**Antibody Production Form**

**(include form with protocol or amendment form submission)**

1. **General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Protocol Number |  | Amendment Number |  |
| Principal Investigator |  | | |

## 2. Antibody Information - Complete this section only if antibodies will be produced.

**3. Polyclonal Antibodies**

No  Yes Will polyclonal antibodies be produced? **(If YES, explain below)**

Animal(s) to be used (list all species):

Approximate number of antibodies per year:

Approximate number of animals need per antibody:

TOTAL number of animals requested per year:

Statistical justification of the TOTAL number:

## 4. Monoclonal Antibodies

No  Yes Will monoclonal antibodies be produced? **(If YES, explain below)**

Animal(s) to be used (list all species):

Approximate number of antibodies per year:

Approximate number of animals need per antibody:

TOTAL number of animals requested per year:

Statistical justification of the TOTAL number:

## 5. Immunization Procedures

No  Yes Will you immunize animals? **(If YES, complete below)**

Explain the procedure:

No  Yes Will Freund’s Complete Adjuvant be used? **(If YES, complete below)**

Justify:

Site preparation:

Number of Sites:

Route:

Total volume:

How many times:

No  Yes Will Freund’s Incomplete Adjuvant be used? **(If YES, complete below)**

Justify:

Site preparation:

Number of Sites:

Route:

Total volume:

How many times:

No  Yes Will media other than Freund’s Complete Adjuvant be used, such as Ribi or Hunter TiterMax? **(If YES, complete below)**

Name:

Site:

Site preparation:

Number of Sites:

Route:

Total volume:

How many times:

## 6. Antibody Post-Procedure Care

No  Yes Will post-procedure care be required? **(If YES, complete below)**

Who will provide care:

What post-procedure care is required:

When will post-procedure care be given:

What analgesics will be given? (If none, explain):

What will be the endpoint:

## 7. Antibody Collection Procedures

No  Yes Will chemical restraint be used? **(If YES, complete below)**

Generic name of drug:

Dose:

Route:

Frequency:

Who:

No  Yes Will blood be collected prior to death? **(If YES, complete below)**

Method:

Frequency:

Total number of collections

No  Yes If ascites occurs, will fluids be removed from the abdomen prior to death? **(If YES, complete below)**

Method:

Frequency:

Total number of collections:

Describe and fully justify what anticipated unalleviated pain, stress, or discomfort may be expected to be associate with antibody production and collection