|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | |  | | --- | | **I - FORMULÁRIO UNIFICADO PARA SOLICITAÇÃO DE AUTORIZAÇÃO PARA USO DE ANIMAIS EM EXPERIMENTAÇÃO** | |  |  |  |  | | --- | --- | --- | | |  | | --- | | PROTOCOLO PARA USO DE ANIMAIS | |  | |  |  |  | | --- | --- | | |  | | --- | | USO EXCLUSIVO DA COMISSÃO | |  |  |  | | --- | --- | | |  | | --- | | PROTOCOLO Nº | |  |  |  |  | | --- | --- | --- | | |  | | --- | | RECEBIDO EM: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | |  | |  |  |  | | --- | --- | | |  | | --- | | No campo "fármaco", deve-se informar o(s) nome(s) do(s) princípio(s) ativo(s) com suas respectivas Denominação Comum Brasileira (DCB) ou Denominação Comum Internacional (DCI). Na ausência destes, a estrutura química linear. | |  |  |  | | --- | --- | | |  | | --- | | Lista das DCBs disponível em: | |  |  |  | | --- | --- | | |  | | --- | | http://www.anvisa.gov.br/medicamentos/dcb/lista\_dcb\_2007.pdf. | |  |  |  | | --- | --- | | |  | | --- | | Obs.: Todos os campos devem ser preenchidos. Em caso de não se aplicar, preencher "não se aplica". | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | 1. **FINALIDADE E PRAZO** | |  | | Ensino( ) Pesquisa( ) Treinamento( ) Rotina/POP( ) | |  | |  | |  | |  |  |  |  | | --- | --- | --- | | |  | | --- | | Início: ...../..../.... | |  | |  |  |  | | --- | --- | | |  | | --- | | Término: ..../..../.... | |  |  |  | | --- | --- | | |  | | --- | | **2. TÍTULO DO PROJETO** | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Área do conhecimento: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  | | --- | --- | | |  | | --- | | Lista das áreas do conhecimento disponível em: | |  |  |  | | --- | --- | | |  | | --- | | http://www.capes.gov.br/avaliacao/tabela-de-areas-de-conhecimento | |  |  |  | | --- | --- | | |  | | --- | | **3. RESPONSÁVEL** | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Nome completo |  | | Instituição |  | | Unidade |  | | Departamento/Disciplina | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Experiência Prévia: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Não |  | | Sim | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Quanto tempo? \_\_\_\_\_\_\_\_\_\_ | |  |  |  | | --- | --- | | |  | | --- | | Treinamento: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Não |  | | Sim | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Quanto tempo? \_\_\_\_\_\_\_\_\_\_ | |  |  |  | | --- | --- | | |  | | --- | | Vínculo com a Instituição: | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Docente/Pesquisador |  | | Téc. Nível Sup. |  | | Jovem pesquisador/Pesquisador visitante | |  | | --- | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Telefone |  | | Localização |  | | E-mail |  | | Link do Currículo Lattes | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | **4. COLABORADORES** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Nome completo |  | | Instituição |  | | Nível acadêmico |  | | Experiência prévia (anos) |  | | Treinamento (especificar) |  | | Telefone |  | | E-mail |  | | Link do Currículo Lattes | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Utilize esta tabela para o preenchimento de um colaborador. Copie, cole e preencha a tabela, quantas vezes forem necessárias, até que todos os colaboradores sejam contemplados. | |  |  |  | | --- | --- | | |  | | --- | | **5. RESUMO DO PROJETO/AULA** | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | **6. OBJETIVOS (na íntegra)** | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | **7. JUSTIFICATIVA** | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Item 7 - A justificativa deverá conter as bases científicas para o estudo, aula ou treinamento proposto, particularmente os dados prévios in vitro e in vivo que justifiquem a experimentação em animais. Dados prévios obtidos em modelos in vitro ou in silico devem ser incluídos na justificativa para a utilização de animais. A simples ausência de estudos prévios com animais não é justificativa suficiente para sua utilização. Deverá ser incluído o "estado da arte" para permitir a avaliação se