CAPE BRETON UNIVERSITY ANIMAL CARE COMMITTEE

ANIMAL USE PROTOCOL

**Annual Review/Renewal Form for Research AND TEACHING**

Guidelines: Please refer to the accompanying instruction sheet for information on how to complete this form.

Please select the appropriate category from the drop down list:

Focus of application: Choose an item.

Renewal status: Choose an item.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PROTOCOL NUMBER: (office use only)** | | | | | | |
| **I. PERSONNEL** | | | | | | |
| Principal investigator or course instructor | Department | | | Phone | Email | |
| Click here to enter text. | Click here to enter text. | | | Click here to enter text. | Click here to enter text. | |
| **II. PROJECT REVIEW** | | | | | | |
| Project Title: | | | | | | |
| Click here to enter text. | | | | | | |
| Category of Invasiveness: Choose an item. | | | CCAC Purpose of Animal Use: Choose an item. | | | |
| Lay summary: | | | | | | |
| Primary objectives: | | | | | | |
|  | | | | | | |
| Progress report: In this brief summary describe any complications encountered relative to animal use (unpredicted outcomes, and any animal pain, distress or mortality), any amendments to the original protocol, and any progress made with respect to the Three Rs. | | | | | | |
|  | | | | | | |
| Number of animals proposed to use: Click here to enter text. | | Number of animals actually used: Click here to enter text. | | | | |
| Adequacy of endpoints : | | | | | | |
|  | | | | | |  |
| Changes to the original protocol: | | | | | | |
|  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **III. PROJECT RENEWAL** | | | | | | | | | | |
| **Question 1: Are there changes in personnel?** | | | | | | | | | | |
| No – proceed to question #2  Yes – complete Table A | | | | | | | | | | |
| **Table A:** | | | | | | | | | | |
| Name/Phone # | | | Role | | | Qualifications/Experience | | | Course/Workshop Training in Animal Use | |
| Click here to enter text. | | | Click here to enter text. | | | Click here to enter text. | | | Click here to enter text. | |
| Click here to enter text. | | | Click here to enter text. | | | Click here to enter text. | | | Click here to enter text. | |
| Click here to enter text. | | | Click here to enter text. | | | Click here to enter text. | | | Click here to enter text. | |
| **Question 2: Do you require animals in addition to those approved in the original AUP submission?**  No – proceed to question #3  Yes – complete Table B | | | | | | | | | | |
| Justification: Click here to enter text. | | | | | | | | | | |
| **Table B:** | | | | | | | | | | |
| Species/Strain | Quantity | | Sex | | Age/Stage | Weight/Size | | Animal housing  (CBU building & room) | Experimental area  (CBU building & room) | |
| Click here to enter text. | Click here to enter text. | | Click here to enter text. | | Click here to enter text. | Click here to enter text. | | Click here to enter text. | Click here to enter text. | |
| **Question 3: Are there changes to the s**ource/supplier of the animals used? | | | | | | | | | | |
| No – proceed to question #4  Yes – complete Table C | | | | | | | | | | |
| **Table C:** | | | | | | | | | | |
| Species/Strain | | Source/Supplier | | | | Address/Contact information | | | Mode of transportation | |
| Click here to enter text. | | Click here to enter text. | | | | Click here to enter text. | | | Click here to enter text. | |
| **Question 4: Are there changes to the procedures outlined in the original AUP submission**? | | | | | | | | | | |
| No – proceed to question #5  Yes – complete Table D | | | | | | | | | | |
| **Table D:** | | | | | | | | | | |
| Species/Strain | | Procedures | | | | Frequency/ Duration | | Analgesic/Anaesthetic (if none, please explain) | Dosage | Category of Invasiveness (A – E) |
| Click here to enter text. | | Click here to enter text. | | | | Click here to enter text. | | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Question 5: Has the category of invasiveness changed from the original AUP submission**?    No – proceed to question #6  Yes – complete questions 5A and 5B below | | | | | | | | | | |
| A: The category of invasiveness is now (A – E): Click here to enter text. | | | | | | | | | | |
| B: Please provide justification for this change: | | | | | | | | | | |
|  | | | | | | | | | | |
| **Question 6: Has the experiment and/or animal use endpoint in this protocol changed?**  No – proceed to question #7  Yes – complete question 6A below | | | | | | | | | | |
| A: Provide details of the modification in your protocol: | | | | | | | | | | |
|  | | | | | | | | | | |
| **Question 7: Are there changes in procedures for the disposition of animals?**  No – proceed to question #8  Yes – complete questions 7A-7C below | | | | | | | | | | |
| A: Specify the method of euthanasia and dosage: | | | | | | | | | | |
|  | | | | | | | | | | |
| B: Provide justification for use of any physical method of euthanasia without prior use of anaesthetic: | | | | | | | | | | |
|  | | | | | | | | | | |
| C: Indicate final disposal of animals if not euthanized: | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | |
| **Question 8: Are there changes to any of the following categories?** (See information guidelines for additional information) | | | | | | | | | | |
| A: Teaching/display usage | | | | No – proceed to 8B | | | Yes – complete **Schedule 1: Teaching display** | | | |
| B: Minor operating procedures | | | | No – proceed to 8C | | | Yes – complete **Schedule 2: Minor procedures** | | | |
| C: Capture/release of wild animals | | | | No – proceed to 8D | | | Yes – complete **Schedule 3: Field study** | | | |
| D: Use of animals on non-university property | | | | No – proceed to 8E | | | Yes – complete **Schedule 4: Outside facilities** | | | |
| E: Environmental manipulation outside an animal’s normal range | | | | No – proceed to 8F | | | Yes – complete **Schedule 5: Environmental manipulation** | | | |
| F: The use of potentially hazardous substances | | | | No – proceed to 8G | | | Yes – complete **Schedule 6: Potential hazards** | | | |
| G: Behavioural manipulations | | | | No – proceed to 8H | | | Yes – complete **Schedule 7: Behavioural experiments** | | | |
| H: Animal restraint | | | | No – proceed to 8I | | | Yes – complete **Schedule 8: Restraint** | | | |
| I: Long-term distress, illness or pain | | | | No – proceed to 8J | | | Yes – complete **Schedule 9: Disease, distress & pain** | | | |
| J: Surgery | | | | No – proceed to 8K | | | Yes – complete **Schedule 10: Surgery** | | | |
| K: Feed/water/nutrient deprivation | | | | No – proceed to 8L | | | Yes – complete **Schedule 11: Feed/water/nutrient deprivation** | | | |
| L: Genetically modified animals | | | | No | | | Yes – complete **Schedule 12: Genetically modified animals** | | | |
|  | | | | | | | | | | |
| **IV. DECLARATION (to be completed by the principal applicant)** | | | | | | | | | | |
| **YOUR SIGNATURE BELOW AFFIRMS THAT:**  1) All animals used in this project will be cared for in accordance with the guidelines of the Canadian Council on Animal Care and Cape Breton University Policies and Procedures.  2) The techniques, facilities and equipment to be used in this project conform to all applicable regulations and guidelines of: (a) The Canadian Council on Animal Care; and (b) Federal and local government regulations in force in Canada and/or the country in which the project is being conducted.  3) You have considered alternative procedures that do not involve the use of living animals.  4) You will use the minimum number of animals consistent with the objectives of this project.  5) You have carefully selected the most appropriate species and/or model for this project.  6) The procedures described in this protocol must be followed unless an amendment to the protocol is submitted and approved. Substantial changes will require re-submission to the Cape Breton University Animal Care Committee.  7) You will notify the Cape Breton University Animal Care Committee in writing of any revisions to this protocol.  8) You will report the number of animals used in this project to the Chair of the CBUACC when requested.  9) You will keep copies of all approved protocols, revisions and amendments in an accessible file.  **APPROVAL OF A PROJECT IS VALID FOR 1 YEAR. ALL PROTOCOLS MUST BE REVIEWED AND RENEWED ANNUALLY, UP TO A MAXIMUM OF THREE RENEWALS.** | | | | | | | | | | |
| Principal Investigator / Course Instructor | | | | | | | Date | | | |
|  | | | | | | | Click here to enter a date. | | | |
| Chair, Cape Breton University Animal Care Committee | | | | | | | Date | | | |
|  | | | | | | | Click here to enter a date. | | | |