For Office Use Only*

|  |  |
| --- | --- |
| **Protocol ID:** | → Response Here |

**LEVEL 2 APPLICATION COVER SHEET**

Thank you for expressing interest in doing research\* with Georgia Aquarium. 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.

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. All Principal Investigators must collaborate with Georgia Aquarium’s compliance, research, and/or veterinary departments prior to submitting a Level 2 (Full) Application to the IACUC. This collaboration can be established by e-mailing the Research and Conservation Department at (gairesearch@georgiaaquarium.org).

**Applications that do not have the appropriate code(s) will be immediately sent back to you.**

Once you have worked with the Research & Conservation Department to select and complete the correct forms, please submit them as Word documents to iacuc@georgiaaquarium.org.

**Pre-Approvals Required:**

|  |  |
| --- | --- |
| 1. **Research & Conservation Director**\***:** All submissions to the IACUC must have an approval code from this director and a GAQ “Projects and Partnerships Request Summary” on file.
 | → Code Here |
|  |  |  |
| 1. **Animal Care Director:** Any submission that includes handling of animals being housed at Georgia Aquarium.
 | → Code Here |
|  |  |  |
| 1. **Registrar:** Any submission that includes a request for animal or habitat records (not including wild populations).
 | → Code Here |
|  |  |  |
| 1. **Animal Health Veterinarian or Manager:** Any submission that includes handling of, and/or a request for archived samples from, animals being housed and/or owned by Georgia Aquarium.
 | → Code Here |

**Supervisor Support:**

All Principal Investigators who are employees of Georgia Aquarium must obtain their supervisor’s approval prior to conducting research at Georgia Aquarium, partner facilities, or in the field. By providing the name and title of your supervisor below, you are certifying that this approval has been obtained.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | → Response Here |  | Title: | → Response Here |

Select One:\*

|  |
| --- |
|[ ]  I understand that I must copy my supervisor on the submission of this application to the IACUC. |
|  |  |  |
|[ ]  I am not an employee of Georgia Aquarium. |

\* “Research” includes elements of research, testing, or teaching procedures that involve live and/or dead animals, their samples, or their parts.

**SECTION A. ADMINISTRATIVE**

**A1. Principal Investigator**\*

|  |  |
| --- | --- |
| Protocol Title:\* | → Response Here |
|  |
| Principal Investigator:\* | → Response Here | Institution/Department:\* | → Response Here |
|  |
| Office Phone: | → Response Here | Cell Phone:\* | → Response Here |
|  |
| Email Address:\* | → Response Here | Funding Source:\* | Choose an item. |
|  |

**A2. Study Type**\*

|  |
| --- |
| Select (1) study type below. If your request does not fit within one of the definitions below, you likely need to complete a Level 1 (Short) Application or an application may not be required. Please contact iacuc@georgiaaquarium.org. |

|  |
| --- |
|[ ]  **Animal Handling by GAQ Staff, *In Situ* or Non-Institutional Settings**: Research involving any form of physical contact, behavioral manipulation, or environmental interference with animals occurring in wild populations (*In Situ*) or in non-institutional settings. Non-Institutional Settings, for this purpose, are defined as locations without an on-site, attending veterinarian. Examples include petting zoos, fish hatcheries or farms, traveling animal exhibits, or other man-made animal housing not overseen by formal institutional veterinary programs. This category does not include circumstances in which staff are providing technical expertise on external projects (see Level 1). |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |
|[ ]  **Animal Handling at Georgia Aquarium**: Research involving any form of physical contact, behavioral manipulation, or environmental interference with animals housed at Georgia Aquarium or its affiliated locations, regardless of who performs the handling\* (defined under H2). |
|  |  |
|  |  |  |
|[ ]  **Animal Handling by GAQ Staff at Other Institutions (D or E Pain Only)**: Research involving any form of physical contact, behavioral manipulation, or environmental interference with animals that takes place at a zoological institution other than Georgia Aquarium, when the methodology is classified under USDA pain categories D or E. For this purpose, a zoological institution is defined as a facility that houses animals for exhibition, education, or conservation purposes and has an on-site veterinarian. |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |  |
|[ ]  **Research Involving D or E Pain on GAQ-owned Animals at Other Institutions**: Research conducted at external zoological institutions involving Georgia Aquarium–owned animals that is classified under USDA pain categories D or E. In such cases, institution-specific and/or AZA research proposal forms may be accepted in lieu of a full GAQ application, provided they contain sufficient detail to meet review requirements. |
|  |  |
|  |  |
|  |  |

**A3. Emergency Veterinarian Contact**\*

In case the animal(s) is/are observed in distress, the following person(s) should be contacted:

|  |
| --- |
|[ ]  **At Georgia Aquarium or Wild Populations**: Dr. Matt O’Connor, Director of Animal Health & Nutrition; 404-581-4341(o), 530-400-6057(c), moconnor@georgiaaquarium.org. In the event that Dr. O’Connor is not available, please contact the Georgia Aquarium Veterinarian on Duty at 404-581-4180. |
|  |  |
|  |  |
|  |  |  |
|[ ]  **At Other Institution:** The veterinarian listed below will be contacted — |

## + Add Veterinarian Contact

|  |  |
| --- | --- |
| Name:\* | → Response Here |
|  |
| Office Phone: | → Response Here | Cell Phone:\* | → Response Here |
|  |
| Email Address:\* | → Response Here |
|  |

**A4. Animal Care Point of Contact**\*

All projects taking place onsite at Georgia Aquarium involving animal use must identify a point of contact from one of Georgia Aquarium’s animal care teams. This individual will serve as an additional liaison between Georgia Aquarium’s IACUC and the Research Team and must execute their responsibilities, as outlined in the IACUC’s Policies and Procedures.

