|  |  |  |
| --- | --- | --- |
| A coin with a person's face on it  Description automatically generated with low confidence |  **Memorandum** |  |

**Department** ………………………..……………………………………..… **Tel** ...............................

**Ref** ……………………………/..................…….………….. **Date** ………….………………

**Subject**: Application for animal carcasses/biological materials use to obtain ethical assessment of the conduct for scientific purposes

**To**: Chairperson of Institutional Animal Care and Use Committee (IACUC), KMUTT

I, ………………………..............................……, …………………......................(position) from the.........................................................…… (Faculty / Institution /Department) would like to submit a research proposal entitled (Thai and English) ……..…………………….……………………………………………………

……..…………………….…………………………………….……………………………………………………..

for Institutional Animal Care and Use Committee approval, and I have attached a copy of each document as follows:

|  |  |  |
| --- | --- | --- |
| List of Documents | Yes | No(Please clarify)  |
| 1. The Use of Animal Carcasses or Biological Materials from Animal for Scientific Purposes Request Form (Form-IACUC-02-EN) in PDF and Word Format.
 |  |  |
| 1. A Complete Research Proposal/Research Project in PDF and Word File.
 |  |  |
| 1. Animal Use License of PI and/or Certificate of Attendance in Biosafety Risk Assessment Training of the Principal Investigator (PI), Co-Principal Investigator (Co-PI) and/or the Advisor
 |  |  |
| 1. License to Use or Work with Protected or Conserved Wildlife Animal (In Case the Research Involves Natural Wildlife Animal)
 |  |  |
| 1. Permission to Use the Reserved Area in the Case of a National Park Area or a Reserved Forest
 |  |  |
| 1. Certificate of Approval from the Institute Where the Animal Experiment/Study is Conducted (In Case the Animal Study is Not Conducted at KMUTT)
 |  |  |

Signature …………….…………………….

 (………………………………………….)

 Principal Investigator/Student

Date ……………./……..……/…………….

Signature …………………………………......

 (………………………………………….)

Head of Department/ Director

Date ……………./……..……/…………….

**Instructions: Please complete the form carefully and sign it before submission**

🞎 New Project 🞎 Continuing Project 🞎 Amendment of Project 🞎 Extended Project

**1. Research Protocol/Project Title**

(Thai) .......................................................................................................................................................

(English) ..................................................................................................................................................

- If this protocol is a part of the Main Project, please provide the Main Project Title:

..................................................................................................................................................................

**In the case of an existing project/continuing project, specify the number of the Certificate of Approval for Animal Care and Use for Scientific Purposes** ...............................................................

- Project implementation period.........year

(Start of the project: ......................................) (End of the project: ......................................)

**2. Principal Investigator (PI)**

Name-Family Name

(Thai) .......................................................................................................................................................

(English) ..................................................................................................................................................

- Animal use license no. U1-🞎🞎🞎🞎🞎-🞎🞎🞎🞎

- Position: ..........................................................................................................................................................

- Contact information: .......................................................................................................................................

 Tel ....................................................... Mobile ........................................................ Fax .............................

 Email ..............................................................................................................................................................

- Duty and Responsibility in the project ........................................................................................................... - Animal testing experience 🞎 ……. Year(s) experience 🞎 No experience.

**Have you ever been trained on safety from using biomaterials? (Please put a ✓)**

| Training  | Yes | No |
| --- | --- | --- |
| Code of Conduct for Laboratory Animals |  |  |
| Biosecurity |  |  |
| Safety from the use of chemicals |  |  |
| Environmental pollution |  |  |

Other related fields (specify) ……………………………………………………………………………….

**3. List of Co-Investigators**

1. Name-Family Name .......................................................Position: ............................................................

- Contact information: .......................................................................................................................................

 Tel ....................................................... Mobile ........................................................ Fax .............................

 Email ..............................................................................................................................................................

- Duty and Responsibility in the project: ..................................................................................................

- Animal testing experience: 🞎 ……. Year(s) experience 🞎 No experience.

**Have you ever been trained on safety from using biomaterials? (Please put a ✓)**

| **Training**  | **Yes** | **No**  |
| --- | --- | --- |
| Research in Animal Ethics |  |  |
| Biosecurity |  |  |
| Safety from the use of chemicals |  |  |
| Environmental pollution |  |  |

Other related fields (please specify) …………………………………………………………………

2. Name-Family Name ……………………………… Position: ……………………....……………

* Affiliation …………………………………………………………………………………………..
* Tel .................................. Email ……………………………………….………..........………………
* Duty and Responsibility in the project …….…….……………………………………….…
* Animal testing experience: 🞎 ……. Year(s) experience 🞎 No experience.

**Have you ever been trained on safety from using biomaterials? (Please put a ✓)**

| **Training**  | **Yes** | **No**  |
| --- | --- | --- |
| Research in Animal Ethics |  |  |
| Biosecurity |  |  |
| Safety from the use of chemicals |  |  |
| Environmental pollution |  |  |

Other related fields (please specify) …………………………………………………………………

3. Name-Family Name ……………………………… Position: ……………………....……………

* Affiliation …………………………………………………………………………………………..
* Tel .................................. Email ……………………………………….………..........………………
* Duty and Responsibility in the project …….…….……………………………………….…
* Animal testing experience: 🞎 ……. Year(s) experience 🞎 No experience.

