

Form-EACC-004: Animal Facility Access Request (User(s) Access Request)

Send to: EACC@ksu.edu.sa

For more information, please visit the College of Pharmacy, [Animal Facility website](#)

For more information, please visit the [Deanship of Scientific Research website](#)

King Saud University (KSU) policy requires that all research, teaching, production/maintenance, and demonstration involving vertebrate animals be approved by the King Saud University (KSU) Research Ethics Committee (REC)/IACUC prior to the initiation of the project. The Implementing Regulations of the Law of Ethics of Research on Living Creatures from King Abdul Aziz City for Science and Technology, research ethics on living organisms approved by the National Committee of Bio-Ethics (NCBE) and King Saud University internal Policies for the use of animals can be found on the Deanship of Scientific Research [website](https://dsrs.ksu.edu.sa/ar/localcomm). (<https://dsrs.ksu.edu.sa/ar/localcomm>)

Personnel who will have direct contact with animals are required to read and understand all guidelines, policies and regulations in regard to the use of animals in research and be certified by National Committee of Bio-Ethics (NCBE). For more information, please visit the National Committee of Bio-Ethics (NCBE) [website](http://bioethics.kacst.edu.sa/Home.aspx): <http://bioethics.kacst.edu.sa/Home.aspx>

The following requirements must be met prior to the involvement of any individual in laboratory animal use at KSU:

- All individuals handling the animals must be experienced with the species and are fully trained in the procedures they are required to perform.
- All individuals handling the animals are vaccinated.
- Ethical or Research Ethics Committee (REC) may request additional proof of training for species-handling or specific procedures.

PRINCIPAL INVESTIGATOR CERTIFICATIONS:

- I certify that I have attended the institutionally required investigator training course.
- I certify that I have determined that the research proposed herein is not unnecessarily duplicative of the previously reported research.
- I certify that all individuals working on this proposal who are at risk are participating in the institution's Occupational Health and Safety Program.
- I certify that the individuals listed in Section A are authorized to conduct procedures involving animals under this proposal, have attended the institutionally required investigator training course, and received training in: the biology, handling, and care of this species; aseptic surgical methods and techniques (if necessary); the concept, availability, and use of research or testing methods that limit the use of animals or minimize distress; the proper use of anesthetics, analgesics, and tranquilizers (if necessary); and procedures for reporting animal welfare concerns.
- For all pain classification D and E category: I certify that I have reviewed the pertinent scientific literature and the sources and/or databases and have found no valid alternative to any procedures described herein which may cause more than momentary pain or distress, whether it is relieved or not.
- I certify that I will obtain approval from the IACUC committee before initiating any significant changes in this form.
- I certify that I will notify the IACUC regarding any unexpected study results that impact the animals. Any unanticipated pain or distress, morbidity or mortality will be reported to the attending veterinarian and the IACUC.
- I certify that I am familiar with and will comply with KSU and all pertinent institutional, and Kingdom of Saudi Arabia rules and policies.

This form must be computer-generated or typed. Submit any additional files attached to this form. All abbreviations must be spelled out upon first use. If an item is not applicable, please indicate N/A. Send to: EACC@ksu.edu.sa

By checking this item, I understand it is the PI's responsibility to ensure all investigators have met the above requirements. And confirm that the PI has read and understood the Ethics of Research on Living Creatures Law issued by the Saudi Council of Ministers, the Implementing Regulations of the Law of Ethics of Research on Living Creatures issued by King Abdulaziz City for Science and Technology, and the Internal Regulations of the Local Committee and Sub-committees of Ethics of Research on Living Creatures issued by the Deanship of Scientific Research at King Saud University.

Principal Investigator	Name:	Signature:	Date:
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A. General Information

Principal Investigator Information

Principal investigator:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
College/Department:			
Address:			
Status:			
PI employee ID number:			
Phone:			
Fax:			
Phone:			
Emergency no. for after hours:			
E-mail:			
IACUC Approval no.			
Location of animal facility you want to work on:	<input type="checkbox"/> EACC main Facility <input type="checkbox"/> EACC Pharmacology Department <input type="checkbox"/> EACC College of Dentistry <input type="checkbox"/> EACC Central Laboratory Female Campus <input type="checkbox"/> EACC College of Medicine <input type="checkbox"/> Others (Please Specify):		
Lab/Room Number:			
Rack Tag(s):			

Co-Investigator:

Identify all personnel in your laboratory who will handle animals:

[List the names of all authorized individuals involving in animal procedures under this proposal and identify key personnel [e.g., co-investigator(s)], providing their names, Department/College, ID, e-mail, and Role]

	Name	Employee or student ID #	Email	Department/College Univ/ Institution	Role in Project	Online Training ID	Onsite-training date/Location
1.							
2.							
3.							
4.							
5.							

B. Facility Entrance Timetable

Days	Hours											
	6:00 AM	7:00 AM	8:00 AM	9:00 AM	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM	3:00 PM	4:00 PM	After 4:00 PM
Sunday												
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												

*Add name(s) in the table

C. For Official Use Only

Safety Committee Certification of Review and Concurrence

Name:		Signature:		Date:	
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[additional concurrences that are needed e.g., Research Permissions Committee, radiations safety, etc.]

Name:		Signature:		Date:	
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Name:		Signature:		Date:	
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Name:		Signature:		Date:	
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FINAL APPROVAL

Facility Management

Facility:		Name:		Signature:		Date:	
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Comments:	
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Application No	
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