



JINNAH MEDICAL AND DENTAL COLLEGE
Research Cell
Ethical Review Committee (ERC)
Animal Study Protocol (ASP) Form



1. Protocol Information

- **Protocol Number:** _____ (To be filled by ERC)
- **Type:** New Protocol Renewal (Check one)

2. Project and Investigators Details

Research Project Title			
Study Site			
Start Date		End Date	

Principal Investigator	<input type="checkbox"/> Faculty	<input type="checkbox"/> Student
Discipline	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
Department		
Name & Academic Position		
Email Address & Phone		
Name of Supervisor / HOD		
Email Address & Phone		

Co-Investigator	<input type="checkbox"/> Faculty	<input type="checkbox"/> Student
Discipline	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
Department		
Name & Academic Position		
Email Address & Phone		

Add more tables if needed.



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3. Compliance Statement

I affirm that this animal study will be conducted in full compliance with internationally accepted principles for the ethical care and use of laboratory animals. I will adhere to the *Guide for the Care and Use of Laboratory Animals* (National Research Council); (<https://olaw.nih.gov/sites/default/files/Guide-for-the-Care-and-Use-of-Laboratory-Animals.pdf>) guidelines.

I will strictly apply the principles of Replacement, Reduction, and Refinement (3Rs) as described by Russell and Burch in designing and conducting this research. Animals will be housed, handled, and maintained under standard laboratory conditions with appropriate environment.

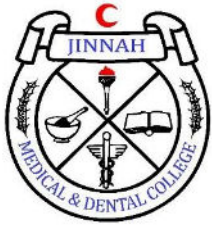
I will ensure that all procedures are performed by trained personnel using appropriate anesthesia, analgesia, and predefined humane endpoints to minimize pain, suffering, and distress.

I certify these activities do not unnecessarily duplicate previous experiments.

I will obtain prior ERC approval for Animal Study protocol and will comply with all applicable national regulations governing the use of laboratory animals in research.

Principal Investigator Signature: _____ **Date:** _____

Supervisor / HOD Signature: _____ **Date:** _____



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4. Animal Use & Pain/Distress Categories

4.1 Strain Identification

Species	Strain (e.g., BALB/c, Wistar)	Age	Weight	Total #

4.2 Species & Pain Category

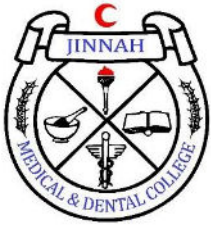
(see Appendix I for Pain/Distress Category)

Species	B (No pain)	C (Minimal pain)	D (Pain with relief)	E (Pain without relief)	Total #

4.3 Procedures and Pain Checklist

Check all that apply for each species/strain:

- **Category B:** Breeding Housing only
- **Category C:** Alert animals Anesthesia/release Identification
 Environmental changes Chemical agents Euthanasia/tissue harvest
 Restriction Forced exercise Gavage Microbiological agents
 Non-surgical fluid collection Observation Simple injections Radiation
 Parasitic hosts Tail biopsy (≤ 24 days) Brief noxious stimuli
- **Category D:** Anesthesia/release (retro-orbital/cardiac) Antibody production
 Burns Toxic substances Footpad injections Illness induction Lavage
 Survival/non-survival surgery Trauma Tail clip (> 24 days) Tumor induction
 Restraint
- **Category E:** Death as endpoint Lethal dosage Pain studies
 Functional deficit Transgenic/mutant deficits Arthritis induction
 Other (specify): _____



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5. Experimental Summary

- Purpose/Goal (brief):

- Intended Animal Use:

- Scientific Aims & Significance:

- Research Plan & Procedures:

6. Personnel & Training

- Who will take care of animals?

- Is the person trained in handling animals?

- If Yes, attach certificate and mention years of experience:

- If No, please obtain training in handling animals and attach certificate.

7. Housing, Husbandry, & Euthanasia

7.1 Animal Housing

- Location where animals will be housed:

7.2 Euthanasia Methods

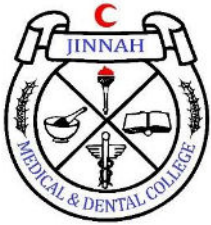
Species	Primary Method	Secondary Method	Justification



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Species	Primary Method	Secondary Method	Justification



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8. Administration of Substances

S. No.	Substance & Dose	Route	Site	# Injections	Desired Effect	Survival Time

9. Surgery (If applicable)

- Will surgery be performed? Yes No
- Personnel performing surgery:

- Non-survival surgeries (location, anesthetic regimen, procedure details, euthanasia methods):

- Survival surgeries (procedure, major/minor, location, post-op housing):

- Multiple surgeries: Yes No If yes, justify:

- Pain management protocol:

10. Special Review Items

If "Yes" to any below, provide details:

- Trauma/physical injury Yes No
- Burns Yes No
- Pain studies Yes No
- Electrical stimulus w/o anesthesia Yes No
- Tumor growth/transplantation Yes No
- Death as endpoint Yes No
- Decapitation/cervical dislocation w/o anesthesia Yes No (List personnel, training, competency)
- Functional deficits Yes No (Describe, monitoring, duration)



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- Behavioral studies/restriction/forced exercise Yes No (Describe procedures, welfare measures)
- Diet/environmental changes Yes No (Describe experiment, health effects, duration, monitoring)

Appendix I: USDA Pain/Distress Categories (Summary Table)

Category	Description	Examples
B	No pain/distress	Breeding, observation, routine husbandry
C	Slight/momentary pain/distress	Handling, non-irritating injections, tattooing
D	Pain/distress relieved by drugs	Surgery, tail biopsy, stressful transport
E	Unrelieved pain/distress	Burns, trauma, lethal studies, unrelieved pain