

**A 2.0 Project Title:** Reproductive and physiological aging in chimpanzees (*Pan troglodytes*)

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC approval

Does this replace a previous protocol? No: ☐ Yes\*: ☒

\*Be aware that the protocol being replaced will be early terminated.

Previous protocol #: 13-05009

**A 4.0 Funding sources: list sources, grant number and U of U account number (must be listed or pending).**

a. Was funded by an NSF grant, but the funds have expired.

Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?

☐ No ☒ Yes

C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)

*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals
Pan troglodytes		13		

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure

**A 2.0 Project Title:** Characterization of Atrial Fibrosis after Rapid Right Ventricular Pacing and Alcohol Ablation

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC approval

**A 4.0 Funding sources:** list sources, grant number and U of U account number (must be listed or pending).

a. Medtronic, DSS# [REDACTED]

Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?

☒ No      Yes ☐

If funding is not supported by a peer review panel, provide names of two peer reviewers (both reviewers must have already read the application and are not involved in the study)

a. [REDACTED]

b. [REDACTED]

Title of Grant (if different from this application):

[REDACTED]

Will funding be administered by U of U Office of Sponsored Projects? ☒ Yes ☐ No

C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)

*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals
Canine			9	

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure

**A 2.0 Project Title: Stimulating And Recording Array (SARA) Testing**

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC approval

**A 4.0 Funding sources: list sources, grant number and U of U account number (must be listed or pending).**

a. DARPA through SPAWAR under Contract # [REDACTED]; UU Project Number:

Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?  
*If the work is not federally funded then two individuals, of your choice, must peer review your work.*

☐ No      Yes ☒

C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)

*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals
Cat	0	0	8	0

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure

**A 2.0 Project Title: Validation of Utah Multisite Electrode Array**

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC approval

Does this replace a previous protocol? No: ☐ Yes\*: ☒ Previous protocol #: 14-03010

\*Be aware that the protocol being replaced will be early terminated.

Will animals be transferred from the previous protocol? ☐ No Yes ☒ How many?\* 2

If yes, clarify what has been done to them: One animal (F16-003) has had nothing performed upon the animal as of the submission for this protocol. One animal (F16-002) was implanted with a UMEA in October 2016, and this animal will continue under this protocol until the scheduled end point.

*\*These are animals that are alive and on study and found housed on campus. For rodent colonies, provide approximate numbers of animals. However, the PI must maintain accurate records to assure that unapproved animals/procedures are not used in this research protocol.*

**A 4.0 Funding sources: list sources, grant number and U of U account number (must be listed or pending).**

a. NIH [REDACTED], UU Project [REDACTED]

Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?  
*If the work is not federally funded then two individuals, of your choice, must peer review your work.*

☐ No      Yes ☒

Title of Grant (if different from this application):

[REDACTED]

Will funding be administered by U of U Office of Sponsored Projects? ☒ Yes ☐ No



C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)

*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals
Cat	0	0	22	0

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure

**A 2.0 Project Title: Experimental Studies in Quantitative Electrocardiography**

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC approval --- or ---- Specify completion date  
(IACUC office will calculate) *Less than 3 years from submission date*

Does this replace a previous protocol? No: ☒ Yes\*: ☐ Previous protocol # \_\_\_\_\_  
\*Be aware that the protocol being replaced will be early terminated.

Will animals be transferred from the previous protocol? ☒ No Yes ☐ How many?\* \_\_\_\_\_

If yes, clarify what has been done to them:

*\*These are animals that are alive and on study and found housed on campus. For rodent colonies, provide approximate numbers of animals. However, the PI must maintain accurate records to assure that unapproved animals/procedures are not used in this research protocol.*

**A 4.0 Funding sources: list sources, grant number and U of U account number (must be listed or pending).**

a. Nora Eccles Treadwell Foundation, Account [REDACTED]

b.

Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?

*If the work is not federally funded then two individuals, of your choice, must peer review your work.*

☐ No      Yes ☒

The grant that supports this research is funded by a philanthropic organization that obtains independent, anonymous scientific peer review in order to award their grants. My previous IACUC protocol also did not require additional peer review. I can easily obtain local peer review but have not required this in my recent IACUC protocols.

If funding is not supported by a peer review panel, provide names of two peer reviewers (both reviewers must have already read the application and are not involved in the study)

a.

b.

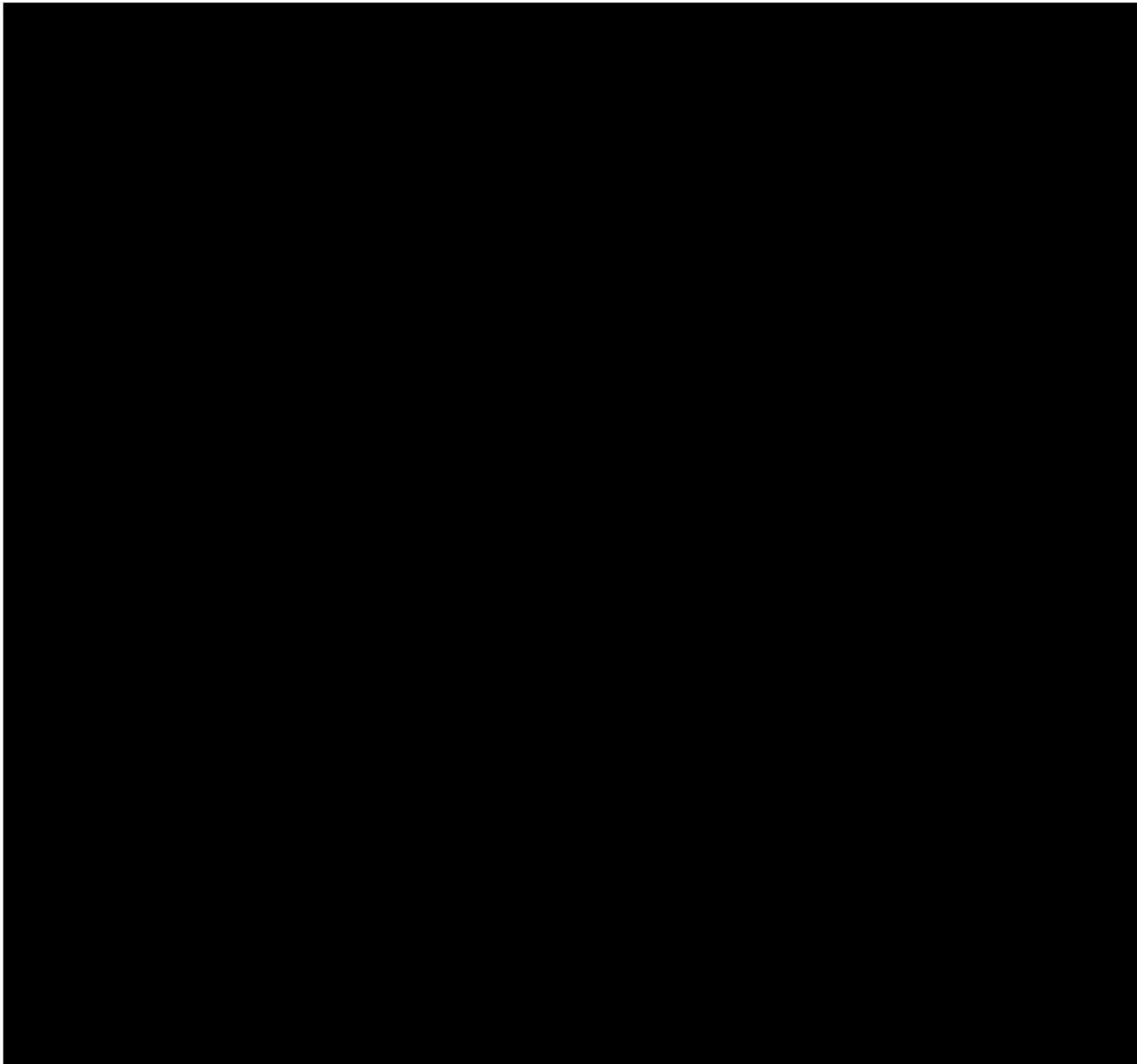
Title of Grant (if different from this application):

[REDACTED]

Will funding be administered by U of U Office of Sponsored Projects? ☒ Yes ☐ No

If no, clarify who:

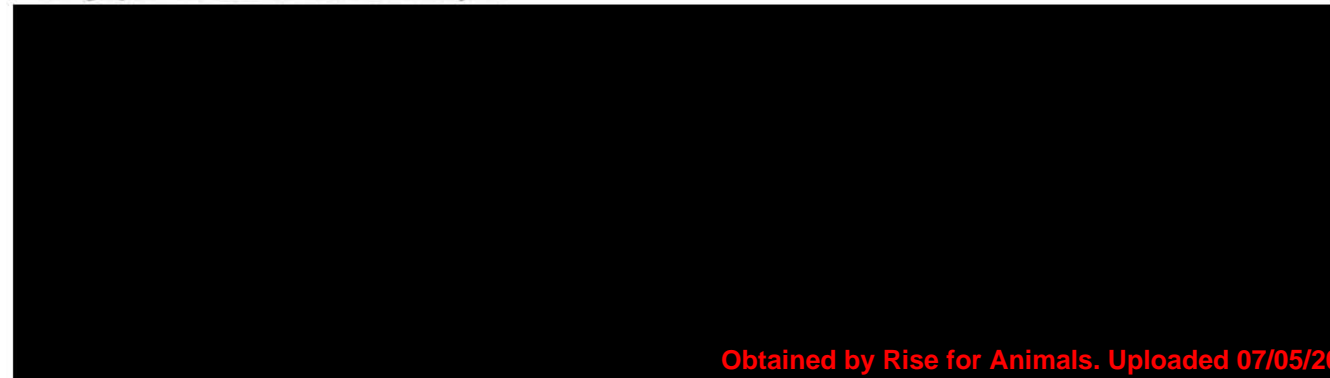
[REDACTED]



**C 2.1 Species, category designation, and total number of animals requested**

Animal Species	Category B	Category C	Category D	Category E
	# Animals	# Animals	# Animals	# Animals
dogs			34	
pigs			18	

Category D = Procedures with alleviated pain



**A 2.0 Project Title:** A Canine Model of Long-Term Atrial Fibrillation with Serial Imaging

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC approval --- or --- Specify completion date \_\_\_\_\_  
(IACUC office will calculate) *Less than 3 years from submission date*

Does this replace a previous protocol? No: ☒ Yes\*: ☐ Previous protocol #: \_\_\_\_\_  
\*Be aware that the protocol being replaced will be early terminated.

Will animals be transferred from the previous protocol? ☒ No Yes ☐ How many?\*: \_\_\_\_\_

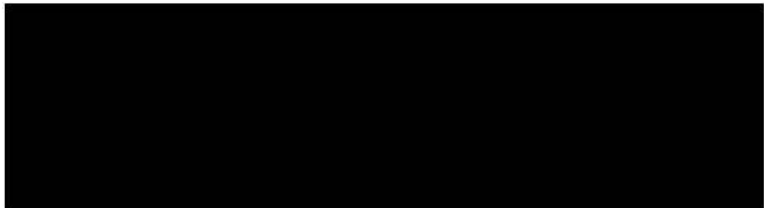
If yes, clarify what has been done to them:

*\*These are animals that are alive and on study and found housed on campus. For rodent colonies, provide approximate numbers of animals. However, the PI must maintain accurate records to assure that unapproved animals/procedures are not used in this research protocol.*

**A 4.0 Funding sources: list sources, grant number and U of U account number (must be listed or pending).**

a. Departmental funds- [REDACTED] Research Fund\*\*

b.



Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?  
*If the work is not federally funded then two individuals, of your choice, must peer review your work.*

☒ No      Yes ☐

If funding is not supported by a peer review panel, provide names of two peer reviewers (both reviewers must have already read the application and are not involved in the study)

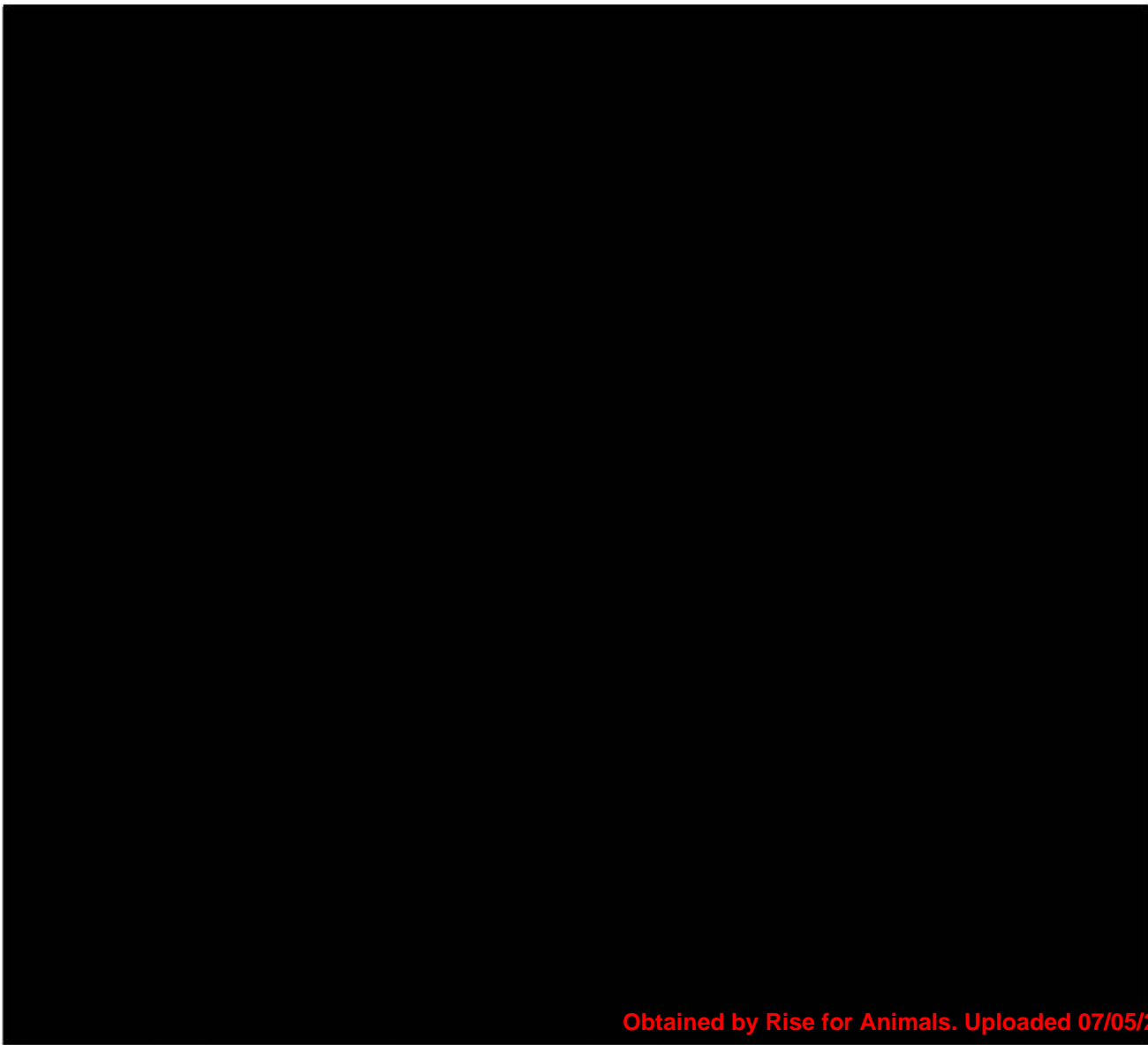
a. 

