



Institutional Animal Care and Use Committee (IACUC) Registration Form

Step-by-Step Instructions for IACUC registration

Note: Only institutions or organizations that have their own Institutional Animal Care and Use Committee (IACUC) Registration form. Institutions that do not have their own IACUC but rely on the IACUC of another institution should not submit an IACUC Registration.

Indicate by an [X] whether this is a:

“*New application*” or,

“*Update or Renewal*” of an already existing IACUC

If the IACUC is already registered with the MOPH - Biomedical Research Section, please provide your institution’s “*IACUC Organization (ICOR) number*”.

ITEM # 1-Organization Operating the IACUC(s)

Type or print the full legal name of the institution or organization that is registering the IACUC and full mailing address. Also, include the street address if it is different than the mailing address.

ITEM #2- Authorized Institutional Official (Senior Administrator):

Type or print the full name, degree(s), organization title (e.g., President, Provost, Chief Operating Officer), telephone number, fax number, e-mail, and full mailing address for the senior or head official of the organization operating the IACUC [i.e., the person in your organization who is ultimately responsible for the performance and conduct of the IACUC].

ITEM #3- People providing this information

Type or print the name, title, telephone number, fax number, and e-mail for the person providing the information submitted on the IACUC Registration form.

ITEM #4-Information on Each IACUC to be Registered, Updated, or Renewed

- Provide IACUC Number- If your submission is an update or renewal, type or prints the IACUC Registration number of the IACUC.

For an **update or renewal** of an IACUC Registration, the IACUC name registered with MOPH - Biomedical Research Section (or modification of the name) should be entered in this section of the IACUC registration form.

Provide the location, city and country, for each IACUC, if different from the location in **item #1**.

- In this section you are asked to provide **optional information** related to the IACUC. If you choose to answer these questions, indicate your choice with either an [X] or a check mark.



1. Indicate whether or not the IACUC or its parent organization has been accredited by a human subject protection accrediting organization. If yes. Provide the name of the accrediting organization and the date of accreditation.
 2. Provide the approximate total number (**none**= 0; **small**=1-25; **medium** = 26-99; or **large** = 100 or more) of currently active protocols.
“An active protocol is defined as any protocol or study for which an IACUC conducted an initial review or a continuing review during the preceding calendar year”.
 3. Provide the approximate number of full-time positions devoted to IACUC administrative activities. This number should include the sum of all full-time and part-time positions, to include professional, administrative, and support staff.
 4. Respond with whether or not the IACUC reviews or intends to review (within the 3-year period covered by the IACUC Registration) research supported by non-Qatari Government entity.
 5. Provide the approximate number of currently active protocols supported by the Qatari government (Qatar Foundation, HMC).
- c. Type or print the full name, degree(s), organizational title, telephone number, fax number, e-mail and full mailing address for the IACUC Chairperson. **Please make sure to include an e-mail address to facilitate future correspondence.**
- d. IACUC Roster:

General Information – Completion of the IACUC Roster form is required if your IACUC is designated under the MOPH - Biomedical Research assurance, be sure your IACUC meets the minimum requirements for membership. A proper training in programs related to animal care and use in research is obligated (eg. **The MOPH minimum requirement for any IACUC member is the completion of CITI Animal Care and Use**). As dovetailed in Qatar Ministry of Public Health’s “*Guidelines for Laboratory Animal Involved in Research*” an IACUC shall:

1. Have at **least five members**, with varying backgrounds to promote complete and adequate review of research activities commonly conducted by the institution. The IACUC shall be sufficiently qualified through the experience and expertise of its members, and the diversity of the members, and cultural backgrounds and sensitivity to such issues as cultural, religious and community attitudes, to promote respect for its advice and counsel in safeguarding the rights and welfare of human subjects.
2. Be able to ascertain the acceptability of proposed research in terms of institutional commitments and regulations, applicable law, and standards of professional conduct and practice. The IACUC shall therefore include persons knowledgeable in these areas.
3. If an IACUC regularly reviews research that involves a vulnerable category of subjects, such as children, prisoners, pregnant women, or handicapped or mentally disabled persons, consideration shall be given to the inclusion of one or more individuals who are knowledgeable about and experienced in working with these subjects.



4. Include at least one member whose primary concerns are in scientific areas and at least one member whose primary concerns are in nonscientific areas.
5. Include at least one member who is not otherwise affiliated with the institution operating the IACUC and who is not a part of the immediate family of a person who is affiliated with it.
6. Make every effort to ensure that no IACUC consists entirely of men or entirely of women. No IACUC may consist entirely of members of one profession.
7. Have no member participate in the IACUC's initial continuing review of any project in which the member has a conflicting interest, except to provide information requested by the IACUC.

An IACUC may, in its discretion, invite individuals with competence in special areas to assist in the review of issues which require expertise beyond or in addition to that available on the IACUC. **These individuals may not vote with the IACUC.**

Note: At the top of the IACUC Roster form please include the name of the IACUC Organization designated in **item#1** and the IACUC Registration Number and / or Sequence Number [see instructions for **item 4(b)** on page 1].

8. Type or print the list of members on your IACUC. Primary members should be listed in the top section of the form and alternate members in the lower section.
Note: Do not list **non-voting** individuals who attend IACUC meetings. Their attendance may be documented in minutes of the meeting.
9. Type or print the "Gender" [e.g., male (M) or female (F)] and the highest "Earned Degree(s)" (e.g., Ph.D., MD., MSW, B.A.).
10. Type or print the IACUC member's "Primary scientific or nonscientific specialty" (e.g., Sociology, Internal Medicine, and Library Services). Also, either in the "Primary Scientific or Nonscientific" field or in "Comments" indicates if a given member provides special representation for the IACUC (e.g., prisoner representative, advocate).
11. Type or print the IACUC member's "Affiliation with Institution(s)" (e.g., employees, students, board members, alumni, etc., should be listed as "Y" or "Yes"; members with no affiliation or relationship with the institution operating the IACUC other than being an active IACUC member should be listed as "N" or "No").
12. Type or print any additional relevant information regarding a given IACUC member in the "Comments" section (e.g., prisoner representative, advocate).

When listing the alternate members, designate the corresponding number or name of the regular member(s) which a given alternate member represents. This information may be entered in the comments section.



ITEM #5-Information on Facility and Species Inventory

Provide information about the number of facilities and laboratories to be used by the registered institution for animal care and use. Record the number and type of rooms (washing, preparation, storage etc.) and species, use common full names, housed in each room.

Submitting an IACUC Registration Form to the MOPH Biomedical Research Section.

Please review and proofread all materials and ensure that all parts of the registration form are complete and accurate before submitting the application. Incomplete or incorrect documents may delay processing and registration of your IACUC.

Completed IACUC registrations should be mailed, faxed, or e-mailed, single-sided, to the Research Division of the Ministry of Public Health of the state of Qatar.

If you would like to e-mail your registration, Please contact us on: irb@sch.gov.qa

Once your institution's IACUC registration has been processed, the senior or head official of the organization operating IACUC will be notified with the disposition of the application.

-End of instructions-



4. Information on Each IACUC to be Updated, or Renewed

Please provide the information in 4 (b) through and 4 (d) for each IACUC.

- a) IACUC Registration Number: _____ (e.g., IACUC0000xxxx, for updates and renewals)

Provide location, City and Country, (if different from location in item 1):
City: _____ Country: _____

b) Please provide the following (optional) information about this IACUC only.

1. Has the IACUC or its parent organization been accredited by an animal subject protection accrediting organization?

Yes No

If yes, provide the name of the accreditation:

And the date of accreditation: _____

2. Approximate total number of currently active protocols:

none = 0 small = 1-25 medium = 26-99 large = 100 or more

3. Approximate number of full-time positions devoted to this IACUC

4. Administrative activities: _____

5. Does the IACUC review or intend to review research supported by the Qatari Government?

Yes No

6. Approximate number of currently active protocols supported by the Qatari Government:

none = 0 small = 1-25
 medium = 26-99 large = 100 more

7. Approximate number of currently active protocols supported by Non- Qatari Government:

none = 0 small = 1-25
 medium = 26-99 large = 100 more



5. **Information on Facility and Species Inventory**

- a. Laboratory, Unit, or Building Gross Square Meters (including service areas)
- b. Species Housed in Unit (use complete common names)
- c. Approx. Average Daily
- d. Inventory

Date: