

**Cape Breton University
Animal Care Committee**

**REQUEST FOR AMENDMENT OR MODIFICATION TO A
PREVIOUSLY APPROVED ANIMAL UTILIZATION PROJECT PROPOSAL**

AUPP #:

Original AUPP Approval Date:

Principal Investigator(s):

Department:

Student Investigator(s):

Department(s):

Title of Original AUPP:

Note: An additional sheet may be attached to expand on answers to any of the following questions.

1. Describe the nature of the amendment/modification to be covered under this Modification Form and provide a detailed explanation/reasons for this change(s).
2. If the change covered under this Modification Form involves an *addition(s) to the personnel* involved in the project, please indicate name(s) and department(s) of new personnel to be added.
3. If the change covered under this Modification Form involves a *deletion(s) to the personnel* involved in the project, please indicate name(s) and department(s) of personnel to be deleted.
4. Does the change covered under this Modification Form *involve any of the procedures* for which you currently have ethics approval? **Yes** [] **No** []
If **Yes**, describe the new procedure(s) and provide a detailed explanation for this change(s).
5. Does the change described on this Modification Form *involve the number of animals* for which you currently have ethics approval? **Yes** [] **No** []
If **Yes**, indicate the new number of animals required and provide a detailed explanation for this change.
6. Does the change described on this Modification Form *involve the species of animal* for which you currently have approval? **Yes** [] **No** []
If **Yes**, indicate the new species of animals required and provide a detailed explanation for this change.

7. Does the change described on this Modification Form *involve the Invasiveness Category* currently assigned to this project? **Yes** [] **No** []
 If **Yes**, specify the new Invasiveness Category and provide an explanation for this change.
8. Does the change described in this Modification Form *affect the identified level of distress/pain* which the animals are expected to experience in this project? **Yes** [] **No** []
 If **Yes**, specify the new level of pain/distress and provide a detailed explanation for this change.
9. Will the modification requested require a *change to the Lay Summary*? **Yes** [] **No** []
 If **Yes**, attach a copy of the new Lay Summary.

DECLARATION

I certify that the information outlined on the Modification Form accurately describes the nature of the proposed amendments to the approved AUPP. I reaffirm that the use of animals under this Modification Form and the associated AUPP will be in accord with the Canadian Council on Animal Care's Guidelines, the requirements of Province of Nova Scotia's Animals for Research Act, and Cape Breton University's Guidelines for the Use of Animals in Research and Teaching.

Principal Investigator's Signature: _____ Date: _____

Student Investigator's Signature: _____ Date: _____

FOR OFFICE OF RESEARCH ETHICS APPROVAL ONLY

The amendment(s) outlined in the above Animal Utilization Project Proposal (AUPP) Modification Form has received ethics approval through the Animal Care Committee and is valid for a period coinciding with approval of the associated AUPP. It is the responsibility of the Principal Investigator to ensure that all procedures are conducted in the manner described and approved in this application. Any further modification to existing procedures or animal use must receive approval from Cape Breton University Animal Care Committee.

 Co-ordinator
 Animal Care Committee

Date: _____

 Chair
 Animal Care Committee

Date: _____

 Veterinarian
 Animal Care Committee

Date: _____