

Institutional Animal Care and Use Protocol Approval

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|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| Name of Study | GadofluorineP-Enhanced Magnetic Resonance Imaging of Pancreas Inflammation in Type I Diabetes: experimental study with rat model, comparison with USPIO and Gd DTPA | | |
| IACUC No. | 11-0019 | Study | Apr. . 29 . 2011 . ~ |
| Study No. | 12 - 2011 - 003 - 5 | Period | Apr. . 12 . 2012 . |

<Evaluation Criteria and Discussion Results>

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|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | The rationale and purpose of the proposed use of animals <input checked="" type="checkbox"/> appropriate <input type="checkbox"/> inappropriate | 7 | Unusual housing and husbandry requirements <input type="checkbox"/> necessary <input checked="" type="checkbox"/> unnecessary |
| 2 | Justification of species and number of animals requested <input checked="" type="checkbox"/> appropriate <input type="checkbox"/> inappropriate | 8 | Appropriate sedation, analgesia, and anesthesia <input checked="" type="checkbox"/> appropriate <input type="checkbox"/> inappropriate |
| 3 | Unnecessary duplication of tests or experiments <input checked="" type="checkbox"/> appropriate <input type="checkbox"/> inappropriate | 9 | Method of euthanasia or disposition of animal <input checked="" type="checkbox"/> appropriate <input type="checkbox"/> inappropriate |
| 4 | Availability or appropriateness of the use of less-invasive procedures <input checked="" type="checkbox"/> appropriate <input type="checkbox"/> inappropriate | 10 | Criteria and process for timely intervention, removal, or euthanasia if required <input checked="" type="checkbox"/> appropriate <input type="checkbox"/> inappropriate |
| 5 | Adequacy of training and experience of personnel <input checked="" type="checkbox"/> appropriate <input type="checkbox"/> inappropriate | 11 | Safety of working environment for personnel <input checked="" type="checkbox"/> appropriate <input type="checkbox"/> inappropriate |
| 6 | Conduct of multiple major surgical procedures <input checked="" type="checkbox"/> appropriate <input type="checkbox"/> inappropriate | Remarks: | |

Date of Submission Jan 17, 2011

Principle Investigator Woo Kyung Moon

Date of Approval Apr 25, 2011

IACUC Chair Kook Hyun Lee

(sign)
Kook Hyun Lee

