

**University of Balamand  
Institutional Animal Care and Use Committee (IACUC)**

**Blood Collection Protocol in Rodents**

**Instructions: If applicable, submit this Form with the IACUC Animal Use Protocol (AUP)**

**1. Administrative Information**

<b>Project Title:</b>		
<b>Project Type:</b> Research <input type="checkbox"/> Teaching <input type="checkbox"/> Testing <input type="checkbox"/>		

<b>Principal Investigator (PI):</b>	<b>Work phone:</b>	<b>Lab Phone:</b>
<b>Title:</b>	<b>Cell phone:</b>	
<b>Department:</b>	<b>Office Location:</b>	
	<b>E-mail:</b>	

**2. Animals to be Used**

<b>Species (Common Name)</b>	<b>Mouse</b> <input type="checkbox"/> <b>Rat</b> <input type="checkbox"/> <b>Hamster</b> <input type="checkbox"/>
<b>Strain</b>	
<b>Gender</b>	<b>M</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> <b>Both</b> <input type="checkbox"/>
<b>Age</b>	<b>Neonate</b> <input type="checkbox"/> <b>Adult</b> <input type="checkbox"/>
<b>Body Weight</b>	
<b>Animal Housing Location</b>	<b>University Facility:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, specify location.
<b>Building &amp; Room Number where blood collection will be performed</b>	

**3. Blood Collection**

Survival blood sampling

Terminal blood sampling

**4. Methodology & Sampling Frequency for Survival Blood Sampling**

Collection Site	
Method of collection	
Size of Needle Used	
Size and Type of Capillary Tube	
Minimum volume required for analysis/animal	
Maximum volume collected for analysis/animal	
Frequency of blood collection	
Total Number of blood collection events planned/animal	
Type of Samples Required	

**5. Will the animals be restrained for the blood collection procedure?**Yes  No 

If yes:

- Indicate the duration of the restraint.
- Describe how the animals will be restrained.

**6. Will the animals be anesthetized for the blood collection procedure?**Yes  No 

If yes:

Anesthetic	Dose (mg/Kg)	Volume (ml)	Administration route

If no, justify the decision of not administering anesthetic agents.

**7.** For terminal blood sampling, indicate the site of collection.**8.** For terminal blood sampling, will the animals be euthanized immediately following blood collection?Yes  No

If yes, indicate:

Euthanizing agent	Dose (mg/Kg)	Volume (ml)	Administration route

If no, justify the decision of not performing animal euthanasia.

**9. Experience and Training of the investigator(s)**

a. The PI has the technical expertise needed to perform blood collection:

Yes  No

b. The investigators listed on the AUP have had the appropriate training and experience to perform blood collection:

Yes  No

**Name of the Principal Investigator:**

**Signature of the Principal Investigator:**

**Date:**