

CHECK-LIST

(To be submitted for consideration of CPCSEA)

Title of the protocol	
Name and address of the Institute submitting proposal, with Ref No. if any	Pondicherry University Puducherry-605014
CPCSEA Registration No. and valid upto	Reg. No. 1159/GO/Re/S/08/CPCSEA dated 27.04.2017
Status of Institute and its accreditation, if any	Central University
Type of research work	1. Academic Research 2. Education
Name & Address of CPCSEA Nominee and Link Nominee and date of appointment [Date of change of Nominee (if any)]	Dr. A. Anita, # 67, Gangai Ammankoil Street, Pillaithottam, Puducherry-605013 Dr. A. Muthuvel, Asst. Professor, Dept. of Biochemistry, National Institute of Siddha, Dept. of Ayush, Tambacam Sanatorium, Chennai- 47, TamilNadu 09/05/17
Composition of IAEC as per approved guidelines and the names and addresses of the establishment / members to which they represent	Dr. A Hannah Rachel Vasanthi (Member Secretary) Prof. Gurmeet Singh (Scientist from different discipline and Chairman) Dr. K. Prashanth (Scientist from different discipline) Dr. C. Thirunavukkarasu (Scientist in charge of Animal House) Dr. P. Shonima (Veterinarian) Dr. Dr. R. Barathidasan (Scientist from outside the Institute) Dr. K. Rajkumar (Non scientific socially aware member) Dr. A.Anita. (Main Nominee) Dr. A. Muthuvel (Link Nominee)
Whether detailed signed minutes of IAEC by members including nominee attached with the protocol.	
Recommendations of IAEC	
Recommendation of Institutional Bio Safety Committee (IBSC)	
Recommendations of Review Committee on Genetic Manipulation (RCGM)	
The date of last inspection of Animal House Facility and approval details conveyed by CPCSEA.	15/04/2019
Name of the PI with designation, qualification and work experience with animals.	
Name of the Co-PI with designation, qualification and work experience with Large Animals.	
Source of procurement of animals, types, number, age& sex.	
Information regarding import / export of animals / material before and after experimentation.	
A signed declaration by PI is attached with proposal?	

Signature of Chairman IAEC

Principal Investigator

For official use only

Date of receipt of the protocol and number of copies / CD

CPCSEA Reference number

New proposal / revised proposal

Signature of Expert Consultant, CPCSEA

Form B (per rule 8(a)*)

APPLICATION FOR PERMISSION FOR ANIMAL EXPERIMENTS

Application to be submitted to the CPCSEA, New Delhi after approval of Institutional Animal Ethics Committee (IAEC)

PART A

- | | |
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| 1. Name and address of establishment: | Pondicherry University, Pondicherry. |
| 2. Registration number and date of registration: | Reg. No. 1159/GO/Re/S/08/CPCSEA dated
27/04/2017 |
| 3. Name address and registration number of breeder | |
| 4. Place where the animals are presently kept
(or proposed to be kept): | Central Animal House Facility, Pondicherry
University, Puducherry-605014 |
| 5. Place where the experiment is to be performed
(Please provide CPCSEA Reg. Number): | Central Animal House Facility, Pondicherry
University, Puducherry-605014
Reg. No. 1159/GO/Re/S/08/CPCSEA dated
27/04/2017 |
| 6. Date on which the experiment is to commence
and duration of experiment. | |
| 7. Type of research involved (Basic Research /
Educational/ Regulatory/ Contract Research): | Educational
Basic Research |

Signature:

Name and Designation of Investigator:

Date:

Place:

* The filled in Form B having above information/details/ supporting documents (1 original + 14 copies and 1 soft copy in CD) should be sent to :-

The Member Secretary, CPCSEA
Ministry of Environment & Forests
8th Floor, Jeevan Prakash Bu

PART B

Protocol form for research proposals to be submitted to the committee / Institutional Animal Ethics Committee, for new experiments or extensions of ongoing experiments using animals other than non-human primates.

1. Project / Dissertation / Thesis Title:

2. Principal Investigator / Research Scholar / Research Guide / Advisor

- a. Name:
- b. Designation:
- c. Dept/Div/Lab:
- d. Telephone No:
- e. Experience:

4. List of names of all individuals authorized to conduct procedures under this proposal.

Co-guides

- a. Name:
- b. Address:
- c. Experience:

4. Funding source with complete address (Please attach the proof)

5. Duration of the Project

- a. Number of months:
- b. Date of initiation (Proposed):
- c. Date of Completion (Proposed):

6. Detailed study plan may be given (Not more than one page)

7. Animals required

- a. Species / Common name
- b. Age/ weight/ size
- c. Gender
- d. Number to be used (Year-wise breakups and total figures needed to be given)
- e. Number of days each animal will be housed:

f. Proposed source of animals:

8. Rationale for animal usage

- a. Why is animals usage necessary for these studies?
- b. Why are the particular species selected required?
- c. Why is the estimated number of animals essential?
- d. Are similar experiments conducted in the past? If so, the number of animals used and results obtained in brief.
- e. If yes, why new experiment is required?
- f. Have similar experiments been made by any other organization agency? If so, their results in your knowledge.

9. Description of the procedures to be used.

List and describe all invasive and potentially stress full non-invasive procedures that animals will be subjected to in the course of the experiments.

Furnish details of injections schedule

Substances	:
Doses	:
Sites	:
Volumes	:
Blood withdrawal	
Volumes	:
Sites	:
Radiation: (dosage and schedules)	:

10. Please provide brief descriptions of similar studies from invitro / invivo (from other animal models) on same / similar test component or line of research. If, enough information is available, justify the proposed reasons

11. Does the protocol prohibit use of anesthetic or analgesic for the conduct of painful procedures (any which cause more pain than that associated with routine injection or blood withdrawal)? If Yes, explanation and justification

12. Will survival surgery be done?
If Yes, the following to be described.

- a. List and description of all such surgical procedures (including methods of asepsis)
- b. Names, qualifications and experience levels of operators
- c. Description of post-operative care
- d. Justification in major survival surgery is to be performed more than once on a single individual animals.

13. Methods of disposal post-experimentation

- a. Euthanasia (Specific method):
- b. Methods of carcass disposal:
- c. Rehabilitation:

14. Animal transportation methods if extra-institutional transport is envisaged.

15. Use of hazardous agents (use of recombinant DNA-based agents or potential human pathogens requires documented approval of the Institutional Biosafety Committee (IBC). For each category, the agents and the biosafety level required, appropriate therapeutic measures and the mode of disposal of contaminated food, animal wastes and carcasses must be identified)

- (a) Radionuclides
- (b) Microorganisms / Biological infection Agents
- (c) Hazardous chemicals or drugs
- (d) Recombinant DNA
- (e) Any other (Give Name)

If, your project involved use of any of the above, attach copy of the minutes of IBC granting approval.

Investigator's Declaration

I certify that I have determined that the research proposal herein is not unnecessarily duplicative of previously reported research.

I certify that, I am qualified and have experience in the experimentation on animals.

For procedures listed under item 11, I certify that I have reviewed the pertinent scientific literature and have found no valid alternative to any procedure described herein which may cause less pain or distress.

I will obtain approval from the IAEC/ CPCSEA before initiating any significant changes in this study.

Certified that performance of experiment will be initiated only upon review and approval of scientific intent by appropriate expert body (Institutional Scientific Advisory Committee / funding agency / other body (to be named)).

Institutional Biosafety Committee's (IBC) certification of review and concurrence will be taken (Required for studies utilizing DNA agents of human pathogens).

I shall maintain all the records as per format (Form D)

I certify that, I will not initiate the study unless approval from CPCSEA received in writing. Further, I certify that I will follow the recommendations of CPCSEA.

I certify that I will ensure the rehabilitation policies are adopted.

Signature

Name of the Investigator

Date:

Certificate

This is certify that the project title been approved by the IAEC.

Prof. Gurmeet Singh/ Dr. A. Hannah RachelVasanthi
Name of Chairman/ Member Secretary IAEC

Dr. A. Anita
Name of CPCSEA nominee

Signature with date

Chairman/ Member Secretary of IAEC:

CPCSEA Nominee:

(Kindly make sure that minutes of the meeting duly signed by all the participants are maintained by Office)