



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	☐ Faculty ☐ Student
Discipline	☐ Medical ☐ Dental
Department	
Name & Academic Position	
Email Address & Phone	
Name of Supervisor / HOD	
Email Address & Phone	

Co-Investigator	☐ Faculty ☐ Student
Discipline	☐ Medical ☐ 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