projetos similares já foram realizados e assim evitar duplicação de resultados e utilização desnecessária de animais. | |  |  |  | | --- | --- | | |  | | --- | | **8. RELEVÂNCIA** | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Item 8 - O potencial impacto da utilização dos animais para o avanço do conhecimento científico, a saúde humana, e/ou a saúde animal devem ser incluídos neste item. Deve ficar claro que os benefícios potenciais da atividade envolvendo animais em pesquisa ou ensino se sobrepõem às consequências negativas da experimentação animal. | |  |  |  | | --- | --- | | |  | | --- | | **9. MODELO ANIMAL** | |  |  |  | | --- | --- | | |  | | --- | | Espécie ou grupo taxonômico (nome vulgar, se existir): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  | | --- | --- | | |  | | --- | | Justificar o uso dos procedimentos e da espécie ou grupo taxonômico | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Item 9 - O responsável deve justificar a espécie ou grupo taxonômico e os procedimentos a serem empregados em função do sistema biológico a estudado. A opção por um determinado modelo animal deve ter consistência científica e não ser influenciada por conveniência ou orçamento. | |  |  |  | | --- | --- | | |  | | --- | | **9.1. PROCEDÊNCIA** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Biotério, fazenda, aviário, etc. |  | | Localização | |  | | --- | |  | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | Animal silvestre | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Número da solicitação ou autorização do SISBIO \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | Outra procedência? | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Qual? \_\_\_\_\_\_\_\_\_\_ | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | O animal é geneticamente modificado? | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Número do CQB \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  | | --- | --- | | |  | | --- | | Item 9.1 - Obs. 1ª: A autorização da CEUA não requer a existência de licença prévia de outras instituições. Entretanto, o responsável deve obter todas as autorizações legais cabíveis que a natureza do projeto exigir antes do início das atividades com animais como, por exemplo, autorizações de instituições como Instituto Brasileiro de Meio Ambiente - IBAMA, Fundação do Nacional do Índio - FUNAI, Comissão Nacional de Energia Nuclear - CNEN, Conselho de Gestão do Patrimônio Genético - CGEN, Coordenação-Geral da Comissão Técnica Nacional de Biossegurança - CTNBio, Instituto Chico Mendes de Conservação da Biodiversidade - ICMBio dentre outras. | |  |  |  | | --- | --- | | |  | | --- | | Item 9.1 - Obs. 2ª: O proponente deve priorizar a obtenção de animais de fornecedores credenciados no CONCEA. A aquisição de animais de fornecedores não credenciados deve ser devidamente justificada, observando-se, neste caso, o disposto na Resolução Normativa nº 26 de 29 de setembro de 2015 . A CEUA da instituição de ensino ou de pesquisa científica credenciada no CONCEA, que compra ou recebe animais de estabelecimento comercial ou de produtor local, que não possui como objetivo principal produzir ou manter animais para atividades de ensino ou pesquisa, deverá manter cadastro desse fornecedor, mediante registro do nome do proprietário, do endereço do respectivo estabelecimento e do CNPJ, ou CPF, quando for o caso, nos termos do § 1º do art. 1º da RN nº 26, de 2015 (DOU de 02.10.2015, Seção 1, p.10). | |  |  |  | | --- | --- | | |  | | --- | | **9.2. TIPO E CARACTERÍSTICA** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Animal | Linhagem | Idade | Peso aprox. | Quantidade | | | | M | F | Subtotal | | Anfíbio\*\* |  |  |  |  |  |  | | Ave\*\* |  |  |  |  |  |  | | Bovino |  |  |  |  |  |  | | Bubalino |  |  |  |  |  |  | | Cão |  |  |  |  |  |  | | Camundongo heterogênico |  |  |  |  |  |  | | Camundongo isogênico |  |  |  |  |  |  | | Camundongo Knockout |  |  |  |  |  |  | | Camundongo transgênico |  |  |  |  |  |  | | Caprino |  |  |  |  |  |  | | Chinchila |  |  |  |  |  |  | | Cobaia |  |  |  |  |  |  | | Coelhos |  |  |  |  |  |  | | Equídeo |  |  |  |  |  |  | | Espécie silvestre brasileira\* |  |  |  |  |  |  | | Espécie silvestre não-brasileira\* |  |  |  |  |  |  | | Gato |  |  |  |  |  |  | | Gerbil |  |  |  |  |  |  | | Hamster |  |  |  |  |  |  | | Ovino |  |  |  |  |  |  | | Peixe\*\* |  |  |  |  |  |  | | Primata não-humano\*\* |  |  |  |  |  |  | | Rato heterogênico |  |  |  |  |  |  | | Rato isogênico |  |  |  |  |  |  | | Rato Knockout |  |  |  |  |  |  | | Rato transgênico |  |  |  |  |  |  | | Réptil\*\* |  |  |  |  |  |  | | Suíno |  |  |  |  |  |  | | Outra |  |  |  |  |  |  | |  |  |  |  | TOTAL: | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | \* No caso de animais silvestres de vida livre, quando não for possível estimar o quantitativo, o número de animais efetivamente utilizados deverá constar no Relatório Anual da CEUA, assim como as demais informações constantes desta tabela. | |  |  |  | | --- | --- | | |  | | --- | | \*\* Animais cativos | |  |  |  | | --- | --- | | |  | | --- | | **9.3. MÉTODOS DE CAPTURA (somente em caso de uso de animais silvestres)** | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Item 9.3 - Obs.: Deve incluir não somente a descrição detalhada dos equipamentos utilizados na captura como também estratégias para minimizar o estresse sofrido pelo animal capturado inclusive durante eventual transporte, manipulação e marcação. Animais deverão ser soltos na mesma região de captura e nas mesmas condições nas quais foram capturados, conscientes e alertas. | |  |  |  | | --- | --- | | |  | | --- | | **9.4. PLANEJAMENTO ESTATÍSTICO/DELINEAMENTO EXPERIMENTAL** | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Item 9.4 - Obs.: O planejamento estatístico deve embasar a solicitação do número de animais a serem utilizados no projeto. Dados prévios do responsável ou obtidos da literatura devem ser utilizados para o cálculo formal do tamanho da amostra. Deve ser utilizado o número mínimo de animais para a obtenção de resultados estatisticamente válidos. | |  |  |  | | --- | --- | | |  | | --- | | **9.5. GRAU DE INVASIVIDADE\*: \_\_ (1, 2, 3 ou 4)** | |  |  |  | | --- | --- | | |  | | --- | | Os materiais biológicos destes exemplares serão usados em outros projetos? Quais? Se já aprovado pela CEUA, mencionar o número do protocolo. | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | **9.6. CONDIÇÕES DE ALOJAMENTO E ALIMENTAÇÃO DOS ANIMAIS** | |  |  |  | | --- | --- | | |  | | --- | | - Alimentação | |  |  |  | | --- | --- | | |  | | --- | | - Fonte de água | |  |  |  | | --- | --- | | |  | | --- | | - Lotação | |  |  |  | | --- | --- | | |  | | --- | | - Número de animais/área | |  |  |  | | --- | --- | | |  | | --- | | - Exaustão do ar: sim ou não | |  |  |  | | --- | --- | | |  | | --- | | Comentar obrigatoriamente sobre os itens acima e as demais condições que forem particulares à espécie | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Local onde será mantido o animal: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Biotério, fazenda, aviário, etc. |  | | Localização | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Item 9.6 - Obs.: A estrutura física de alojamento dos animais deve estar de acordo com o Guia Brasileiro de Produção, Manutenção ou Utilização de Animais em Atividades de Ensino ou Pesquisa Científica do CONCEA. A densidade populacional, temperatura, tipo de forração, manejo dos animais, tipo e tamanho do alojamento entre outros devem contemplar adequada para a espécie, linhagem, genótipo e comportamento do animal e o procedimento experimental proposto. | |  |  |  | | --- | --- | | |  | | --- | | Ambiente de alojamento: | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Gaiola |  | | Jaula |  | | Baia |  | | Outros | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Número de animais por gaiola/galpão: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  | | --- | --- | | |  | | --- | | Tipo de cama (maravalha, estrado ou outro): \_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  | | --- | --- | | |  | | --- | | **10. PROCEDIMENTOS EXPERIMENTAIS DO PROJETO** | |  |  |  | | --- | --- | | |  | | --- | | **10.1. ESTRESSE/DOR INTENCIONAL NOS ANIMAIS** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Não |  | | Sim | |  | | --- | |  | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Curto |  | | Longo |  | | (Se "sim", JUSTIFIQUE.) ESTRESSE: DOR: RESTRIÇÃO HÍDRICA/ALIMENTAR:   |  | | --- | | OUTROS: | | | | |  |  |  | | --- | --- | | |  | | --- | | **10.2. USO DE FÁRMACOS ANESTÉSICOS** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Sim |  | | Não | |  | | --- | |  | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Fármaco |  | | Dose (UI ou mg/kg) |  | | Via de administração | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Utilize esta tabela para o preenchimento de um fármaco. Copie, cole e preencha a tabela, quantas vezes forem necessárias, até que todos os fármacos sejam contemplados. | |  |  |  | | --- | --- | | |  | | --- | | No campo "fármaco", deve-se informar o(s) nome(s) do(s) princípio(s) ativo(s) com suas respectivas Denominação Comum Brasileira (DCB) ou Denominação Comum Internacional (DCI). | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | | (Em caso de não-uso, JUSTIFIQUE.) | | | |  |  |  | | --- | --- | | |  | | --- | | **10.3. USO DE RELAXANTE MUSCULAR** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Sim |  | | Não | |  | | --- | |  | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Fármaco |  | | Dose (UI ou mg/kg) |  | | Via de administração | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Utilize esta tabela para o preenchimento de um fármaco. Copie, cole e preencha a tabela, quantas vezes forem necessárias, até que todos os fármacos sejam contemplados. | |  |  |  | | --- | --- | | |  | | --- | | No campo "fármaco", deve-se informar o(s) nome(s) do(s) princípio(s) ativo(s) com suas respectivas Denominação Comum Brasileira (DCB) ou Denominação Comum Internacional (DCI). | |  |  |  | | --- | --- | | |  | | --- | | **10.4. USO DE FÁRMACOS ANALGÉSICOS** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Sim |  | | Não | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Justifique em caso negativo: | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Fármaco |  | | Dose (UI ou mg/kg) |  | | Via de administração |  | | Frequência | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Utilize esta tabela para o preenchimento de um fármaco. Copie, cole e preencha a tabela, quantas vezes forem necessárias, até que todos os fármacos sejam contemplados. | |  |  |  | | --- | --- | | |  | | --- | | No campo "fármaco", deve-se informar o(s) nome(s) do(s) princípio(s) ativo(s) com suas respectivas Denominação Comum Brasileira (DCB) ou Denominação Comum Internacional (DCI). | |  |  |  | | --- | --- | | |  | | --- | | **10.5. IMOBILIZAÇÃO DO ANIMAL** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Sim |  | | Não | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Indique o tipo em caso positivo: | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | **10.6. CONDIÇÕES ALIMENTARES** | |  |  |  | | --- | --- | | |  | | --- | | JEJUM: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Sim |  | | Não | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Duração em horas: \_\_\_\_\_\_\_\_\_\_ | |  |  |  | | --- | --- | | |  | | --- | | RESTRIÇÃO HÍDRICA: | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Sim |  | | Não | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Duração em horas: \_\_\_\_\_\_\_\_\_\_ | |  |  |  | | --- | --- | | |  | | --- | | **10.7. CIRURGIA** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Sim |  | | Não | |  | | --- | |  | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Única |  | | Múltipla | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Qual(is)? | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | No mesmo ato cirúrgico ou em atos diferentes? \_\_\_\_\_\_\_\_\_\_ | |  |  |  | | --- | --- | | |  | | --- | | **10.8. Pós-OPERATÓRIO** | |  |  |  | | --- | --- | | |  | | --- | | **10.8.1. OBSERVAÇÃO DA RECUPERAÇÃO** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Sim |  | | Não | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Período