



## INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC) REGISTRATION APPLICATION AND FILING INSTRUCTIONS

This application form is used for the registration of a new Institutional Animal Care and Use Committee (IACUC) or to update an existing IACUC with the Health Research Governance Department (HRGD), Ministry of Public Health, Qatar (MOPH-Q).

**Note: Only institutions or organizations that have their IACUC shall submit Registration application. Institutions that do not have their own IACUC but rely on the IACUC of another institution should not submit an IACUC Registration application.**

### How to fill the application

Please follow the step-by-step instructions below for each item on the Registration application form. The IACUC Signatory Official must be authorized to represent and commit the entire institution and all its components to a legally binding agreement.

### How to submit

Please submit your application via the web research portal at MOPH website <https://researchportal.moph.gov.qa>. Please review and proofread all materials to ensure that all parts of the Application form are complete and accurate. Submitting forms that are complete in all aspects will expedite review and approval by the MOPH. If there are any changes to an Application after its approval, the institution should submit an update to that information to Health Research Governance Department, MOPH, Qatar via e-mail at [research@moph.gov.qa](mailto:research@moph.gov.qa) (in case of submission of hard copy) or via web portal (in case of on-line submission).

### Notification of Approval

After the review of the application, the IACUC focal point and the Signatory Official will receive notification of the approval of the application or any additional requirements to process the application. An approval letter will be issued by MOPH upon approval of the application.

### Questions?

Contact Health Research Governance Department, MOPH by e-mail at [research@moph.gov.qa](mailto:research@moph.gov.qa)



## **Step-by-Step Instructions to fill the application form**

### **ITEM # 1&2 Has your institution previously registered an IACUC with MOPH-Q?**

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 Health Research Governance Department, MOPH please provide name of IACUC and your institution’s “*IACUC Organization (ICOR) number*”.

### **ITEM # 3 Institution or Organization operating the IACUC**

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 # 4 Authorized Institutional Official (Senior Administrator/IACUC Chair)**

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 # 5 IACUC Focal Person**

IACUC focal person must be affiliated with the institution and recommended to be a permanent focal point of the IACUC. Responsible for submitting all applications for approval and notifications by MOPH – Health Research Governance Department, on behalf of the institution. Please provide full name, mailing address, phone number and electronic email address of the person who will be responsible to supervise the activities of the IACUC

### **ITEM # 6 IACUC Roster Information**

A copy of the IACUC roster must be submitted to the Ministry of Public Health along with the application.

#### **Assembling an IACUC**

Completion of the IACUC Roster form is required for each IACUC to be registered under the MOPH.

A proper training in programs related to animal care and use in research is obligatory (e.g., **the MOPH minimum requirement for any IACUC member is the completion of CITI Animal Care and Use**). As detailed in “Policies, Regulations and Guidelines for Conducting Laboratory Animal Research”, outlined by MOPH the requirements to assemble an IACUC include the following:

- a) It is obligated by MOPH policy that an IACUC **MUST** comprises of at least 5 voting members (b-f). Alternate voting members and non-voting members are optional.
- b) The IACUC chairperson; with the knowledge of ethical and humane care and use of animals and possess necessary skills to review research activities involving animals. The Senior Administrator shall appoint the chairperson of the IACUC.
- c) A veterinarian formally trained and/or with experience in laboratory animal medicine with a direct or delegated responsibility of the care and use of species.
- d) A scientist member or a teacher experienced in using laboratory animals for experimental purposes.
- e) Non-scientific member: an institutional member whose normal activities, past or present, does not depend on or involve use of animals for scientific purposes;



