



**MEDICAL UNIVERSITY OF OHIO
RESEARCH AND GRANTS ADMINISTRATION**
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RGA402 (05/05)

Addendum
(Please type in protocol number)
IACUC Protocol # _____

USE OF POTENTIALLY HAZARDOUS CHEMICAL AGENTS IN ANIMALS
Discussion of the use with the DLAM Director prior to submission is highly recommended.

Submit typewritten original and 4 copies to Research and Grants Administration.

Complete a separate form for each agent.

A. Administrative Data

Use generic drug names

AGENT:

CAS #:

**Laboratory Building & Room(s) Where Agent To
Be Used (other than DLAM areas):**

- B.** *NOTE: Laboratory personnel that will work with the agent in animals or work with the animals and their tissues exposed to this agent must be so identified in IACUC Protocol Application Question #50. Submit an Amendment to Add Personnel Form (RGA 430) to the IACUC for anyone new.*

Personnel Involved in Work With The Agent:

- C.** *Note: Use of hazardous materials in a laboratory requires a current **Chemical Hygiene Plan**. You are required to keep a dated copy in Section 10 of your Safety and Health manual pertaining to the use of this chemical. Note that if safe handling procedures are described in any Grant or Contract, the Chemical Hygiene Plan must describe the same procedures.*

- D.** Attach the **Material Safety Data Sheet (MSDS)** or drug package insert.

- E.** **Describe the use of the agent in animals:** (If there are multiple exposures or multiple treatment regimes, label the following answers so that individual treatments can be differentiated. i.e. Treatment A, B, etc.). Discussion of the use with the DLAM Director prior to submission is highly recommended.

1. What is the **species** and approximate **body weight** of the animals (g or kg) at the time they are exposed?

2. What is the treatment dosage, per dose or per day as most appropriate? (mg/kg, mg/animal, etc.) **Note:** A concentration in feed is not an acceptable answer.
3. Describe the treatment. (number of administrations per animal, frequency of administrations per animal, duration of time that over which administration will occur, etc.)
4. Estimate the maximum number of exposed animals (within one week of exposure) that would be present. **Note:** This number will not be exceeded in practice and the number can impact the safety precautions prescribed.
5. Describe the formulation to be administered. (e.g. dissolved in sterile 0.9% saline at 5 mg/ml, 200 mg/kg concentration mixed in diet AIN 76A)
6. What is the route of administration? (e.g. intraperitoneal injection, gavage)
7. How long after exposure will the animals be euthanized?

F. (Optional) If peer-reviewed literature exists describing excretion and metabolism of this agent in this species, briefly **describe** those findings and **provide** a copy of the article(s).

G. Certifications - The undersigned PI understands and agrees to the following:

1. The principal investigator is responsible for assuring that all personnel working on the research project have training in laboratory health and safety. Contact the Safety and Health Department (SHD) (Ext. 5069) for information about available training sessions and scheduling. The SHD Web Page at <http://monitor.mco.edu/depts/safetyandhealth/forms.html> provides safety policies, laboratory manuals, forms, and MSDS information.
 - a. All personnel working with this chemical have read the MSDS for the agent.
 - b. All personnel have completed SHD Laboratory Safety Training.
 - c. Spills and personnel exposure will be managed as described in the Safety and Health Policy HM-08-013.
 - d. All personnel using respirators will do so under the direction of the S&H respiratory protection program.
2. The information provided regarding the proposed chemical use is complete and accurate.
3. Any changes in proposed chemical use in animals will be supplied to the IACUC prior to the change being made and the changes will not be instituted until approval is received.
4. The material described in this application will not be used in DLAM, in any instance, without explicit notification of DLAM management.

Signature: _____

Date: _____

Principal Investigator (Per signature not acceptable)

Do Not Write Below This Line