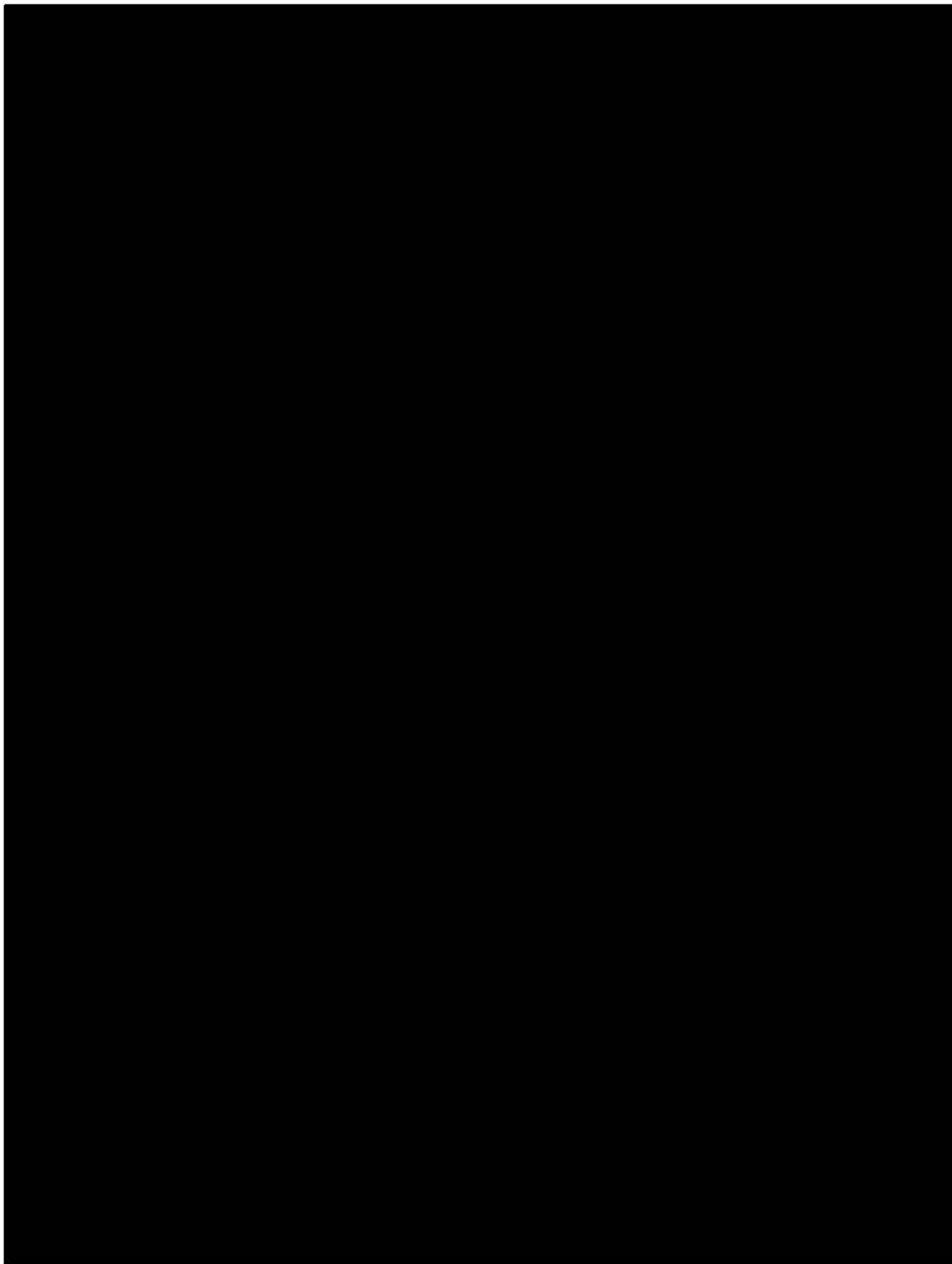
b. 

Title of Grant (if different from this application):

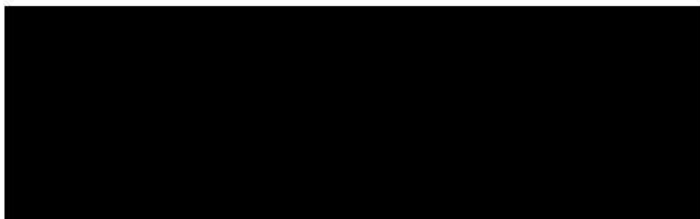
Will funding be administered by U of U Office of Sponsored Projects? ☐ Yes ☒ No

If no, clarify who: Department of 





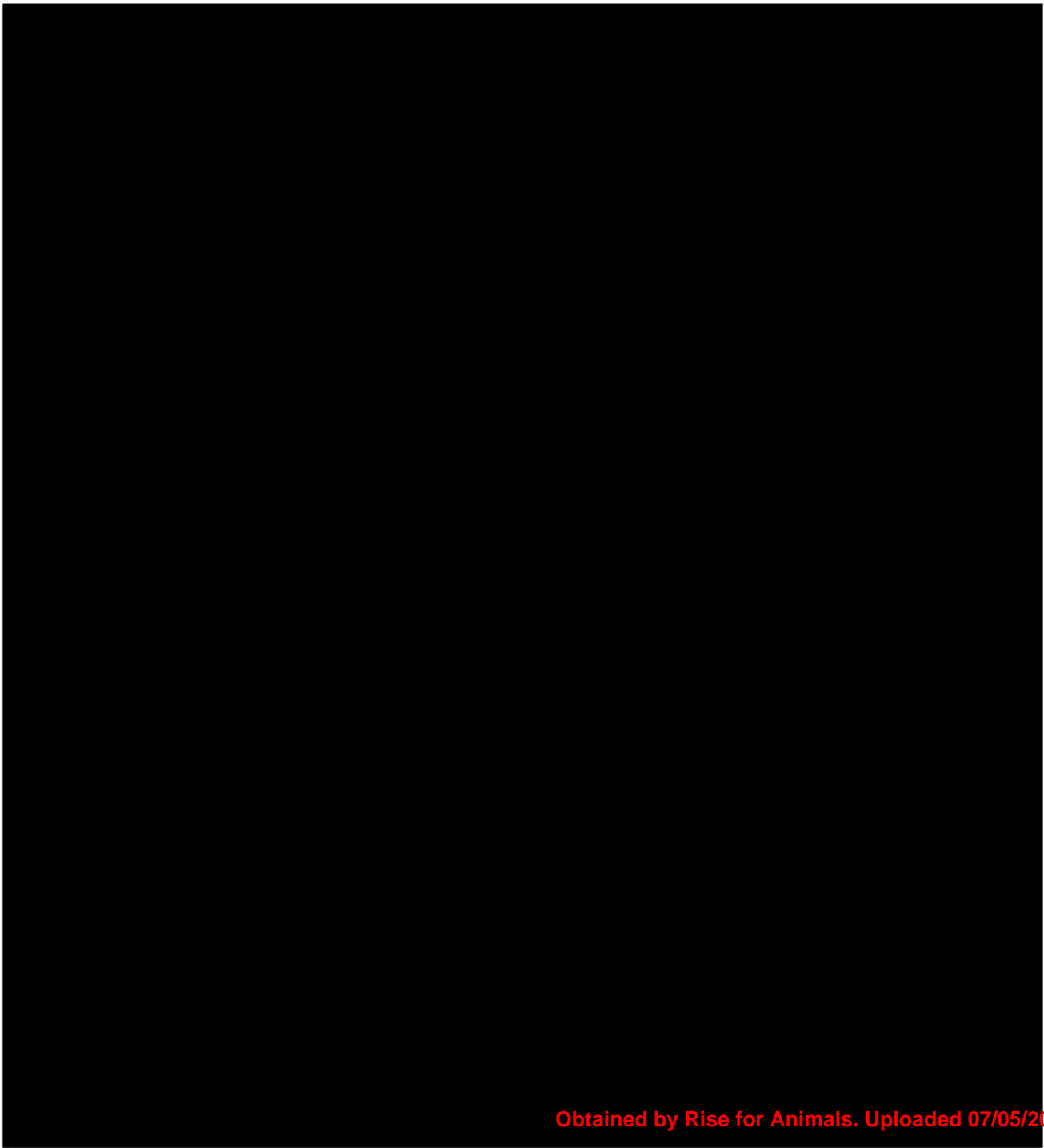
C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)



*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals
canine			4	

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure





**A 2.0 Project Title:** Studying the neural mechanisms of eye movements, attention, and working memory

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC approval

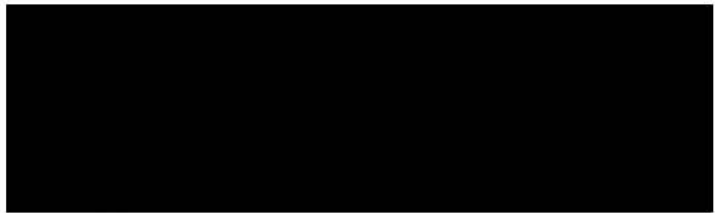
**A 4.0 Funding sources:** list sources, grant number and U of U account number (must be listed or pending).

a. National Science Foundation Grant ([REDACTED], 2014-2017)

b. National Institutes of Health Grant ([REDACTED], 2016-2021)

Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?  
*If the work is not federally funded then two individuals, of your choice, must peer review your work.*