- f) A public member, representing general community interest, should not be a laboratory animal user, affiliated in any way with the institution, or members of the immediate family of a person who is affiliated with the institution.
- g) Additional members shall be included in the IACUC in accord to the institution animal care and use program such as:
  - i. Technical staff representation (e.g. an animal research technician);
  - ii. Student representation (graduate or undergraduate), in the case of institutions that have programs where students use animals.
- h) All IACUC members **MUST** provide a valid COI disclosure to promote the objectivity of research reviewing process and to eliminate any COI situation.
- i) Alternative member should be assigned with specific position to replace the regular member when it's needed to ensure that a committee is properly constituted
- j) All IACUC members must provide a valid CITI certificate for the course entitled "Essentials for IACUC Members"; and other additional valid CITI certificate in one or more areas of proficiency if applicable. The MOPH considers the certificate valid for a period of three (3) years.
- k) An individual who fulfill more than one requirement detailed in (a)-(f) of this policy is prohibited from filling multiple roles in the IACUC.
- l) 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.**

#### **Information for completing IACUC roster**

1. 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.
2. 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.
3. Type or print the "Gender" [e.g., male (M) or female (F)] and the highest "Earned Degree(s)" (e.g., Ph.D. in Veterinary Science., B.S.).
4. Type or print the IACUC member's "Primary scientific or nonscientific specialty" (e.g., Basic sciences, Veterinary, etc.). Also, either in the "Primary Scientific or Nonscientific" field or in "Comments" indicate if a given member provides special representation for the IACUC (e.g., animal research technician, graduate/undergraduate student representative).
5. 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").
6. Type or print any additional relevant information regarding a given IACUC member in the "Comments" section.



7. 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 # 7 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.

#### **ITEM # 8 Signatory official**

Generally, this is someone at the level of President, Chief Executive Officer (CEO), or Vice President of a company, or at the level of President, Provost, Chancellor, Vice President, or Dean of an academic institution, unless another official has been specifically delegated with this authority. Please type or print the full name, degree(s), organization title, telephone number, fax number, e-mail, and full mailing address.

#### **ITEM # 9 MOPH Approval**

Please leave this item blank. This section is for use by Health Research Governance Department at MOPH.

**--End of Instructions--**



## Institutional Animal Care and Use Committee (IACUC) Registration Form

Please complete the form below and submit it to the Health Research Governance Department at the Ministry of Public Health via [web portal](#).

### ITEM # 1 Has your institution previously registered an IACUC with MOPH-Q?

(Indicate by an [x] whether this is a

- “**Update or Renewal**” of an already existing registration (Go to item# 2)  
Includes: [ ] Addition of New Housing Facility
- “**New application**” (Go to item # 3)

### ITEM # 2 Institution IACUC name and number

Name:

Number:

Includes: [ ] Addition of New Housing Facility

### ITEM # 3 Institution or Organization operating the IACUC

Name

Full Mailing Address

### ITEM # 4 Authorized Institutional Official (Senior Administrator/IACUC Chair)

Name:

Title/position:

Full mailing address:

Phone:

E-mail:

Signature:

Date:

### ITEM # 5 IACUC Focal Person

Name:

Title/position:

Full mailing address:

T: +974 44070000  
P.O. Box: 42, Doha - Qatar

ت: +٩٧٤ ٤٤٠٧٠٠٠٠  
ص.ب: ٤٢، الدوحة - قطر

[www.moph.qa](http://www.moph.qa)



Phone:

E-mail:

Signature:

Date:

### **ITEM # 6 IACUC Roster Information**

A copy of the IACUC roster must be submitted to the Ministry of Public Health along with the application. Please follow the guidelines to submit the IACUC roster.

- Attached  
 Not Attached

*Comments:*

### **ITEM # 7 Information on Facility and Species Inventory**

- Type the Laboratory, unit, or building gross square meters (including service areas)
- Type all kinds of species used in research (e.g. mice, rats, frogs)
- Type the approximate average number of species used per day
- Type all kinds of Inventory and its name or number (e.g. rooms, offices related to animal research)
- Type the date of inventory

### **Item # 8 Signatory Officials (i.e., Official Legally Authorized to Represent the Institution)**

Name:

Title/position:

Full mailing address:

Phone:

E-mail:

Signature:

Date:



**Item # 9 MOPH Registration Approvals**

*Leave this item blank. This section is for use by MOPH for approval of the Registration*

Name:

Title/position:

Full mailing address:

Phone:

E-mail:

Signature:

Date: