



Animal Care Committee

Animal Utilization Protocol
Renewal / Amendment Form
Research / Teaching / Service

For Office Use Only Revised Form – March 2015

Date Received: _____

Note:

- Hand written protocols will not be accepted for review.
- Protocols are due the 1st Friday of every month.
- When submitting a protocol with Proprietary Compounds, state in the e-mail subject line: **Proprietary Compounds.**
- Both the signed hardcopy and electronic protocol submission must be submitted by the deadline date.
- Submit one copy of original protocol to ACC Admin. in the Dept. of Biomedical Sciences, Room 2302 at the AVC.
- Submit an electronic copy to animalcare@upei.ca.
- Retain a copy for your files.

Place an "X" in appropriate boxes:

<input type="checkbox"/> Research	<input type="checkbox"/> Teaching	<input type="checkbox"/> Service
<input type="checkbox"/> 1 st Renewal	<input type="checkbox"/> 2 nd Renewal	<input type="checkbox"/> 3 rd Renewal
<input type="checkbox"/> 1 st Amendment	<input type="checkbox"/> 2 nd Amendment	<input type="checkbox"/> 3 rd Amendment

Protocol #: _____ File #: _____

Protocol Title or Course # & Name: _____

Date of Approval of Original Protocol: _____

Expected Completion Date of Protocol or Course: _____

Principal Investigator or Instructor Name: _____

Dept.: _____ E-mail: _____

Work Phone: _____ Home Phone: _____

Category of Invasiveness - (Highest level)
(Place an "X" in a box:)

A	B	C	D	E

For **Research Protocols** Renewals and Amendments complete A), B) & C):

A) Lay Summary:

B) The primary objective(s) of the study:

C) The benefit(s) expected from the study:

For All **Protocol Renewals or Amendments**, answer every question #1 - #13.

Question 1

Is this a **renewal** request? (Place an "X" in Box)

(All renewals are valid for 12 months)

<input type="checkbox"/>
<input type="checkbox"/>

No – proceed to question #2

Yes – complete question #1A below

A) Provide a brief summary of the activities over the previous year.

Question 2

Is this an **extension date** request? (Place an "X" in Box)

<input type="checkbox"/>
<input type="checkbox"/>

No – proceed to question #3

Yes - (A **one time** extension period will be permitted) - complete questions #2A - #2B below

A) Extension period required (max. 6 months): _____

B) Why is this extension needed?

Question 3

Are there changes in personnel? (Place an "X" in Box)

No - proceed to question #4

Yes - complete Table A, and if applicable, Table B below

Table A

Indicate if removing or adding name(s).	Name (Associate, Tech. Staff, Students, Teaching or Research Assistants)	Role	Work #	*List Date & Place of Completion of Most Recent Animal User Training.

NOTE: The Animal User Training Course is mandatory for faculty, graduate students, research technicians / technologists, research assistants / associates, postdoctoral fellows and undergraduate students. Only AVC DVM students while in the DVM program are exempt from taking the AUT Course. ***Training must be updated every 5 years.**

Table B - If the above person is performing procedures, complete Table B

Name	Procedure(s) to be Performed	Qualifications / Experience with These Procedures

Question 4

Do you require animals in addition to those approved in the original AUP submission or to the most recent amended or renewed AUP submission? (Place an "X" in Box)

No - proceed to question #5

Yes - complete questions #4A - #4D below

A) Provide the reason(s) for the need to include other species/strain and/or increase numbers of animals in this project:

B) If an additional species/strain is being requested, explain the characteristics of the animal that make the species/strain appropriate for the research, teaching or service objectives:

C) Complete Table below if this is **Teaching or Service** related.

Species	Strain	No. needed at one time	Number of additional animals required	Housing (Bldg & Rm)	Experimental (Bldg & Rm)

Complete Table below if this is **Research** related.

