



INSTITUTIONAL BIOETHICAL COMMITTEE (IBC)
UNIVERSITY OF KARACHI
APPLICATION FORM TO USE ANIMALS FOR RESEARCH STUDIES

1. Project # :	2. Protocol Version Date: (Required for Amendments) ____/____/____ m m d d y y y y
3. Project Title:	
4. Principal Investigator (PI) Department & Complete Address:	
5. Co-Principal Investigator(Co -PI) Department & Complete Address:	
This activity has been reviewed and approved by the IBC in accordance with guidelines provided by Helsinki declaration and guide for the care and use of laboratory animals, National Academy of Science, National Academy Press, Washington, DC.	
6. Approval Type: Original ☐ Amendment ☐ Renewal ☐	
7. Review Type: Full Board ☐ Expedited ☐	
8. Date of IBC Review ____/____/____ m m d d y y y y	
9. Approval Period: Effective: ____/____/____ m m d d y y y y Expiration: ____/____/____ m m d d y y y y	
10. IBC Comments:	
11. IBC Registration Number:	
The Official signing below certifies that the information provided above is correct and that, as required, future reviews will be performed & certification will be provided.	
12. Name of IBC Convener: Prof. Dr. Muhammad Harris Shoaib	
13. Title of IBC Signatory:	
14. Signatures:	

CHECKLIST FOR IBC APPLICATION

This checklist was prepared in order to aid investigation in preparing a complete application and to help expedite review by the IBC. Your cooperation in completing it will be greatly appreciated.

**PRINCIPAL INVESTIGATOR'S
NAME:** _____

DEPARTMENT: _____

☐ Copy of drug brochure or any supplementary information enclosed (if applicable)?

☐ Copy of Project

I have made a copy of this entire application for my files.

Signature: Principal Investigator

Date

INTRODUCTORY QUESTIONNAIRE

Title of protocol: _____

Principal Investigator and Co-Investigators: _____

NAME	DESIGNATION	DEPARTMENT
NAME	DESIGNATION	DEPARTMENT
NAME	DESIGNATION	DEPARTMENT
NAME	DESIGNATION	DEPARTMENT

1. Project involves the use of
Check all pertinent ones

- a) ☐ Experimental drug(s)
- b) ☐ Radioactive agents
- c) ☐ Non-therapeutic research
- d) ☐ Non-approved use or non-approved dose for approved drugs
- e) ☐ Experimental surgical procedures
- f) ☐ Behavioral research
- g) ☐ Other (please specify):

1. What is the purpose of the study?

2. Enumerate the objectives of the study

3. Description of methods used in protocol.

4. What are potential benefits of the study?

5. Expected duration of the study period

6. Location of study

Animals Information

Name	Species	Sex			Age	Total Number
		M	F	Both		

Risk management

Is there any procedure / method / agent may cause health risk to other animals personnel?

☐
☐

No

Yes (If YES give details).

Justification for the use of animals**Source of animals****Location of animals housing****Monitoring**

Who will monitor and responsible for the well-being of animals from the procurement of animals to the end of the project?

Emergency management

Who will be responsible for the emergency management?

Animal disposal

What will be the procedure to dispose of the dead animals?

DECLARATION

I am responsible to conduct this research proposal according to research proposal / plan as mentioned in the form. I assure its execution as per the guide for the care and use of laboratory animals.

Signature Principle Investigator