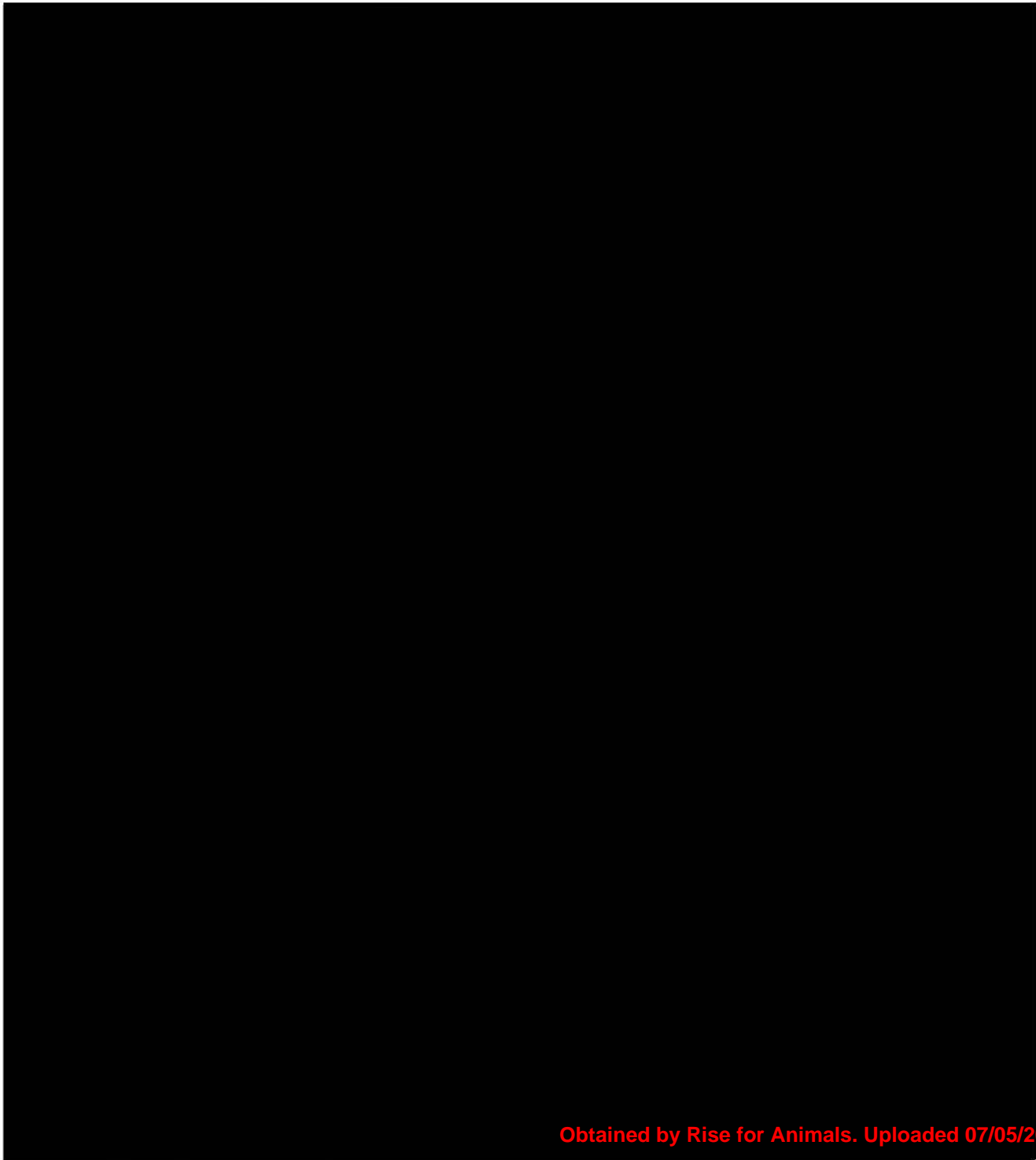
☐ No      Yes ☒



Title of Grant (if different from this application):

NIH: [REDACTED]  
NSF: [REDACTED]

Will funding be administered by U of U Office of Sponsored Projects? ☒ Yes ☐ No



C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)

*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals
Macaca mulatta			8	

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure

**A 2.0 Project Title:** Data-driven approaches for restoring naturalistic motor functions using FNS

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC approval

Does this replace a previous protocol? No: ☐ Yes\*: ☒

\*Be aware that the protocol being replaced will be early terminated.

Previous protocol #: 14-05017 (expired)

Will animals be transferred from the previous protocol? ☒ No

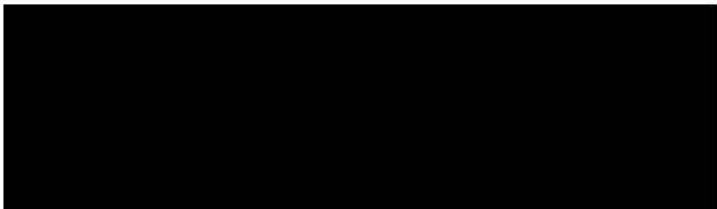
**A 4.0 Funding sources:** list sources, grant number and U of U account number (must be listed or pending).

a. Pending NSF CRCNS Proposal

Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?

*If the work is not federally funded then two individuals, of your choice, must peer review your work.*

☐ No Yes ☒

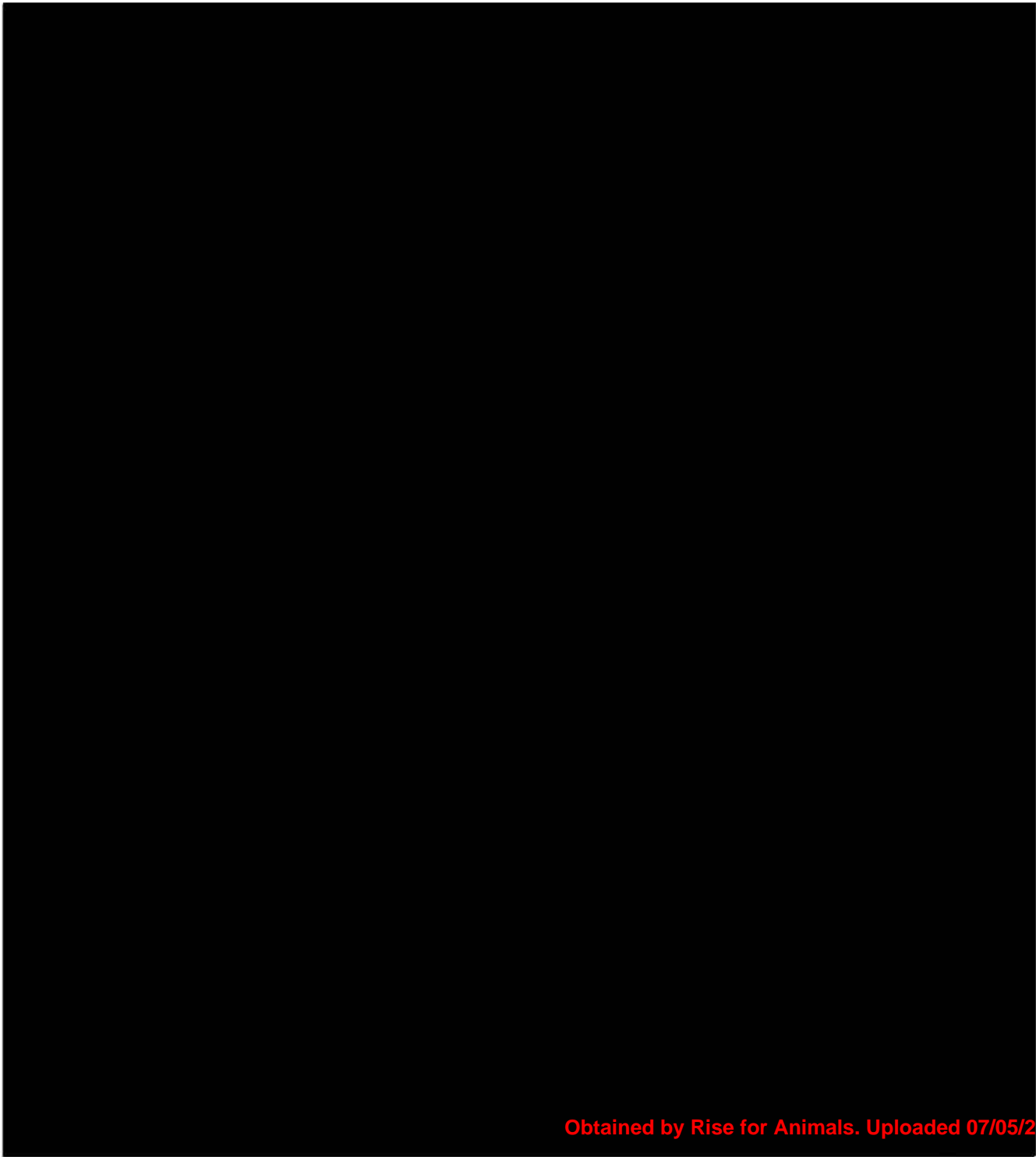


Title of Grant (if different from this application):

[CRCNS Research Proposal:](#)



Will funding be administered by U of U Office of Sponsored Projects? ☒ Yes ☐ No



C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)

*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals
Cat	0	0	8	0

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure

**A 2.0 Project Title: Utah Collaborative Arrhythmia Project**

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC approval

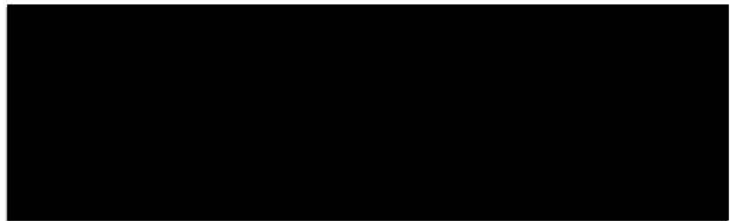
Does this replace a previous protocol? No: ☐ Yes\*: ☒ Previous protocol #: 14-12010

\*Be aware that the protocol being replaced will be early terminated.

