



# Animal Care Committee

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

**For Office Use Only**      Revised Form - June 2017

Date Received: \_\_\_\_\_

**Note:**

- Hand written protocols will not be accepted for review.
- Protocols are due the 1<sup>st</sup> 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](mailto: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 <sup>st</sup> Renewal	<input type="checkbox"/> 2 <sup>nd</sup> Renewal	<input type="checkbox"/> 3 <sup>rd</sup> Renewal
<input type="checkbox"/> 1 <sup>st</sup> Amendment	<input type="checkbox"/> 2 <sup>nd</sup> Amendment	<input type="checkbox"/> 3 <sup>rd</sup> 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:

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

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

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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 1) a brief summary of the activities over the previous year 2) number of animals used 3) procedures conducted on these animals.

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**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?

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**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:

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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:

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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.:)

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**Question 5**

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

<input type="checkbox"/>	<b>No</b> - proceed to question #6
<input type="checkbox"/>	<b>Yes</b> - 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:**

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**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:**

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

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**C) Final disposition of animals if not euthanized:**

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**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:

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**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:

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**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.

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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:

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

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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:

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**Signatures**

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Chairperson, UPEI ACC: \_\_\_\_\_ Date: \_\_\_\_\_

Approved period for animal use beginning: \_\_\_\_\_ ending: \_\_\_\_\_