|  |  |
| --- | --- |
| Name:\* | → Response Here |
|  |
| Position:\* | → Response Here |
|  |
| Team:\* | → Response Here |

**A5. Renewal Protocol**\*

1. Does this application renew an existing protocol?\*

|  |
| --- |
|[ ]  No |
|  |  |  |
|[ ]  Yes, see protocol summary below — |

## + Add Protocol Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Protocol ID:\* | → ID # |  | Number of Animals Used\* | → # |
|  |  |  |  |  |
| a. Briefly describe your findings thus far:\* |
|  |
| → Response Here |
|  |
| b. Describe any adverse events:\* |
|  |
| → Response Here |
|  |
| c. Were any non-target protected species handled as bycatch? If yes, please describe which species, approximate age, how many, and their state upon release (e.g., alive or dead).\* |
|  |
| → Response Here |

#

**SECTION B. RESEARCH JUSTIFICATION**

**B1. Scientific Justification**\*

|  |
| --- |
| 1. Specify the location(s) where the study will take place:\* |
|  |
| → Response Here |
|  |
| a. If this project is taking place on-site, please list the specific habitats the project will take place in. \* |
|  |
|  | → Response Here |
|  |
| b. Are any of these spaces non-compliant with the space requirements for marine mammals? \*  |
|  |
|  | [ ]  | Yes | [ ]  | No | [ ]  | N/A |
|  |
| c. If yes, provide a written justification for the scientific reason(s) this project must take place in a non-compliant space.\* |
|  |
|  | → Response Here |
|  |
| 2. Briefly describe 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.\* |
|  |
| → Response Here |
|  |
| 3. Summarize the primary objective(s) of this study in bullet-point form. |
|  |
| → Response Here |

**B2. Species Justification**\*

Complete the following table for **each** species being requested for use:

|  |  |
| --- | --- |
| **Species (Scientific Name)** | **Written Justification For Selection** |
| *.* | . |

To add more rows, click on the plus sign to the right of the row.

**B3. Target Animal Numbers and Justification**\*

Complete the following table for **each** species being requested for use, listed in the same order as above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Age / Weight Range / Sex** | **# of Animals For 3 Years** | **USDA Pain Category** | **Written Justification For Number of Animals** |
| . | . | Choose an item. | . |

To add more rows, click on the plus sign to the right of the row.

**SECTION C. RESEARCH REQUEST SCOPE**

**C1. Detailed Animal Use Narrative**\*

|  |
| --- |
| 1. Provide a comprehensive and highly detailed explanation of the overall research design. Your description must clearly outline what will happen to the animals in practical terms, and reviewers must be able to visualize the entire process. Do not include specifications on samples collected or survival surgical procedures as these will be captured elsewhere.\*
 |
|  |
| → Response Here |
|  |
| 2. Does this project involve scuba diving?\* |
|  |
|[ ]  Yes |[ ]  No |

**C2. Specimen Collection**\*

1. Will specimens be collected from living animals?\*

|  |
| --- |
|[ ]  No. Specimens will not be collected from living animals. |
|  |  |  |
|[ ]  Yes. Specimens will be collected from living animals as described below — |

## + Add Live Animal Specimen Collection

|  |  |  |
| --- | --- | --- |
|[ ]  Fluids (e.g., blood, lymph, ascites, CSF, GI fluids, etc.) |  |[ ]  Solid Tissues |
|  |  |  |  |  |
|  |  |  |  |  |
| Fluid type (specify): | → Response Here |  | Tissue type (specify): | → Response Here |
|  |  |  |  |  |
| Volume (mls) per collections: | → Response Here |  | Volume (mm3) per collections: | → Response Here |
|  |  |  |  |  |
| Collection method (specify): | → Response Here |  | Collection method (specify): | → Response Here |
|  |  |  |  |  |
| Frequency of collection: | → Response Here |  | Frequency of collection: | → Response Here |

#

**C3. Animal Identification**\*

1. Select whether animal identification is necessary for this research request:

|  |
| --- |
|[ ]  Animal identification is not necessary for this protocol. |
|  |  |  |
|  |  | a. Please explain why animal identification is not necessary.\*  |
|  |  |  |
|  |  | → Response Here |
|  |  |  |
|[ ]  Animal Identification is necessary for this protocol as described below — |

## + Add Animal Identification Method

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Ear tagging with a unique numbered tag |  |[ ]  Microchip |  |
|  |  |  |  |  |  |
|[ ]  Tattoo |  |[ ]  PIT tags |  |
|  |  |  |  |  |  |
|[ ]  Temporary dye or Ink marking |  |[ ]  Acoustic transmitters |
|  |  |  |  |  |  |
|[ ]  Ear punch or notch |  |[ ]  Other. Please identify: | → Response Here |

#

**C4. Archived Samples or Data**\*

|  |
| --- |
| **“Archived Samples or Data”** includes requests for access to previously collected and stored materials, including biological specimens from animals or diet/prey, newly collected and/or stored environmental samples, and archived data such as animal records, photos, videos, research data, or similar materials used for purposes other than the direct care and management of Georgia Aquarium’s animal collection. |

1. Does this research include a request for archived samples or data?\*

|  |
| --- |
|[ ]  No *(*[*Skip to Section C5*](#C5EndUse)*)* |
|  |  |  |
|[ ]  Yes, as described below — |

## + Add Archived Sample Request

**C5. Archived Samples Requested**

Select Applicable Samples Below:\*

|  |  |  |
| --- | --- | --- |
|[ ]  Water Sample |  | Archived tissue (specify): |
|  |
|[ ]  Diet/Prey Sample |  |[ ]  Plasma |  |[ ]  Necropsy |
|  |
|[ ]  Other – Not Listed, Explain: |  |[ ]  Serum |  |[ ]  Muscle |
|  |
|  | → Response Here |  |[ ]  Other Archived Tissue, Explain |
|  |
|  | → Response Here |

Describe the sample request in detail, including target species, sample volumes, preservation methods, and storage requirements:\*

|  |
| --- |
| → Response Here |

**C6. Archived Sample Handling & Shipping**

1. Is shipping of the samples required?\*

|  |
| --- |
|[ ]  No |
|  |  |  |
|[ ]  Yes, see shipping details below — |

## + Add Shipping Details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recipient Name:\* | → Response Here |  | Phone Number:\* | → Response Here |
|  |
| Recipient Address:\* | → Response Here |
|  |
| Recipient Email:\* | → Response Here |
|  |
| Carrier:\* | → Response Here |  | Account Number\* | → Response Here |

## + Add Archived Data Request

**C7. Archived Data Requested**

|  |
| --- |
| 1. To help us fulfill your request accurately, please provide a detailed description of the specific records you need. Be sure to include the species involved, the type of data or documentation required (e.g., medical history, transport records, behavioral observations), and the exact time period or date range you are interested in.\*
 |
|  |
|  | → Response Here |
|  |
| 1. Please also indicate who will be responsible for retrieving and providing these records, as the individual identified may impact the IACUC’s ability to support or fulfill the request.\*
 |
|  |
|[ ]  IACUC Administration Team |
|  |
|[ ]  Georgia Aquarium Representative: | → List Name |

#

**C8. Data and Media End Use**\*

1. Will the data collected and/or requested be used for scientific publication, conference presentation, or other publishing?\*

|  |  |
| --- | --- |
|[ ]  No |  |
|  |  |  |  |
|[ ]  Yes, please explain: | → Response Here |

1. How will Georgia Aquarium be represented?\*

|  |
| --- |
|[ ]  Acknowledgement |
|  |  |  |
|[ ]  Co-Authorship |
|  |
|[ ]  Both |

1. Will images/video be taken of live animals for scientific purposes/publication?\*

|  |
| --- |
|[ ]  No |
|  |  |  |
|[ ]  Yes, Animals at Georgia Aquarium |
|  |
|[ ]  Yes, Animals at Other Locations or Wild Populations |

**C9. Schematics, Diagrams, Photos and/or Videos**\*

1. Please attach any schematics, diagrams, photos and/or videos that could assist the IACUC with their review and understanding of the proposed methodology.\*

|  |  |
| --- | --- |
|[ ]  Included in E-Mail |  |
|  |  |  |  |
|[ ]  Not Included in E-Mail |

**SECTION D. SPECIAL USE OF ANIMALS**

**D1. Controlled Substances**\*

1. Will controlled substances be used for any reason?

|  |
| --- |
|[ ]  No. Controlled substances will not be used. |
|  |  |  |
|[ ]  Yes. Controlled substances will be used and I will use my own controlled substance registration **(see Section I1)**. |
|  |  |
|  |
|[ ]  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. |
|  |  |
|  |  |
|  |  |

**D2. Physical Restraint**\*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Will the proposed research require the use of physical restraint of awake animals?\*

|  |  |
| --- | --- |
|  |  |
|[ ]  No. Physical restraint will not be used. ([*Skip to D3*](#D3SR)*)* |
|  |  |  |
|[ ]  Yes. Physical restraint must be used, as described below — |

 |

## + Add Physical Restraint Details

|  |
| --- |
| 1. Briefly describe how restraint will be used and/or identify the restraint device.\*
 |
|  |
| → Response Here |
|  |
| 1. Briefly describe the procedure for restraining the animal.\*
 |
|  |
| → Response Here |
|  |
| 1. State the duration of the restraint period, including how many times an animal will be restrained in one day.\*
 |
|  |
| → Response Here |
|  |
| 1. Describe the plan for observation of the animal during the period of restraint.
 |
|  |
| → Response Here |
|  |
| 1. (Device Only) Describe the procedure for conditioning the animal to the restraint device and procedure so as to minimize potential animal distress during restraint.
 |
|  |
| → Response Here |
|  |
| 1. Physical restraint terms and conditions:
 |
|  |
|[ ]  Alternatives to physical restraint have been considered and cannot meet the requirements of my study. |
|  |  |
|  |  |
|[ ]  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. |
|  |  |
|  |  |
| **Devices Only:** |
|  |  |
|[ ]  Restraint devices shall not be considered a normal method of housing. |
|  |  |
|[ ]  Restraint devices shall not be used as convenience in handling or managing animals. |
|  |  |
|  |  |
|[ ]  Animals that fail to adapt shall be removed from the study. |

#

**D3. Secondary Research**\*

1. Will any secondary research be conducted in parallel with this project under non-IACUC protocols? (e.g., NOAA permits)\*

|  |
| --- |
|[ ]  No *(*[*Skip to D4*](#D4Husbandry)*)* |
|  |  |  |
|[ ]  Yes, see list of secondary research below — |

## + Add Secondary Research

|  |
| --- |
| Include the purpose of the secondary research, the names and affiliations of collaborating researchers, and any associated permits. Specify which species are involved, especially if they are non-target species not covered under this protocol. Clearly identify which specific samples or data will be shared, the quantity or volume of each, and how they will be handled, stored, and transferred. Indicate how this secondary work is distinct from the primary research described in this application. **Please note that work which must be covered by an IACUC protocol cannot be included in this section. Unrelated research under Georgia Aquarium’s name must have its own protocol.**\* |
|  |
| → Response Here |