Will animals be transferred from the previous protocol? ☐ No Yes ☒ How many?\* 4

If yes, clarify what has been done to them: These 4 canines have had pacemakers implanted per the protocol to induce atrial fibrillation and they have undergone electrophysiological studies and MRI.

*\*These are animals that are alive and on study and found housed on campus. For rodent colonies, provide approximate numbers of animals. However, the PI must maintain accurate records to assure that unapproved animals/procedures are not used in this research protocol.*



**A 4.0 Funding sources: list sources, grant number and U of U account number (must be listed or pending).**

a. NIH [REDACTED], Chartfield: [REDACTED]

Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?

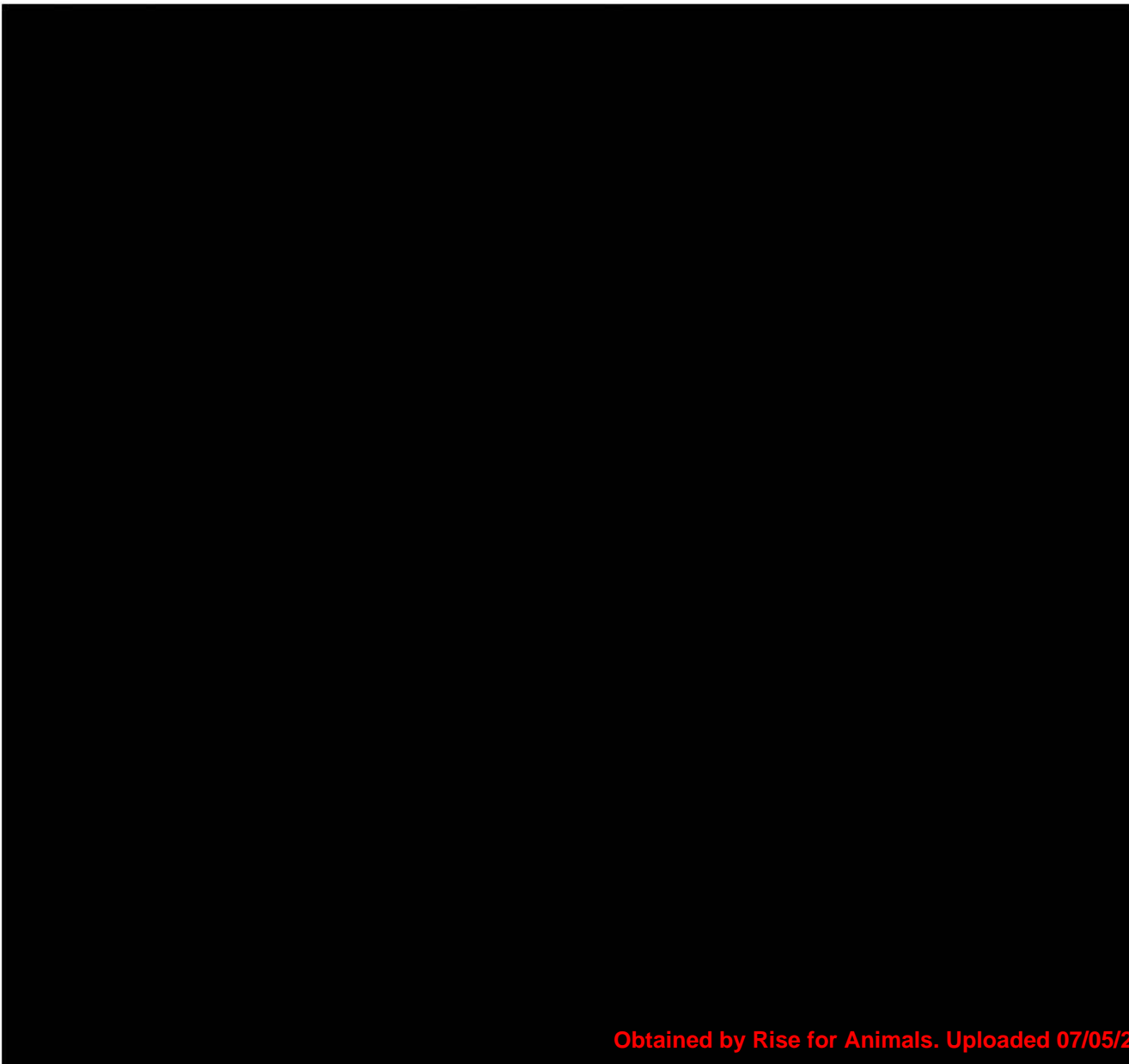
*If the work is not federally funded then two individuals, of your choice, must peer review your work.*

☐ No      Yes ☒

Title of Grant (if different from this application):

[REDACTED]

Will funding be administered by U of U Office of Sponsored Projects? ☒ Yes ☐ No





C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)

*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals
Dog			30	
Goat			30	

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure

**A 2.0 Project Title:** Characteristics of ablation procedures and fibrosis development in canines

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC approval

**A 4.0 Funding sources: list sources, grant number and U of U account number (must be listed or pending).**

a. Grant from Biosense Webster

b. Departmental Funds to [REDACTED]

Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?

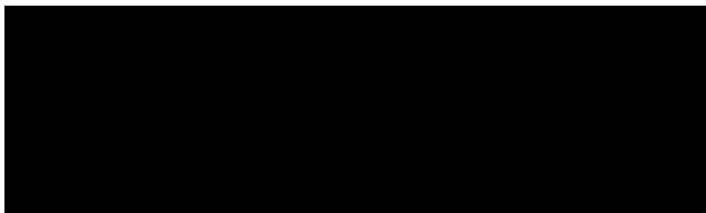
*If the work is not federally funded then two individuals, of your choice, must peer review your work.*

☒ No      Yes ☐

If funding is not supported by a peer review panel, provide names of two peer reviewers (both reviewers must have already read the application and are not involved in the study)

a. [REDACTED]