Species	Strain	Type of Research (Lab /Field)	Number of additional animals required	Housing (Bldg & Rm)	Experimental (Bldg & Rm)	Source	Ownership

D) Outline how the number of animals to be used was determined. (i.e. number of groups, replicates, etc.:)

Question 5

Are there changes to source/supplier? (Place an "X" in Box)

<input type="checkbox"/>	No - proceed to question #6
<input type="checkbox"/>	Yes - complete table below

Species	Source/Supplier	Address/Location	Phone Number	Mode of Transportation

Question 6

Are there changes to be made to the procedures? (Place an "X" in Box)

No - proceed to question #7

Yes - complete questions #6A - #6B below

A) Provide the reason(s) for the need to change the procedures in this protocol?

B) Complete Table below

Species / Number of Animals	Procedures	Frequency / Duration	Analgesic / Anaesthetic (If none, please explain)	Dosage	Category of Invasiveness (A - E)

Question 7

Has the Category of Invasiveness changed? (Place an "X" in Box)

No - proceed to question #8

Yes - complete questions #7A - #7B below

A) Select a Category of Invasiveness (A-E): _____

B) Explain the reason for this change?

Question 8

Has the experimental and/or animal use endpoint in this protocol changed? (Place an "X" in Box)

No - proceed to question #9

Yes - complete question #8A below

A) Provide details:

Question 9

Are there changes in the disposition of animals? (Place an "X" in Box)

No - proceed to question #10

Yes - complete questions #9A - #9C

A) Specify the method of euthanasia and dosage:

B) Provide justification for use of any physical method of euthanasia (e.g. cervical dislocation, decapitation, etc.) without prior use of anaesthetic:

C) Final disposition of animals if not euthanized:

Question 10

Check any of the Biohazardous Materials that are used in your current protocol.

<input type="checkbox"/>	Non-applicable - proceed to question #10A
<input type="checkbox"/>	Bacteria
<input type="checkbox"/>	Mycoplasma
<input type="checkbox"/>	Virus
<input type="checkbox"/>	Parasite
<input type="checkbox"/>	Fungi
<input type="checkbox"/>	Algae
<input type="checkbox"/>	Unfixed animal blood, tissue, cells, body fluids
<input type="checkbox"/>	Unfixed human blood, tissue, cells, body fluids
<input type="checkbox"/>	Cell culture
<input type="checkbox"/>	Non-indigenous life form (not found in PEI)
<input type="checkbox"/>	Procedures involving large scale production of micro-organisms (>10 L)
<input type="checkbox"/>	Genetically modified micro-organisms, animals, or plants
<input type="checkbox"/>	Biological toxin

Do you wish to amend the Biohazardous Materials used in your protocol? (Place an "X" in Box)

<input type="checkbox"/>	No - proceed to question #10A
<input type="checkbox"/>	Yes - please specify and then proceed to question 10#A _____

A) Are there changes in non-biological hazards? (Place an "X" in Box)

<input type="checkbox"/>	No - proceed to question #11
<input type="checkbox"/>	Yes - complete questions #10B - #10C

B) Complete Table below

Type:	Specify Agent:
Radio-Isotope	
Carcinogen	
Chemical	
Other (e.g. electroshock)	

C) Specify what special animal care is required because of the hazard(s) involved:

Question 11

Are there Other Changes e.g. location of housing, lay summary, emergency veterinary care, husbandry, etc.:
(Place an "X" in Box)

No - proceed to question #12

Yes - complete question #11A

A) Provide details:

Question 12

Are there any significant deviations from expectations or concerns over the past term (e.g. unexpected mortality, or termination of animals)? (Place an "X" in Box)

No - proceed to question #13

Yes - complete questions #12A – #12C below

A) Describe the deviations from expectations or concerns over the past renewal term.

B) Were details discussed with the University Veterinarian? (Place an "X" in Box)

No

Yes

C) Describe the changes made to prevent recurrences:

Question 13

A) List the original sources of funding for this protocol:

B) List approved grant number(s) & title(s):

C) What is the term of the grant(s)?

Start Date: _____ Finish Date: _____

D) Has the source of funding changed from the original AUP submission or to the most recent amended or renewed AUP submission? (Place an "X" in Box)

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

If yes, list the new sources of funding for this protocol:

Signatures

Principal Investigator: _____ Date: _____

Approved by Chairperson, UPEI ACC: _____ Date: _____

Approved period for animal use beginning: _____ ending: _____