#

**D4. Alternative Husbandry Requirements (Managed Care Research Only)**\*

1. Is approval requested for any alternative husbandry needs?\*

|  |
| --- |
|[ ]  No. There are no alternative husbandry requirements |
|  |  |  |
|[ ]  Yes. Please see such requirements listed below — |

## + Add Alternative Husbandry Requirement

|  |
| --- |
|[ ]  Food restriction (other than for routine presurgical preparation): |
|  |  |  |
|  |  | → Response Here |
|  |  |  |
|[ ]  Water restriction: |
|  |  |  |
|  |  | → Response Here |
|  |  |  |
|[ ]  Special caging: |
|  |  |  |
|  |  | → Response Here |
|  |  |  |
|[ ]  Special environment: |
|  |  |  |
|  |  | → Response Here |
|  |  |  |
|[ ]  Other restrictions or special needs: |
|  |  |  |
|  |  | → Response Here |
|  |  |  |

#

**SECTION E. RESEARCH WITH D OR E PAIN**

# Please expand this section and answer the questions if your research request involves D or E Pain **(see Section A2)**.

**E1. Literature Search for Alternatives**\*

|  |
| --- |
| a. What are the potentially painful conditions in this proposal? (Examples: surgery, toxins, ionizing radiation, implants, tumor development, adjuvants, sepsis, infectious challenge).\* |
|  |
| → Response Here |
|  |
| 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:**\* | → Response Here |
|  |
|  | **Years Covered By The Search (From - To):**\* | → Response Here |
|  |
|  | **Search Strategy / Keywords used in the search:**\* | → Response Here |
|  |
| c. Databases Searched (Minimum of **2** databases required. Check all databases searched):\* |
|  |
|[ ]  AGRICOLA Data Base |  |[ ]  SCOPUS |
|  |  |  |  |  |
|[ ]  AltBib |  |[ ]  ToxNet |
|  |  |  |  |  |
|[ ]  PubMed/MEDLINE (is considered one database) |  |[ ]  Biosis |
|  |  |  |  |  |
|[ ]  Web of Science |  |[ ]  Zoological Record |
|  |  |  |  |  |
|[ ]  Animal Welfare Information Center (AWIC) |  |[ ]  Other(s): |
|  |  |  |  |  |
|[ ]  Altweb |  |  | → Response Here |
|  |
| 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 reasons(s): |
|  |  |  |  |  |
|  | 1. Potentially painful conditions in this proposal (match to keywords used)\* |
|  | → Response Here |
|  |  |
|  | 2. Write a brief explanation why the alternatives found to these potentially painful conditions were not acceptable alternatives.\* |
|  |  |
|  | → Response Here |

**E2. Survival Surgical Procedures**\*

|  |
| --- |
| **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). |

1. Does this research include survival surgical procedures?\*

|  |
| --- |
|[ ]  Yes |
|  |  |  |
|[ ]  No *(*[*Skip to Section F*](#SectionF)*)* |

**E3. Multiple Survival Surgeries**\*

1. 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. |
|  |  |
|  | a. Provide prior surgeries and include dates of the procedures:\* |
|  |  |
|  | → Response Here |

1. 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. |
|  |  |
|  | a. 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).\* |
|  |  |
|  | → Response Here |

**E4. Narrative of Survival Surgical Procedures Under This Protocol**\*

|  |
| --- |
| 1. Description of survival surgery procedures:\*
 |
|  |
| → Response Here |

|  |
| --- |
| 1. Specify the method of wound closure:\*
 |
|  |
| → Response Here |

|  |
| --- |
| 1. Specify the type of suture material:\*
 |
|  |
| → Response Here |

1. 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. |

**E5. Neuromuscular Blocking Agents (Paralytics)**\*

1. 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. |
|  |  |
|  | a. Provide details on neuromuscular blocking agents:\* |
|  |  |
|  | → Response Here |

**E6. Pain Management Intra- or Post-Procedure**\*

1. Will analgesia be provided to the animal for relief of post-operative pain?\*

|  |
| --- |
|[ ]  No. Post-operative analgesia will not be provided. |
|  |  |
|  | 1. Please explain why analgesia will be withheld: \*
 |
|  |  |
|  | → Response Here |
|  |  |  |
|[ ]  Yes. Analgesia will be provided. |
|  |  |
|  | 1. Please list analgesics, time of administration, and dosing regimens:\*
 |
|  |  |
|  | → Response Here |

**E7. Post-Operative Antibiotic or Drug Therapy**\*

1. 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:\* |
|  |  |
|  | → Response Here |

**E8. Single Housing During Post-Operative Recovery**\*

1. 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.\*

|  |
| --- |
|[ ]  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: |
|  |  |
|  |  |
|  | a. Which animals in your study will require single housing?\* |
|  |  |
|  | → Response Here |

**E9. Indwelling Catheters or Implants**\*

1. Select the appropriate response:\*

|  |
| --- |
|[ ]  Not applicable to this protocol. |
|  |  |  |
|[ ]  Indwelling catheters or implants will be used. |
|  |  |
|  | Size:\* | → Response Here | Type:\* | → Response Here |
|  |  |
|  | Is maintenance necessary?\* [ ]  No [ ]  Yes |
|  |  |
|  | → If yes, describe here |

**E10. Use of Anesthesia**\*

1. Will anesthesia be used for the survival surgical procedures?\*

|  |
| --- |
|[ ]  No *(*[*Go to E10A*](#E10A)*)* |
|  |  |  |
|[ ]  Yes *(*[*Go to E10B*](#E10B)*)* |

**E10A. No Anesthesia**\*

1. **Pre-Operative Animal Support (Non-Anesthesia):** Specify pre-operative actions that will be taken to prepare the animals for survival surgery (select all that apply):\*

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

1. For all drugs that fall under this category (pre-operative, non-anesthesia), please identify the drug and specify the dose, route, frequency of administration, and duration below:\*

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

To add more rows, click on the plus sign to the right of the row.

