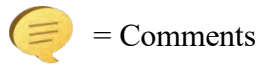
	Mice Breeding and Weaning Request Form	<i>UCC/MBWR</i>		
		Version#	# 3	
		Implementation Date	2023.06.05	
		Institutional Animal Care and Use Committee	Last Reviewed/Update	2026.03.30
			Approval by IACUC	

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of Protocol:

MICE BREEDING AND WEANING REQUEST FORM				
<i>Please refer to: Standard Operating Practice (SOP) of Breeding & Mice Breeding Protocol</i>				
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?
<p>Provide a justification for establishing and maintaining a breeding colony of animals at the Universidad Central del Caribe. Some examples: prenatal or early neonatal studies, breeding/backcrossing of genetically modified lines not available commercially, among others. Refer to: <i>SOP Apareos (Breeding), 2019.10.04</i></p>	
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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) If this method is selected, describe how you will ensure that multiple litters do not occur one cage?
	Timed (hand) Mating
	Other- Describe and provide a justification:

10	Weaning Plan -No more 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? <i>(Specify to the right)</i>	Drug/Agent	Dose/Volume	Route
	Blood sample- Describe the collection procedure. <i>(Specify to the right)</i>	Method	Route	Volume
	Anesthesia method (if applicable): <i>(Refer to Recommendations for Aseptic Technique, Anesthesia, Analgesia and Post-Operative Care for Rodent Surgery)</i>	Drug/Agent	Dose/Volume	Route
	Other. Specify:			
13	Age of animals for genotyping			
	0-21 days (anesthesia is recommended)			
	21-23 days (anesthesia is highly recommended)			
	24-28 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>

16	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 animals 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)		

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 that the methods described will be used and the researcher will amend this Mice Breeding and Weaning Request Form as needed when new techniques are identified so as to reduce animal discomfort, reduce pain and use of new techniques are identified.
- I certify that my 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 Request Form to comply with the change if needed.
- I that certify that the breeding this description provided in this application is complete and accurate.
- I certify that I will submit any changes to this description to the IACUC for written IACUC approval prior to implementing any changes.
- I understand that to 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, will receive emergency care, including euthanasia if necessary, from the veterinary medical staff.
- I understand the personnel is certified and 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 does not comply with the Public Health Services 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.

In Date (mm/dd/yy)

Signature

**MICE BREEDING AND WEANING REQUEST 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) _____