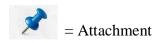
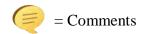


Universidad Central del Caribe Mice Breeding and Weaning Supplement Form Institutional Animal Care and Use Committee

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MICE BREEDING AND WEANING SUPPLEMENT FORM

	Please refer to: Standard Operating Practice (SOP) of Breeding & Mice Breeding Protocol					
Α.						
1	P.I Name			Department		
2	Work Phone #			Emergency Phone (after hours) #		
3	E-Mail					
4	Other Individuals	s Involved in Colony Maint	tenan	ce 🧧		
				7		
5	Describe training breeding of anim	g and experience of these in	divid	uals as it relates to colo	ny maintenance &	

B. Br	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.					
	Chrystalad Control The Cost no is the Justinion.					

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

	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			
develo	Are there any health concerns associated with the development of the phenotypes for the strains described?			
	S, please describe the health concern (e.g., bel be how the health of these animals will be ma		and/or physiological) and	

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)		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 us	sed?				
15	15 Euthanasia					
	animals that cannot be utilized be euthanized in the sibed in the IACUC Protocol Application?	same manner as	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).						
	Tot approved eutilaliasia ilieutous AviviA Guidelliles 2020 eutilolij.					

F. Estimated Nu	umber of Ar	imals to Esta	blish and Ma	intain the C	olony
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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		
	ted number of weaned and adult animals to be subject to nental 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			
TOTA	L ESTIMATED (Experimental + Breeding)		

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)