de observação (em horas): \_\_\_\_\_\_\_\_\_\_ | |  |  |  | | --- | --- | | |  | | --- | | **10.8.2. USO DE ANALGESIA** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Sim |  | | Não | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Justificar o NÃO-uso de analgesia pós-operatório, quando for o caso: | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Fármaco |  | | Dose (UI ou mg/kg) |  | | Via de administração |  | | Frequência |  | | Duração | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Utilize esta tabela para o preenchimento de um fármaco. Copie, cole e preencha a tabela, quantas vezes forem necessárias, até que todos os fármacos sejam contemplados. | |  |  |  | | --- | --- | | |  | | --- | | No campo "fármaco", deve-se informar o(s) nome(s) do(s) princípio(s) ativo(s) com suas respectivas Denominação Comum Brasileira (DCB) ou Denominação Comum Internacional (DCI). | |  |  |  | | --- | --- | | |  | | --- | | **10.8.3. OUTROS CUIDADOS PÓS-OPERATÓRIOS** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Sim |  | | Não | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Descrição: | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | **10.9. EXPOSIÇÃO/INOCULAÇÃO/ADMINISTRAÇÃO** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Sim |  | | Não | |  | | --- | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Fármaco/Outros |  | | Dose |  | | Via de administração |  | | Frequência | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | No campo "fármaco", deve-se informar o(s) nome(s) do(s) princípio(s) ativo(s) com suas respectivas Denominação Comum Brasileira (DCB) ou Denominação Comum Internacional (DCI). | |  |  |  | | --- | --- | | |  | | --- | | **11. EXTRAÇÃO DE MATERIAIS BIOLÓGICOS** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Sim |  | | Não | |  | | --- | |  | | | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Material biológico |  | | Quantidade da amostra |  | | Frequência |  | | Método de coleta | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Utilize esta tabela para o preenchimento de um material biológico. Copie, cole e preencha a tabela, quantas vezes forem necessárias, até que todos os materiais sejam contemplados. | |  |  |  | | --- | --- | | |  | | --- | | Item 11 - Obs. 1ª: Todos os materiais biológicos obtidos do animal devem ser informados mesmo aqueles obtidos após a eutanásia. O procedimento de retirada destes materiais biológicos deve ser informado nos itens pertinentes com especial atenção à retirada feita de animais vivos. No caso de retirada de material pós-eutanásia e seu processamento, a descrição deve ser suficiente para a informação da CEUA sobre sua adequada manipulação e destinação, não é preciso detalhar estes procedimentos, uma referência a artigo publicado deve ser suficiente para este detalhamento. | |  |  |  | | --- | --- | | |  | | --- | | Item 11 - Obs. 2ª: Considerando que o princípio dos 3Rs da utilização de animais em atividades de ensino ou pesquisa científica prevê a redução do número efetivamente utilizado através da obtenção de maior quantidade de informações de cada animal como forma de aprimorar a utilização ética destes. Esta coleta quando feita após a eutanásia não tem qualquer impacto sobre o bem-estar animal. Portanto, a coleta de maior quantidade de amostras biológicas de um mesmo animal deve ser estimulada pela CEUA. | |  |  |  | | --- | --- | | |  | | --- | | **12. FINALIZAÇÃO** | |  |  |  | | --- | --- | | |  | | --- | | **12.1. MÉTODO DE EUTANÁSIA** | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  |  | | --- | --- | | Descrição |  | | Substância, dose, via | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | Caso método restrito (uso exclusivo de decapitação, deslocamento cervical ou CO2), justifique: (referência bibliográfica para o não uso de anestésicos) | |  |  |  | | --- | --- | | |  | | --- | | Item 12.1 - Obs.: Devem ser incluídas em detalhes a metodologia e infraestrutura necessária (sala reservada; materiais; equipamento) e método de confirmação da morte. | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | **12.2. DESTINO