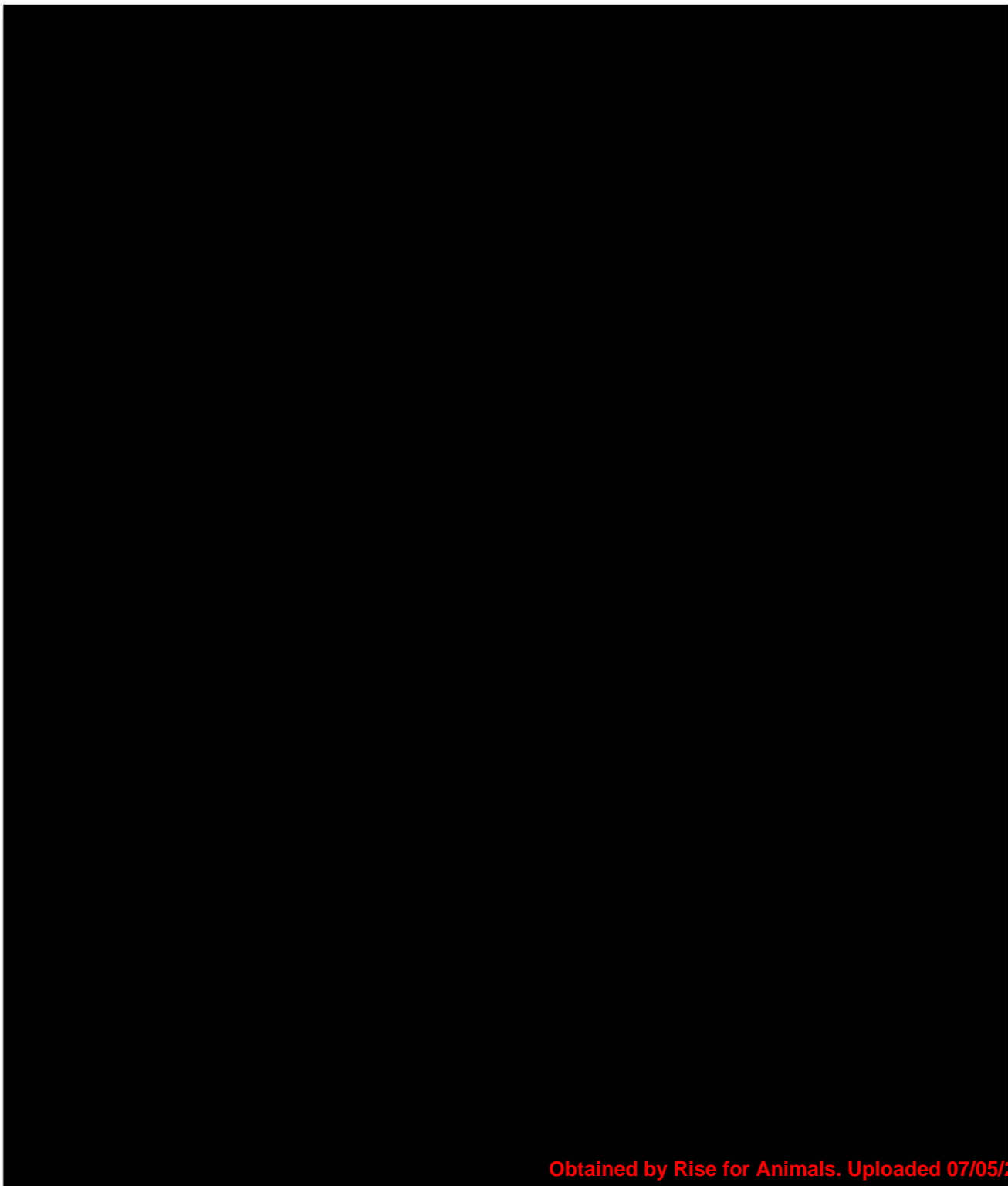
b. [REDACTED]



Title of Grant (if different from this application):

Novel mapping and ablation technologies in an animal model

Will funding be administered by U of U Office of Sponsored Projects? ☒ Yes ☐ No



C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)

*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals
canine			10	

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure

**A 2.0 Project Title:** Understanding the Primates at La Selva, Costa Rica

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☐ 3 Years from date of IACUC approval --- or --- Specify completion date 6/26/2018  
(IACUC office will calculate) *Less than 3 years from submission date*

Does this replace a previous protocol? No: ☒ Yes\*: ☐ Previous protocol #: \_\_\_\_\_  
\*Be aware that the protocol being replaced will be early terminated.

Will animals be transferred from the previous protocol? ☒ No Yes ☐ How many?\* \_\_\_\_\_

If yes, clarify what has been done to them:



*\*These are animals that are alive and on study and found housed on campus. For rodent colonies, provide approximate numbers of animals. However, the PI must maintain accurate records to assure that unapproved animals/procedures are not used in this research protocol.*

**A 4.0 Funding sources: list sources, grant number and U of U account number (must be listed or pending).**

- a. Office of Undergraduate Research Travel Grant, University of Utah
- b. Office of Undergraduate Research Small Grant, University of Utah
- c. Faculty Fellowship, Research and Grant Development Program, Salt Lake Community College

Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?

*If the work is not federally funded then two individuals, of your choice, must peer review your work.*

☐ No      Yes ☒

If funding is not supported by a peer review panel, provide names of two peer reviewers (both reviewers must have already read the application and are not involved in the study)

- a.
- b.

Title of Grant (if different from this application):

OUR Travel Grant and Small Grant for [REDACTED] - Examining the Genetic Relatedness of Mantled Monkeys [*Alouatta palliata*] in a Fragmented Forest in Costa Rica

OUR Travel Grant and Small Grant for [REDACTED] - Temporal Feeding Patterns of the *Alouatta palliata* (Howler Monkey)

OUR Travel Grant and Small Grant for [REDACTED] - A Comparison of Intrasexual and Intersexual Affiliative and Agonistic Behaviors Between Mantled Howler Monkey (*Alouatta palliata*) Groups at La Selva Biological Station, Costa Rica

Will funding be administered by U of U Office of Sponsored Projects? ☐ Yes ☒ No

If no, clarify who: [REDACTED] Department [REDACTED] will disperse the funds to [REDACTED] as reimbursement. Faculty Fellowship will be dispersed to [REDACTED] through the payroll department.



C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)

*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure

**A 2.0 Project Title:** His-Purkinje pacing for low energy implantable cardioverter defibrillators

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC approval

Does this replace a previous protocol? No: ☐ Yes\*: ☒

Previous protocol #: 15-04011

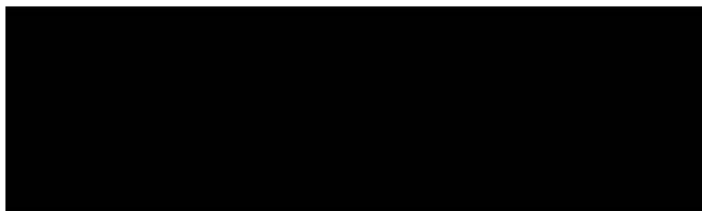
\*Be aware that the protocol being replaced will be early terminated.

Will animals be transferred from the previous protocol? ☐ No Yes ☒ How many?\* 4 rabbits (at time of submission)

If yes, clarify what has been done to them: Nothing, naive

*\*These are animals that are alive and on study and found housed on campus. For rodent colonies, provide approximate numbers of animals. However, the PI must maintain accurate records to assure that unapproved animals/procedures are not used in this research protocol.*





**A 4.0 Funding sources: list sources, grant number and U of U account number (must be listed or pending).**

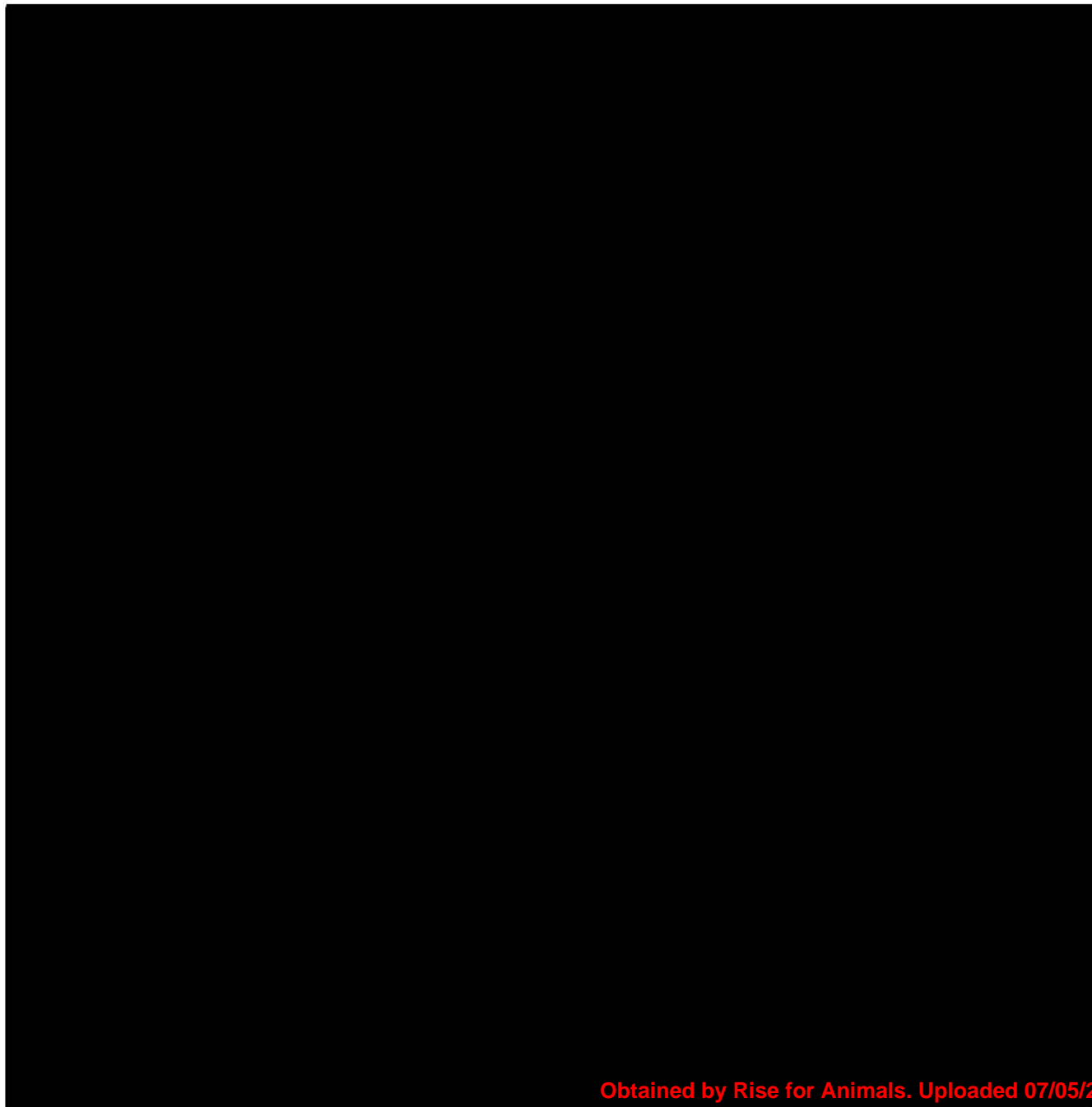
- a. NIH – [REDACTED], U of U account number [REDACTED]  
b. [REDACTED] departmental funds: [REDACTED]

Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?