1. **Intra-Operative Animal Support (Non-Anesthesia):** Specify intra-operative care that will be provided to the animals during survival surgery (select all that apply):\*

|  |  |
| --- | --- |
|[ ]  Mechanical ventilation |[ ]  Ophthalmic ointment to eyes |
|  |  |  |  |
|[ ]  Intravenous fluids |[ ]  Heat to prevent hypothermia |
|  |  |  |  |
|[ ]  None, explain: |[ ]  Cooling to prevent hyperthermia |
|  |  |  |  |
|  | → Response Here |
|  |  |  |  |
|[ ]  Other, please detail: |  |  |
|  |  |  |  |
|  | → Response Here |

**E10B. Anesthesia**\*

1. **Pre-Operative Anesthesia, Sedation, and 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. |

1. For all drugs that fall under this category (pre-operative, non-anesthesia), please identify the drug and specify the dose, route, frequency of administration, and duration below:\*

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

 To add more rows, click on the plus sign to the right of the row.

1. **Intra-Operative Anesthesia:** Please list all agents and dosing regiments to be used for intra-operative anesthesia, including dose, route of administration, frequency of administration, and duration below:\*

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

To add more rows, click on the plus sign to the right of the row.

1. **Monitoring During Anesthesia:** Indicate below the indices that will be used for intra-operative monitoring of animal condition and depth of anesthesia:\*

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

1. **Post-Operative Animal Support During Recover 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 |[ ]  Ophthalmic ointment to eyes |
|  |  |  |  |
|[ ]  Cooling to prevent hyperthermia |[ ]  Oxygen saturation |
|  |  |  |  |
|[ ]  None, explain: |[ ]  Other, explain: |
|  |  |  |  |
|  | → Response Here |  | → Response Here |
|  |  |  |  |
|[ ]  Intravenous fluids (IV, IP, SC Fluids), please detail: |
|  |  |  |  |
|  | → Response Here |

1. **Monitoring During Recovery From Anesthesia**: Indicate below the indices that will be used for post-operative monitoring of animal condition during recovery from anesthesia:\*

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

#

**SECTION F. IN SITU (WILD POPULATIONS) RESEARCH**

# Please expand this section and answer the questions if your research request involves wild populations **(see Section A2)**.

**F1. *In Situ* Research** \*

|  |
| --- |
| ***In Situ* (wild) populations are** defined as animals that are free-ranging and living in their natural habitats without direct human control or confinement. |

1. Does this research include research on *In Situ* (wild) populations?\*

|  |
| --- |
|[ ]  No [*(Skip to Section G)*](#SectionG) |
|  |  |  |
|[ ]  Yes |

1. Are there other vertebrate species that could be adversely affected or become involved due to proximity?\*

|  |
| --- |
|[ ]  No |
|  |  |  |
|[ ]  Yes |
|  |  |
| 1. Please identify species at risk and how risk will be mitigated or reduced.\*
 |
|  |
| → Response Here |

**F2. Live Capture and Release**\*

1. Will animals be brought alongside or onboard a vessel? (select all that apply)\*

|  |
| --- |
|[ ]  Free Swimming[*(Skip to Section G)*](#SectionG) |
|  |  |  |
|[ ]  Alongside |
|  |  |  |
|[ ]  Onboard |
|  |  |  |
|[ ]  Alongside and/or Onboard |

1. Describe, in chronological order, how animals will be captured, including devices to be used, frequency with which these devices will be checked and estimated maximum time animals will be restrained before released from the device.\*

|  |
| --- |
| → Response Here |

1. Describe how animals will be physically restrained and supported during procedures, including the use of equipment such as slings, padded surfaces, or cradles.\*

|  |
| --- |
| → Response Here |

1. Describe the clear decision-making criteria for immediate release of any animal that appears stressed, compromised, or has recent/fresh trauma or other injuries.\*

|  |
| --- |
| → Response Here |

1. Develop a comprehensive plan for handling gravid animals and immediate care of neonates.\*

|  |
| --- |
| → Response Here |

1. Describe the plan for post-release monitoring and intervention in case animals experience complications after release.\*

|  |
| --- |
| → Response Here |

**F2A. Animals Brought on Vessels**\*

1. Detail how animals awaiting procedure are housed on the deck, including type of containment, ventilation, level of support, and maximum time held.\*

|  |
| --- |
| → Response Here |

1. Describe the precautions taken to minimize pressure on internal organs and ensure proper anatomical support throughout the procedure.\*

|  |
| --- |
| → Response Here |

1. Indicate whether there are any established limits on the size or mass of animals that can be safely handled out of the water and how those limits were determined.\*

|  |
| --- |
| → Response Here |

1. Provide detailed descriptions of the ventilation process, including equipment type, hose placement, setup, and flow rate.\*

|  |
| --- |
| → Response Here |

**F3. Animal Transportation** \*

1. 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. [*(Skip to Section G)*](#SectionG) |
|  |  |  |
|[ ]  Yes, animals will be transported from one field location to another: |
|  |  |
| → Response Here |