DOS ANIMAIS APÓS O EXPERIMENTO** | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | **12.3. FORMA DE DESCARTE DA CARCAÇA** | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | **13. RESUMO DO PROCEDIMENTO (relatar todos os procedimentos com os animais)** | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | **14. TERMO DE RESPONSABILIDADE** | |  |  |  | | --- | --- | | |  | | --- | | (LEIA CUIDADOSAMENTE ANTES DE ASSINAR) | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (nome do responsável), certifico que: a) li o disposto na Lei Federal 11.794, de 8 de outubro de 2008, e as demais normas aplicáveis à utilização de animais para o ensino e pesquisa, especialmente as resoluções do Conselho Nacional de Controle de Experimentação Animal - CONCEA; b) este estudo não é desnecessariamente duplicativo, tem mérito científico e que a equipe participante deste projeto/aula foi treinada e é competente para executar os procedimentos descritos neste protocolo; c) não existe método substitutivo que possa ser utilizado como uma alternativa ao projeto. Assinatura: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | Data: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | |  |  |  | | --- | --- | | |  | | --- | | Poderá ser solicitado o projeto a critério da CEUA respeitando confidencialidade e conflito de interesses. | |  |  |  | | --- | --- | | |  | | --- | | Quando cabível, anexar o termo de consentimento livre e esclarecido do proprietário ou responsável pelo animal. | |  |  |  | | --- | --- | | |  | | --- | | 15. RESOLUÇÃO DA COMISSÃO | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | A Comissão de Ética no uso de animais, na sua reunião de \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, APROVOU os procedimentos éticos apresentados neste Protocolo. Assinatura: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | Coordenador da Comissão | | | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | A Comissão de Ética No Uso de Animais, na sua reunião de \_\_\_\_\_/\_\_\_\_/\_\_\_\_, emitiu o parecer em anexo e retorna o Protocolo para sua revisão. Assinatura: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | Coordenador da Comissão | | | |  |  |  | | --- | --- | | |  | | --- | | Parecer dado ao protocolo (assinar e carimbar o parecer): | |  |  |  |  |  | | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | | |  | | --- | |  | | | |  |  |  | | --- | --- | | |  | | --- | | \* GRAU DE INVASIVIDADE (GI) - definições segundo o CONCEA | |  |  |  | | --- | --- | | |  | | --- | | GI1 = Experimentos que causam pouco ou nenhum desconforto ou estresse (ex.: observação e exame físico; administração oral, intravenosa, intraperitoneal, subcutânea, ou intramuscular de substâncias que não causem reações adversas perceptíveis; eutanásia por métodos aprovados após anestesia ou sedação; deprivação alimentar ou hídrica por períodos equivalentes à deprivação na natureza). | |  |  |  | | --- | --- | | |  | | --- | | GI2 = Experimentos que causam estresse, desconforto ou dor, de leve intensidade (ex.: procedimentos cirúrgicos menores, como biópsias, sob anestesia; períodos breves de contenção e imobilidade em animais conscientes; exposição a níveis não letais de compostos químicos que não causem reações adversas graves). | |  |  |  | | --- | --- | | |  | | --- | | GI3 = Experimentos que causam estresse, desconforto ou dor, de intensidade intermediária (ex.: procedimentos cirúrgicos invasivos conduzidos em animais anestesiados; imobilidade física por várias horas; indução de estresse por separação materna ou exposição a agressor; exposição a estímulos aversivos inescapáveis; exposição a choques localizados de intensidade leve; exposição a níveis de radiação e compostos químicos que provoquem prejuízo duradouro da função sensorial e motora; administração de agentes químicos por vias como a intracardíaca e intracerebral). | |  |  |  |  | | --- | --- | --- | | |  | | --- | | GI4 = Experimentos que causam dor de alta intensidade (ex.: Indução de trauma a animais não sedados). |  |  | | --- | |  | |  |  |  | | --- | --- | | |  | | --- | |  | | |