**University of Delaware**

**Institutional Animal Care and Use Committee**

**Application to Use Animals in Research and Teaching**

**ADDENDUM “C”**

**Polyclonal Antibodies**

|  |  |
| --- | --- |
| **AUP Number:** Click here to enter text. | **🡨 (4 digits only — if new, leave blank)** |
| **Project:** Click here to enter text. | |

|  |  |
| --- | --- |
| 1. **Species:** Click here to enter text. | |
| 1. **Purpose of immunization:** Click here to enter text. | |
| 1. **Immunogens to be used:**  Click here to enter text. | |
| 1. **Will adjuvants\* be used:**  Yes  No | |
| **If YES, type of adjuvant:**  ***\*Note:*** *The use of Complete Freund’s Adjuvant (CFA) in laboratory animals is considered a procedure that may cause pain and distress. If CFA use is proposed, the investigator must address the issue of alternatives to its use.* | **Primary Injection**  **Booster Injection** |
| 1. **Route of injection:** Click here to enter text. | |
| 1. **Site of injection:** Click here to enter text. | |
| 1. **Volume per injection site and number for each site:**  Click here to enter text. | |
| 1. **Number of booster injections:** Click here to enter text. | |
| 1. **Interval between booster injections:** Click here to enter text. | |
| 1. **Bleeding Information:** Click here to enter text. | |
| a. Route: Click here to enter text. | |
| b. Volume: Click here to enter text. | |
| c. Frequency: Click here to enter text. | |
| d. Interval between bleedings: Click here to enter text. | |
| e. Sedation to be used: Click here to enter text. | |

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