**Have you ever been trained on safety from using biomaterials? (Please put a ✓)**

| **Training**  | **Yes** | **No**  |
| --- | --- | --- |
| Research in Animal Ethics |  |  |
| Biosecurity |  |  |
| Safety from the use of chemicals |  |  |
| Environmental pollution |  |  |

Other related fields (please specify) …………………………………………………………………

**4. Animal caretaker/Attending veterinarian of the unit or Attending veterinarian of the project**

1. Name-Family Name ……………………………………………………………

* Affiliation: ………………………………………………………………………
* Tel: .................................. Mobile: .............................................. Fax: ............................................
* Email: ……………………………………….…………………………………………...........….
* Duty and Responsibility in the project: …….…….……………………………………….…
* Animal Use License no. U1-🞎🞎🞎🞎🞎-🞎🞎🞎🞎
* Animal testing experience: 🞎 ……. Year(s) experience 🞎 No experience.

3. Name-Family Name ……………………………………………………………

* Affiliation: ………………………………………………………………………
* Tel: .................................. Mobile: .............................................. Fax: ............................................
* Email: ……………………………………….…………………………………………...........….
* Duty and Responsibility in the project: …….…….……………………………………….…
* Animal Use License no. U1-🞎🞎🞎🞎🞎-🞎🞎🞎🞎
* Animal testing experience: 🞎 ……. Year(s) experience 🞎 No experience.

**Co-coordinator in case of emergency (please specify)**

Name: ………………………………………………. Position……………………………………...

Department: …………………………………………. Tel: ………………………………………...

Email: …………………………………………………

**5. Funding sources**

🞎 Funded by …………………………………….………… Budget: …………………… Baht.

🞎 Grant has been submitted to …………………………. from ………………to…………….

🞎 No funding

🞎 Bachelor/Master/Doctoral Project/Thesis

**Funding period**

(Start of the Project: ......................................) (End of the project: ......................................)

**6. Type of Protocol**

❒ Research/Thesis/Special project

🔿 Basic research in the field of..................................................................................................

🔿 Applied research in the field of..............................................................................................

🔿 Pre-clinical research in the field of.................................................................................

🔿 Animal Habitat Survey (describe the place of the study) .......................................................

❒ Testing, type of substance tests ..........................................................................................................

❒ Biological material production, type of biological material production..............................................

❒ Other, please specify ..........................................................................................................................

**7. Information on the use of animal carcasses/biological materials from animals (please specify in detail)**

7.1 Time period for using animal carcasses/biological materials fromstart(dd/mm/yy) ................................. to end (dd/mm/yy) ......................................

Total period.............................Day/Month/Year

7.2 The place where the carcasses/biological materials from animals are used is...........................

7.3 Details of animal carcasses/animal biomaterial (specify all used in the research project)

1. Types of animal carcasses

❒ Mouse ❒ Rat ❒ Hamster

❒ Guinea Pig ❒ Rabbit

❒ Other (specify animal species such as fish, pigs, etc.) ……………................…………………

 The type of animal biomaterial used (e.g., liver, spleen, etc.) is ……………………………………

How many pieces are used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ pcs

**8. Sources of animal carcasses/biological materials from animals used**

8.1 Sources of animal carcasses/biological materials from animals used .......................................

8.2 Animal cause of death/animal origin

□ from illness (specify disease) ……………………………

□ euthanasia (specify method) ……………………………………………

□ others (specify)………………………………

8.3 Methods for transporting carcasses/biological materials from animals to the laboratory by means of ………………………………………………………………………………………………………….…

**9. Certification from the Biosafety Control Board**

□ Certified by the Biosafety Control Board Project approval code …………………………………

□ Applying for a biosecurity assessment

 □ Not certified by the Biosafety Control Board

**10. Management of laboratory carcasses/animal biomaterial after completing the experiment**

□ Store in a cold room and sent to be burned in a kiln

□ Landfill, specify the location................................................. ..................................................

□ Hire a removal company (specify company name) .................................................

□ Other (specify)………… …….……………………………………………………………………

**11. Equipment to prevent danger to operators. Prevention of the spread of toxins/germs (please specify)**

* Equipment to prevent harm to operators

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………

* Equipment to prevent the spread of toxins/germs

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………

* Equipment to prevent danger from working with animals
* ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Testimonials from the researchers**

1. I hereby certify that I have personally verified the accuracy of all information presented to Institutional Animal Care and Use Committee of King Mongkut's University of Technology Thonburi and acknowledge the Ethics for Using Animals for Scientific Purposes.
2. I certify that I will follow the procedures proposed in the project and will be strict in preventing infection and the spread of infection in accordance with established operational standards. as well as welcoming Institutional Animal Care and Use Committee of King Mongkut's University of Technology Thonburi to follow up and examine.

|  |  |
| --- | --- |
| Signature ...................................................(...........................................................)Principal Investigator/StudentDate / /  | Signature ...................................................(...........................................................)Dean/DirectorDate / /  |

**“The information will be kept as a confidential document.”**