Universidad Central del Caribe

Mice Breeding and Weaning Supplement Form

Institutional Animal Care and Use Committee

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MICE BREEDING AND WEANING SUPPLEMENT FORM

Please refer to: Standard Operating Practice (SOP) of Breeding & Mice Breeding Protocol

A. Individual(s) Responsible for Colony Maintenance

1	P.I Name		Department	
2	Work Phone #		Emergency Phone (after hours) #	
3	E-Mail			
4	Other Individuals Involved in Colony Maintenance			
5	Describe training and experience of these individuals as it relates to colony maintenance & breeding of animals:			

B. Breeding Colony Justification

6	What strains will be bred?
	Provide a justification for establishing and maintaining a breeding colony of animals at the Universidad Central del Caribe. The cost no is the justification.

C. Housing and Husbandry Issues			
7	Building		
8	Are there any special husbandry requirements needed for the maintenance of the colony?	◉ Yes	○ No
If you answered yes, please describe the needs (e.g., special diets, special housing, immunocompromized strains, etc.).			

D. Colony Management Information (Please provide the following information below. Request the Mice Breeding Protocol for additional instruction)	
9	**Breeding Scheme**
☐	Pair Breeding (monogamous)
☐	Harem Mating (polygamous) Pair Breeding (monogamous) If this method is selected, describe how you will ensure that multiple litters do not occur within once cage?
☐	Timed (hand) Mating
☐	Other- Describe and provide a justification:

10	**Weaning Plan** (no greater than one litter is to be kept in a cage. The Principal Investigator is responsible for weaning unless otherwise contracted).
☐	Animal will be weaned at 21-28 days.
☐	The breeding requires additional time for weaning (beyond 28 days). Please describe and justify below. You must include in your response how you will ensure that the density of animals does not exceed the Guidelines for Animal Care and Use.

11	**Phenotype Information**
Are there any health concerns associated with the development of the phenotypes for the strains described?	○ Yes ○ No
If YES, please describe the health concern (e.g., behavioral, anatomical and/or physiological) and describe how the health of these animals will be managed.	

E. Genotyping and Other Colony Management Procedures
The goal of this section is to identify techniques and procedures used to manage your colony.

12	**Genetic Identification**			
☐	**Tail Clip**- If clipping is done on animals over 28 days of age, local or general anesthesia is required. If this is the case what anesthetic method (s) will be used? *(Specify to the right)*	**Drug/Agent**	**Dose**	**Route**
☐	**Blood sample**-describe the collection procedure. *(Specify to the right)*	**Method**	**Route**	**Volume**
☐	**Anesthesia** method (if applicable): **(Refer to Recommendations for Aseptic Technique, Anesthesia, Analgesia and Post-Operative Care for Rodent Surgery)**	**Drug/Agent**	**Dose**	**Route**
☐	Other. Specify:			

13	**Age of animals for genotyping**
☐	**0-21 days (**anesthesia is recommended)
☐	**21-23 days** (anesthesia is highly recommended)
☐	**21-28 days** (anesthesia is strongly recommended)
☐	**>28 days and older** (adult post-weaning-anesthesia is mandatory)
14	**What method of animal identification will be used?**
15	**Euthanasia**

Will animals that cannot be utilized be euthanized in the same manner as described in the IACUC Protocol Application?	○ Yes ○ No
IF no, please describe the alternate euthanasia method planned (See: https://www.avma.org/sites/default/files/2020-01/2020-Euthanasia-Final-1-17-20.pdf for approved euthanasia methods AVMA Guidelines 2020 edition).	

F. Estimated Number of Animals to Establish and Maintain the Colony

A mechanism for tracking colony management should be employed to allow review during semiannual IACUC inspections. If you need assistance in estimating numbers, please refer to ILAR Guidelines for the Care and Use of Mammals in Neuroscience and Behavioral Research (2003): http://www.nap.edu/books/0309089034/html

17	**Enter Estimates**	
Estimated number of weaned and adult animals to be subject to experimental manipulations.		~~~~~~~
Estimated number of suckling animals to be subject to experimental manipulations.		~~~~~~
Estimated number of breeder held but not subject to experimental manipulations.		~~~~~
Estimated number of suckling animals to be euthanized at or prior to weaning, and not subject to experimental manipulation		~~~~~~
TOTAL ESTIMATED (Experimental + Breeding)	0	~~~~~~

G. PRINCIPAL INVESTIGATOR CERTIFICATION

Your electronic signature response on this Mice Breeding and Weaning Supplement Form certifies your agreement to the following terms.

- I certify the methods described will be used and the researcher will amend this Mice Breeding and Weaning Supplement Form as needed to when techniques are identified so as to reduce animal discomfort, reduce pain and use.

- I certify conduct will be in accordance with the PHS policy, Guide for the Care and Use of Laboratory Animals, DEA regulations, and IACUC Policies. When there is a change in the regulations of any Animal Regulatory Agency, the IACUC will notify the Principal Investigator so they can request a Mice Breeding and Weaning Supplement Form to comply with the change if needed.

- I certify this description related to breeding as provided in this application is complete and accurate.

- I certify I will submit any changes to this description to the IACUC for written IACUC approval prior to implementing any changes.

- I understand in date (non-expired) drugs and biomedical supplies will be used.

- I understand that in the event that I cannot be contacted, any animal that shows evidence of distress, illness or pain, emergency care, including euthanasia if necessary, will be taken care by the veterinary medical staff.

- I understand personnel are certified as adequately trained and experienced.

- I certify all activities undertaken as part of this proposal have been fully described in this application. Only activities listed on approved IACUC protocols will be conducted by the investigator, co-investigator or staff. Research will be suspended at any time the work fails to comply with PHS, or IACUC policy. The institution is required to report instances of noncompliance to funding agencies, and the public health service. These reports become a matter of public record through the agency websites.

I understand absolutely no research may begin until final IACUC approval is granted.

Today's Date (mm/dd/yy)	mm/dd/yyyy
Signature	

MICE BREEDING AND WEANING SUPPLEMENT FORM
FOR OFFICIAL USE OF IACUC MEMBERS

Your determination does not determine the action of this request.
This information will be presented at the IACUC meeting to make a final determination.

Member of IACUC (name):

Principal Investigator:

# of Protocol:

ACTION:

- Approved: ____
- Approved with suggestions (Please, write the suggestions below)____
- More information is required (Please, specify what kind of information below) ____
- Not approved (Please, specify the reasons below) _____