1. Please provide details on point of origin, the final destination, and the reason animal transportation is necessary:\*

|  |
| --- |
| → Response Here |

1. Person responsible for animals during transport:\*

|  |
| --- |
| → Response Here |

1. 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.):\*

|  |
| --- |
| → Response Here |

1. Describe procedures to be used to protect the animals during transport (e.g., caging, food, water, frequent observation, etc.):\*

|  |
| --- |
| → Response Here |

**F4. Importation of Animals into Georgia Aquarium (Any Campus)** \*

1. 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. |
|  |  |
|  | 1. 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:\*
 |
|  |  |
| → Response Here |

#

**SECTION G. RESEARCH COMPLETION**

**G1. Endpoints**\*

1. 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.[*(Skip to Section G2)*](#G2) |
|  |  |  |
|[ ]  I anticipate that humane endpoints **(euthanasia)** will be reached prior to the experimental endpoints. [*(Go to G1A)*](#G1A) |
|  |  |  |
|[ ]  Death will be the endpoint for animals under this protocol. [*(Go to G1B)*](#G1B) |

### G1A. Humane Endpoint\*

1. This is necessary because:

|  |
| --- |
| → Response Here |

1. 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. | → Response Here |
| Not eating or drinking (will require individual housing to effectively assess) | Choose an item. | Choose an item. | Choose an item. | Choose an item. | → Response Here |
| Decreased fecal and urine output (will require individual housing to effectively assess) | Choose an item. | Choose an item. | Choose an item. | Choose an item. | → Response Here |
| Delayed wound healing (requires checking at least daily until suture removal) | Choose an item. | Choose an item. | Choose an item. | Choose an item. | → Response Here |
| Sudden behavioral change (Ex. aggression, guarding, hiding) | Choose an item. | Choose an item. | Choose an item. | Choose an item. | → Response Here |
| 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. | → Response Here |
| Poor posture or ambulating difficulty (Ex: tense, tucked-up, stiff gait) | Choose an item. | Choose an item. | Choose an item. | Choose an item. | → Response Here |
| Lost hair coat condition (Ex: ruffled fur, lack of grooming, piloerection) | Choose an item. | Choose an item. | Choose an item. | Choose an item. | → Response Here |
| Sudden activity level change (Ex: restlessness, pacing, reluctance to move) | Choose an item. | Choose an item. | Choose an item. | Choose an item. | → Response Here |
| Unexpected sweating or salivation (Ex: stressed rodents salivate excessively when stressed) | Choose an item. | Choose an item. | Choose an item. | Choose an item. | → Response Here |
| Painful' facial expression (Ex: grimace, eyes dull, pupils dilated, pinning of ears) | Choose an item. | Choose an item. | Choose an item. | Choose an item. | → Response Here |
| Oculonasal discharge (Ex: rats shed porphyrin pigment when stressed) | Choose an item. | Choose an item. | Choose an item. | Choose an item. | → Response Here |
| Teeth grinding (Ex: More common sign in rabbits, livestock) | Choose an item. | Choose an item. | Choose an item. | Choose an item. | → Response Here |
| 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. | → Response Here |
| 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. | → Response Here |
| Self-mutilation (requires checking at least daily until suture removal) | Choose an item. | Choose an item. | Choose an item. | Choose an item. | → Response Here |
| 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. | → Response Here |
| 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. | → Response Here |
| 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. | → Response Here |
| 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. | → Response Here |
| **Other humane endpoints which will be employed in this project:** | → Response Here |
|  |  |  |  |  |  |

 |

### G1B. Death Endpoint\*

1. Please justify why death is the endpoint rather than euthanasia.\*

|  |
| --- |
| → Response Here |

1. What signs are the animals expected to exhibit as they go through the terminal stages?\*

|  |
| --- |
| → Response Here |

1. What measures can be taken to alleviate pain (e.g., analgesics). (If NONE, please justify).\*

|  |
| --- |
| → Response Here |

1. Who will observe the animal during the terminal stages?\*

|  |
| --- |
| → Response Here |

**G2. Euthanasia Plan**\*

1. Please indicate the role of euthanasia in the proposed activity.\*

|  |
| --- |
|[ ]  **(Wild Populations Only)** Euthanasia will not be performed. Federal, international, or local permits governing this work do not allow euthanasia. Please specify the permitting agency or regulations. A copy of such permit condition or regulations must be provided as part of this application. [*(Skip to Section G3)*](#G3) |
|  |  |
|  |  |
|  |  |
|  |  |  |
|[ ]  Euthanasia is not planned, but ***if*** necessary, will be performed to prevent animal distress using the method described below. |
|  |  |
|  |  |  |
|[ ]  Animals will be euthanized as part of the experimental protocol, as described below. |
|  |  |
| → Response Here |

1. 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.\*

|  |
| --- |
| For other methods of euthanasia, see the [AVMA Guide on Euthanasia](https://www.avma.org/sites/default/files/2020-01/2020-Euthanasia-Final-1-17-20.pdf). |
|

|  |  |  |
| --- | --- | --- |
| Species Group | Method | Other / Additional |
|[ ]  Mammal | Choose an item. | → Response Here |
|  |
|[ ]  Marine Mammal | Choose an item. | → Response Here |
|  |
|[ ]  Bird | Choose an item. | → Response Here |
|  |
|[ ]  Fish | Choose an item. | → Response Here |
|  |
|[ ]  Reptile | Choose an item. | → Response Here |
|  |
|[ ]  Amphibian | Choose an item. | → Response Here |
|  |
|[ ]  AQ Invertebrate | Choose an item. | → Response Here |
|  |  |  |  |
|[ ]  TR Invertebrate | Choose an item. | → Response Here |
|  |  |  |  |

 |

1. 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:\* |
|  |  |
| → Response Here |
|  |
|[ ]  Blunt force trauma to the head. Please justify:\* |
|  |  |
| → Response Here |

1. 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 |[ ]  Cervical dislocation |
|  |  |  |  |
|[ ]  Decapitation |[ ]  Pithing |
|  |  |  |  |
|[ ]  Tissue/organ collection. Please specify: |[ ]  Other. Please specify: |
|  |  |  |  |
|  | → Response Here |  | → Response Here |

**G3. Final Disposition Plan**\*

1. Select what the final disposition of the animals will be:\*

|  |
| --- |
|[ ]  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. |
|  |  |
|[ ]  Disposition to another partner facility. |
|  |  |
|[ ]  Animals will be released back into their natural habitat **(wild populations)**. |
|  |  |
|[ ]  Other: |
|  |  |
|  | → Response Here |

**SECTION H. ANIMAL HANDLING PERSONNEL**

**H1. Multi-Institution Collaboration**\*

1. Does this research involve multi-institutional collaboration that may make it difficult to provide a complete list of all personnel involved?

|  |
| --- |
|[ ]  No |
|  |  |
|[ ]  Yes |
|  |  |
|  | 1. List all institutions who are involved.
 |
|  |  |
|  | → Response Here |
|  |  |
|  | 1. Which institution will take responsibility for non-Georgia Aquarium personnel training and oversight? (This is the institution that Georgia Aquarium will establish a Letter of Understanding with, which must be in place before IACUC approval can be provided).
 |
|  |  |
|  | → Response Here |
|  |  |
|  | 1. Provide the following information for the Point of Contact at the institution leading this project:
 |
|  |  |
| **First and Last Name:** | → Response Here |
|  |  |
| **Phone:** | → Response Here |
|  |  |
| **Email:** | → Response Here |

**H2. Research Participant List** \*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| If your response to H1 was “yes”, only include Georgia Aquarium personnel below. If your response was “no”, you must list all personnel who will be **handling** the animals, their parts, or their samples. Whereby “**animal handling**” includes any research activity involving physical contact, behavioral manipulation, or environmental interference with animals. This includes, but is not limited to, capturing, restraining, sampling, tagging, conditioning, or applying stimuli that influence the animal’s behavior, movement, or physiology.**Georgia Aquarium Personnel***Select the personnel below who are acting within their job position scope and therefore are exempt from a Level 2 Personnel Qualifications Form. Any personnel who have not completed the required training(s) will be excluded from the IACUC’s approval.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|[ ]  Animal Health |[ ]  Aquatic Sustainability |[ ]  Commissary & Nutrition |[ ]  Dive Operations |[ ]  Dolphin Coast |
|  |  |  |  |  |  |  |  |  |  |
|[ ]  Fishes & Invertebrates |[ ]  Mammals & Birds |[ ]  Pinnipeds |[ ]  Research & Conservation |[ ]  Other (List Below) |

**Other Personnel** |

|  |  |  |
| --- | --- | --- |
| **Name** | **GAI Title or Other Affiliation** | **Qualifications Exemption** |
|  | . | Choose an item. |

To add more rows, click on the plus sign to the right of the row.

**H3. Research Participant Qualifications**\*

1. All non-exempt individuals noted on the above Research Participant List section must have a completed, protocol-specific **Level 2 Personnel Qualifications form** included with this application (as attachments).\*

|  |
| --- |
|[ ]  I confirm that I have included a personnel qualifications form for all individuals listed under Section H2. |

1. During the review of this protocol, the IACUC will review and confirm that all individuals listed under the Research Participant List have met the training requirements for the species and work involved in this protocol. Current training status for individuals can be reviewed by Georgia Aquarium managers [here](https://planner.cloud.microsoft/webui/plan/yn-l2xXge0mOsPrj6YcUEWUADs9J/view/board?tid=e5ce6c39-023c-4d9b-9b28-e0f9e3b73325) (access may need to be requested and granted). **Training must be completed every five years**.\*

|  |
| --- |
|[ ]  I understand that any individual who has not completed the required training(s) will not be approved by the IACUC and I must submit an amendment request to add these individuals, once training is completed. |
|  |  |

|  |  |
| --- | --- |
| Research Group | Required Training or Forms |
| Georgia Aquarium Personnel  | 1. Working with the IACUC2. Species Appropriate Module(s)\*3. Research Basics **(GAQ Academy)**4. Wildlife Research **(for In *Situ* projects)** |
| Animal Handling Researchers/Technicians | 1. Working with the IACUC2. Species Appropriate Module(s)\*3. Wildlife Research **(for In *Situ* projects)** |
| International Researchers or Native Peoples – Animal Handling | Will be approved under Conditional Animal Handling only. |
| Principal Investigators – No Animal Handling | 1. Working with the IACUC |
| No Animal Handling | No Training or Application Requirements |

\* “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.