*If the work is not federally funded then two individuals, of your choice, must peer review your work.*

☐ No      Yes ☒

Will funding be administered by U of U Office of Sponsored Projects? ☒ Yes ☐ No



C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)

*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals
Rabbit			40	
Dog			40	

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure

**A 2.0 Project Title:** Investigative work of lesion and edema formation during cryo ablation: Device and Energy Source Comparison

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC approval

Does this replace a previous protocol? No: ☒

Will animals be transferred from the previous protocol? ☒ No

**A 4.0 Funding sources: list sources, grant number and U of U account number (must be listed or pending).**

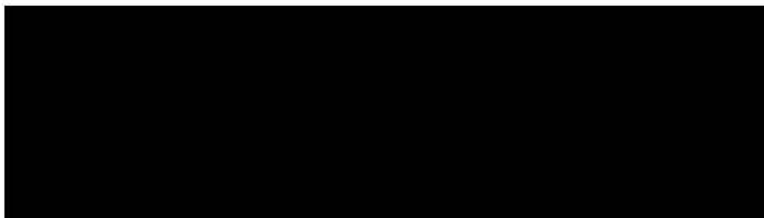
a. Grant from Medtronic

b. Departmental Funds to [REDACTED]

Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?

*If the work is not federally funded then two individuals, of your choice, must peer review your work.*

☒ No      Yes ☐



If funding is not supported by a peer review panel, provide names of two peer reviewers (both reviewers must have already read the application and are not involved in the study)

- a. 
- b. 

Title of Grant (if different from this application):

[Same](#)

Will funding be administered by U of U Office of Sponsored Projects? ☒ Yes ☐ No



C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)

*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals
canine			10	

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure

**A 2.0 Project Title:** Establishing a Network Diagram of the Primate Brain

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC approval

Does this replace a previous protocol? No: ☐ Yes\*: ☒

\*Be aware that the protocol being replaced will be early terminated.

Previous protocol #: 15-08003

Will animals be transferred from the previous protocol? ☒ No



**A 4.0 Funding sources: list sources, grant number and U of U account number (must be listed or pending).**

a. NIMH 

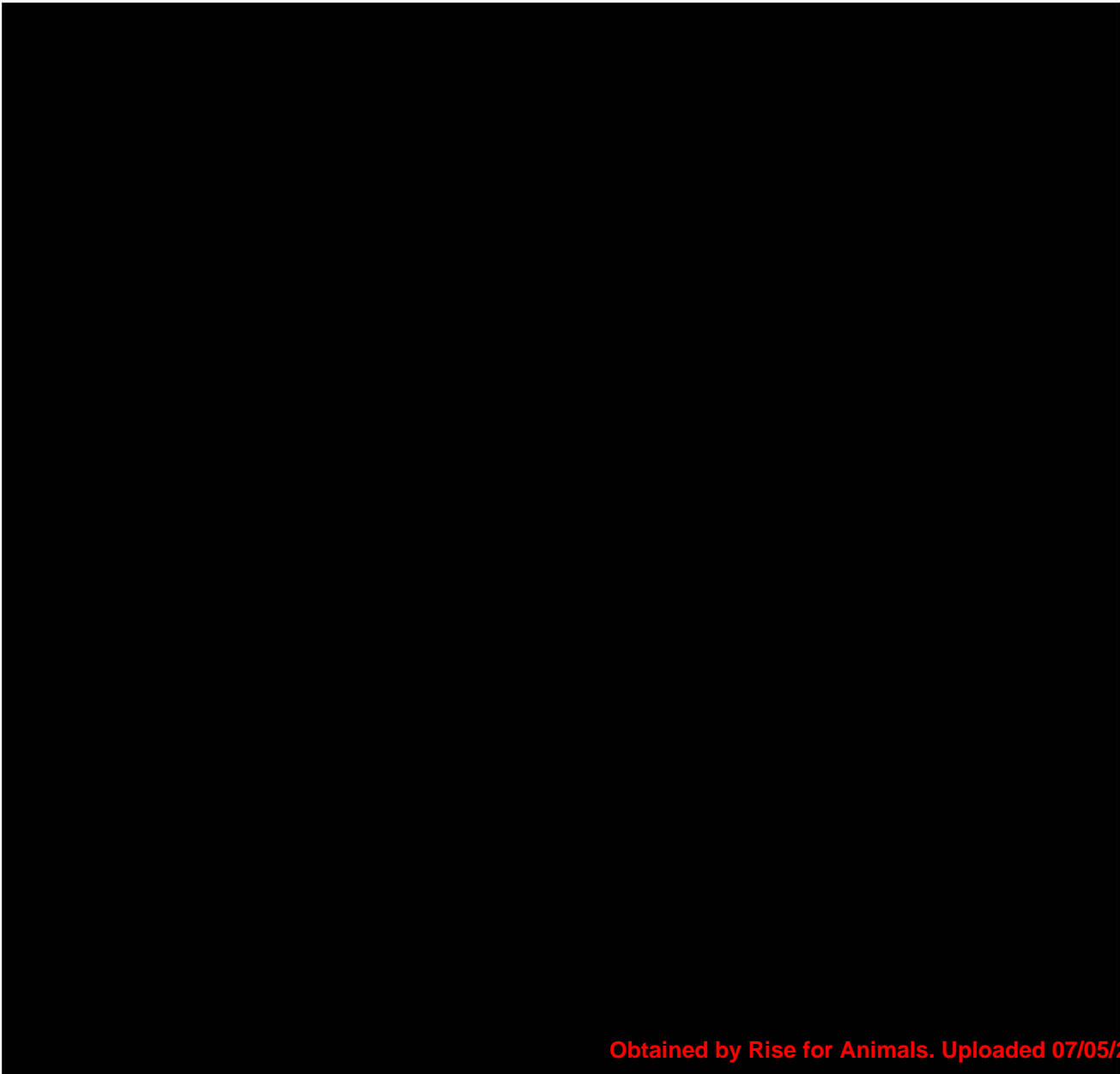
Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?  
*If the work is not NIH funded, then two individuals, of your choice, must peer review your work.*

☐ No      Yes ☒

Title of Grant (if different from this application):



Will funding be administered by U of U Office of Sponsored Projects? ☒ Yes ☐ No



C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)

*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals
<a href="#">cynomolgus macaque</a>			4	

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure



**A 2.0 Project Title:** Neural circuit mechanisms of marmoset visual perception.

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC

Does this replace a previous protocol? No: ☒

Will animals be transferred from the previous protocol? ☐ No ☒ Yes How many?\* 6 marmosets

If yes, clarify what has been done to them: These marmosets have not undergone other surgical procedures, but have been housed at [REDACTED]

*\*These are animals that are alive and on study and found housed on campus. For rodent colonies, provide approximate numbers of animals. However, the PI must maintain accurate records to assure that unapproved animals/procedures are not used in this research protocol.*

**A 4.0 Funding sources: list sources, grant number and U of U account number (must be listed or pending).**

a. NIH [REDACTED]



Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?

*If the work is not NIH funded, then two individuals, of your choice, must peer review your work.*

☐ No      Yes ☒

Title of Grant (if different from this application):

Role of top-down feedback in visual perception.

Will funding be administered by U of U Office of Sponsored Projects? ☒ Yes ☐ No



C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)

*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals
marmoset			6	

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure

**A 2.0 Project Title:** Anatomy, physiology, and imaging of the visual cortex in the non-human primate

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC approval

Does this replace a previous protocol? No: ☐ Yes\*: ☒ Previous protocol #: 15-12008

\*Be aware that the protocol being replaced will be early terminated.