**H4. Animal Welfare Monitor**\*

1. Animal welfare monitoring is essential throughout all research activities. Describe who will be monitoring animal welfare during this work, their proximity to the animal, and how task-loading will be minimized or eliminated so that they can focus on observing and assessing animal welfare through the activity.

|  |
| --- |
| → Response Here |

**SECTION I. REGULATORY COMPLIANCE**

**I1. Permits**\*

1. Are local, state, federal, or international permits or other authorizations required for the proposed activities (e.g., animal observations, transfer of samples, etc.)?\*

|  |
| --- |
|[ ]  No, permits or other authorizations are not required. |
|  |  |
|[ ]  Yes, permits or other authorizations are required for the proposed activities. |
|  |  |
|[ ]  I understand that the IACUC cannot issue an approval letter until copies of all required permits or authorizations have been sent to the IACUC.\* |
|  |  |
|  |  |
|  | → List Permit(s) and the Issuing Agency Here |

**I2. Internship Project**\*

1. Select which option applies to this request:\*

|  |
| --- |
|[ ]  This project is part of an internship program at Georgia Aquarium |
|  |  |  |
|  | Date of internship (range): | → Response Here |
|  |  |  |
|[ ]  This project is not for an internship. |

**I3. Terms and Conditions**\*

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|[ ]  **Principal Investigator Responsibility**\***:** I understand that I am responsible for the protocol-specific training and oversight of all individuals authorized under this protocol, or exempted, to participate in this research. I am also responsible for ensuring that all individuals listed on the research participant list are fully knowledgeable about the approved protocol. This includes ensuring that those exempted from completing the Level 2 Personnel Forms have been made aware of the terms and conditions outlined in those forms and herein, as well as the expectations for upholding animal welfare standards and reporting requirements. |
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|[ ]  **Animal Welfare**\***:** All activities will be conducted under an IACUC-approved protocol and in compliance with the Animal Welfare Act, Animal Welfare Regulations, and recognized professional best practices for animal welfare, regardless of the species’ regulatory status under the USDA. |
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|[ ]  **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 wild populations, I will contact Georgia Aquarium’s veterinary team for consultation on providing emergency veterinary care. |
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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. |
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|[ ]  **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. |
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|[ ]  **Unanticipated Event Reporting**\***:** The IACUC must be notified of any unanticipated outcomes related to animal use, including but not limited to distress, pain, or mortality. These events must be reported within 48 hours using the GAQ IACUC Unanticipated Event Report Form. |
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|[ ]  **Post-Approval Monitoring**\***:** I understand that all protocols, research areas, research personnel, and study animals are all subject to inspections by the IACUC at any time, including projects on wild populations.  |
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|[ ]  **Amendments**\***:** Any proposed changes to an approved protocol must be submitted to the IACUC using the GAQ IACUC Amendment Form. Approval must be obtained **prior** to implementing any modifications to activities covered under the protocol. |
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|[ ]  **GAQ Research Guidelines and IACUC Policies**\***:** All Principal Investigators are expected to adhere to the requirements outlined in Georgia Aquarium’s Research Guidelines and the IACUC’s Policies, as posted to Georgia Aquarium IACUC’s website. Failure to comply with these guidelines constitutes non-compliance under the purview of the IACUC. |
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|[ ]  **Non-Compliance**\***:** Any non-compliance with an approved protocol and/or an applicable policy will be handled pursuant to the IACUC’s Policies, Section J (October 2025 ed.). |
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|[ ]  **Annual Updates**\***:** I understand that I must submit an Annual Update Form to the IACUC by November 1st of each year through the duration of this project. Failure to provide such update for projects under the additional oversight of USDA will result in immediate withdrawal of support from the IACUC. |
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|[ ]  **De Novo Reviews**\***:** All on-going protocols must be re-submitted to the IACUC after three years for a new review and granting of approval. All submitted application documents must be reviewed, updated, and re-submitted on the IACUC’s current application forms. De Novo protocols must be submitted to the IACUC with sufficient time to obtain continuing approval of the protocol before its expiration date. Failure to submit a de novo protocol and receive a continuing approval from the IACUC will result in withdrawal of support from the IACUC upon the protocol’s expiration. |
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|[ ]  **Project Completion**\***:** I understand that I must submit a Research Completed Form to the IACUC within 60 days of work under this protocol being completed.  |
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|[ ]  **Publication Policy**\***:** Any activities which include publications, presentations, conferences, educational materials, or similar works must be reviewed and approved by Georgia Aquarium’s Research and Conservation Department. The Research and Conservation Department can be reached at gairesearch@georgiaaquarium.org.  |
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|[ ]  **Media Policy**\***:** Any use of photography or videography obtained while conducting research under Georgia Aquarium’s name must be reviewed and approved by Georgia Aquarium’s Marketing Department prior to use. The Marketing Department can be reached at digitalmedia@georgiaaquarium.org and media@georgiaaquarium.org.  |
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|[ ]  **Recordkeeping**\***:** I understand that accurate and complete recordkeeping is essential across all research settings. This includes documenting procedures, animal observations, environmental conditions, and material usage, as appropriate to the approved methodology. I acknowledge that inadequate records may compromise the Committee’s ability to verify compliance, assess animal welfare, and ensure adherence to regulatory standards. |
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|[ ]  **Data Agreement:** (for data requests only) I understand that as part of the IACUC’s approval to release the requested data, I must have a signed Data Sharing Agreement on file. |
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**I have carefully reviewed, understand and agree to all the above agreement clauses (required for a submission) for:**

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| Ideal Project Start Date (Not Guaranteed):\* | → Response Here |
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| 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.  | **A white square with a blue border  Description automatically generated** |
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**I4. Sponsor**\*

This section is required if the Principal Investigator is not a university faculty member, degreed research scientist, or veterinarian. Sponsors must be a university faculty member, degreed research scientist, or veterinarian and will serve as an advisor to the Principal Investigator during the execution of this work.

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| Name:\* | → Response Here | Date:\* | → Response Here |
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| Title:\* | → Response Here | Sponsor Signature:\*To insert your signature, hover over and click on the photo icon below and select a saved photo of your signature. |
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