Will animals be transferred from the previous protocol? ☐ No Yes ☒ How many?\* 6 macaques,  
35 marmosets

If yes, clarify what has been done to them: Two of the macaques (*M. Fascicularis*) currently housed in [REDACTED] have received injections of viruses and will be used for terminal experiments likely before to the end of the currently approved protocol and prior to the start of this new protocol. All other animals have not been subject to any experimental procedure, they have only been housed and some marmosets have been used for breeding. Three of the macaques (*M. Fascicularis*) are being purchased (due to arrive in December) under the currently approved protocol and will be transferred to the new protocol. One macaque (*M. Mulatta*) has recently been transferred from [REDACTED] protocol to our currently approved protocol and will be transferred to the new protocol.

[REDACTED]

*\*These are animals that are alive and on study and found housed on campus. For rodent colonies, provide approximate numbers of animals. However, the PI must maintain accurate records to assure that unapproved animals/procedures are not used in this research protocol.*

**A 4.0 Funding sources: list sources, grant number and U of U account number (must be listed or pending).**

- a. NIH/NEI Grant No. [REDACTED]  
[REDACTED] U of U No. [REDACTED] Active
- b. NIH/NEI Grant No. [REDACTED]  
[REDACTED] U of U No. [REDACTED] Active.
- c. NIH BRAIN, [REDACTED]  
[REDACTED] U of U No. [REDACTED]  
Active.
- d. NSF Grant No. [REDACTED]  
[REDACTED] U of U No. [REDACTED] Active.
- e. NIH BRAIN, Grant No. MH120687, "A topology-based computational framework for data-intensive connectomics". Pending.
- f. NIH BRAIN, "A modular, flexible, multi-photon mesoscope design for large scale recording and modulation". Pending

Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?

*If the work is not NIH funded, then two individuals, of your choice, must peer review your work.*

☐ No      Yes ☒ X

Will funding be administered by U of U Office of Sponsored Projects?    ☒ X Yes    ☐ No

C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)

*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals
Macaque ( <i>M. fascicularis</i> , <i>M. mulatta</i> )			30	
Marmoset	14		40	
Rat			30	

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure

**A 2.0 Project Title: Pilot Surgical Approach to Auditory Nerve Implant in Cat**

Please do not use acronyms or abbreviations in the title of the protocol.

**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC approval

Does this replace a previous protocol? No: ☒

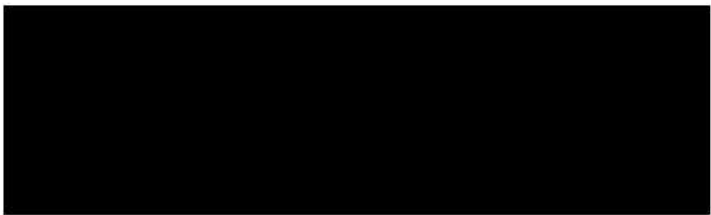
**A 4.0 Funding sources: list sources, grant number and U of U account number (must be listed or pending).**

a. NIH [REDACTED] (UofU a Subcontract to [REDACTED] - Chartfield being setup

Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?

*If the work is not NIH funded, then two individuals, of your choice, must peer review your work.*

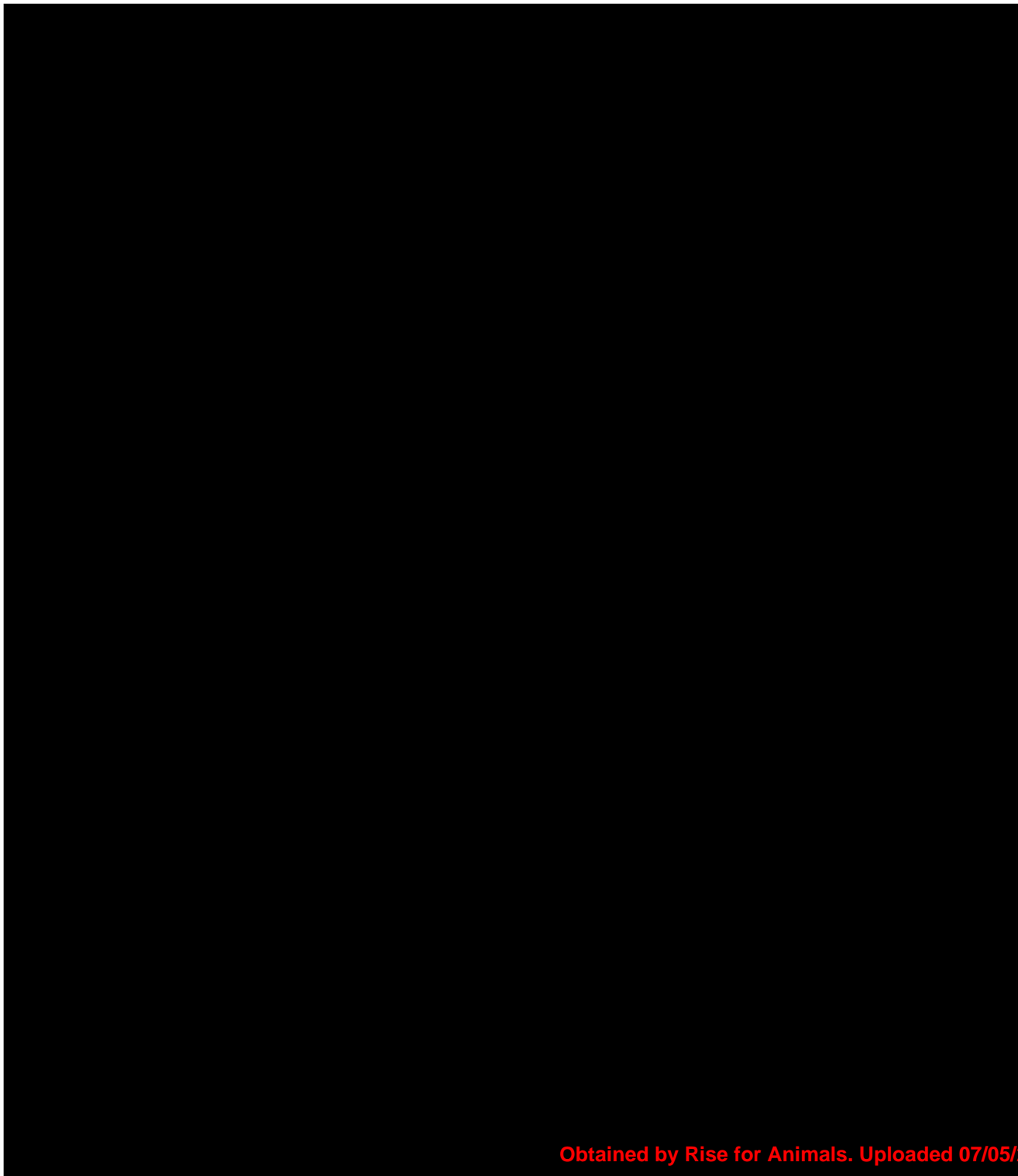
☐ No      Yes ☒



Title of Grant (if different from this application):



Will funding be administered by U of U Office of Sponsored Projects? ☒ Yes ☐ No





C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)

*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals
Cat	0	0	6	0

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure



A 2.0 Project Title: Effective ultrasonic neuromodulation in primates

Please do not use acronyms or abbreviations in the title of the protocol.



**A 3.0 Specify time period covered by this protocol:**

☒ 3 Years from date of IACUC approval

Does this replace a previous protocol? No: ☒

**A 4.0 Funding sources: list sources, grant number and U of U account number (must be listed or pending).**

a. NIH [REDACTED] (pending)

PI: [REDACTED]

b. [REDACTED]

PI: [REDACTED] startup

Was the funding source(s) for animal work to be done on this protocol supported by a scientific peer review panel?  
*If the work is not NIH funded, then two individuals, of your choice, must peer review your work.*

☐ No      Yes ☒

Title of Grant (if different from this application):

[REDACTED]

Will funding be administered by U of U Office of Sponsored Projects? ☒ Yes ☐ No

C 2.1 Species, column designation, and total number of animals requested for project period (this includes the approximate number of live animals to be transferred, in-house, from previous protocol)

*All animals are to be included in the table in this section. This includes experimental, donor, training, breeding pairs, pregnant mothers, and offspring that cannot be utilized because of genotype, sex, etc.*

Animal Species	Column B # Animals	Column C # Animals	Column D # Animals	Column E # Animals
Macaca mulatta			4	

Column B = Breeding colony; Column C = non-painful procedures; Column D = Procedures with alleviated pain; Column E = Painful procedure