



**Animal Care Committee**  
Animal Utilization Protocol  
Research Form

**For Office Use Only**

Revised Form - January 2018

Date Received:

Protocol #:

File #:

**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, AVC.
- Submit an electronic copy to [animalcare@upei.ca](mailto:animalcare@upei.ca).
- Retain a copy for your files.

**Section 1 - Project Title, Proposed Start Date, Expected Project Completion Date**

Title: \_\_\_\_\_

Proposed Start Date of Research: \_\_\_\_\_

Expected Project Completion Date: \_\_\_\_\_

**Section 2 - Principal Investigator**

Name: \_\_\_\_\_ Dept.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\*List Date & Place of Completion of Most Recent Animal User Training: \_\_\_\_\_

**Section 3 - Category of Invasiveness**

From Section 15 - Procedures (Place an "X" in the box corresponding to the Highest Level Procedure.)

A	B	C	D	E
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 4 - Project Personnel**

Designated Emergency Contact(s)	Department	Home # / Work #	*List Date & Place of Completion of Most Recent Animal User Training.
Associate(s)	Department	Work #	*List Date & Place of Completion of Most Recent Animal User Training.
Technical Staff	Department	Work #	*List Date & Place of Completion of Most Recent Animal User Training.
Research Assistant(s) or Student(s)	Department	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.**

**Section 5 - Research Project General Information**

A) Does this application replace an existing protocol? (Place an "X" in a box)

Yes - List Protocol #: \_\_\_\_\_ File #: \_\_\_\_\_

No

B) Length of Experiment: (Place an "X" in a box)

**Acute:** Utilizing an animal for a brief period (less than 24 hrs.), followed by euthanasia or return of the animal to source, or humanely killing an animal upon receipt or after a brief housing period during which time no manipulations other than standard management procedures are performed, i.e. anaesthetized without recovery, euthanized for tissue collection, etc.

**Chronic:** Maintaining the animal and performing experimental procedures during the time, i.e. feeding trials, antibody production, breeding colony, recovery surgery.

**Section 6 - Funding**

A) Funding source will be coming from: (Place an "X" in all boxes that apply)

CIHR  NSERC  SSHRC  OTHER (specify) \_\_\_\_\_

B) Approved grant number(s) & title(s): \_\_\_\_\_

C) If funds are pending provide submission date: \_\_\_\_\_

Expected approval date: \_\_\_\_\_

D) Are all procedures in this protocol identical to those in the grant / contract?  Yes  No

If "no", explain any discrepancies.

E) Is this a research project involving external partners? (Place an "X" in Box)

Yes – contact Synapse [info@synapsepei.com](mailto:info@synapsepei.com) to complete the required document(s).

*Document(s) must be completed before beginning work on project.*

No

**Section 7 - Scientific Merit**

Place an "X" in a box:

A) Has this been peer reviewed for scientific merit by independent reviewers that are external to the funding agency?

Yes  No

B) Do you have any concerns about the ACC seeking external peer review?

Yes  No

If yes, please explain.

## Section 8 - CCAC Reporting Data

For CCAC reporting purposes, please write a summary description of your project (40 words or less), in terms understandable to a non-scientist. Example: Sampling blood from fish exposed to Virus X.

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## Section 9 - Purpose of Animal Use Category

Place an "X" in a box:

<input type="checkbox"/>	0 - Animals held in breeding colonies that have not been assigned to a particular research, teaching or testing protocol.
<input type="checkbox"/>	1 - Studies of a fundamental nature in sciences related to essential structure and function.
<input type="checkbox"/>	2 - Studies for medical purposes, including veterinary medicine, that relate to human or animal diseases or disorders.
<input type="checkbox"/>	3 - Studies of regulatory testing of products for the protection of humans, animals or the environment.
<input type="checkbox"/>	4 - Studies for the development of products or appliances for human or veterinary medicine.

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**Section 10 - Lay Summary (Must be understandable to Non-Scientists)**

Provide an abstract of 250 words or less in simple language (Grade 8 reading level and understood by someone not familiar with scientific research) outlining the primary objective(s) and the benefits expected from the study.

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**Section 11 - Scientific Objectives and Research Plan**

A) Outline the overall hypothesis, rationale, and objectives for this study – (250 words maximum):

**B) Outline the experimental design in enough detail to justify animal numbers requested for the entire project,**  
(eg. Control and experimental groups, animals per group), **etc.**

## Section 12 - Animals to be used

A) List all animals involved in the study.

Species	Strain	Type of Research (Lab /Field)	Total Requirement for Entire Project	Total Requirement for Year 1	Housing (Bldg & Rm)	Experimental (Bldg & Rm)

B) For each species listed above indicate the Source / Supplier and Ownership.

Place an "X" in a box:

C) Does the project involve the use of client-owned animals?

Yes

No

If "yes" did you attach a copy of the "Client Consent Form"? (See Appendix A)

Yes

No

D) If you are collaborating with another institution will any of the animal use be taking place outside of the University of Prince Edward Island?

Yes

No

If yes, please explain. (Please provide other institution's ACC contact information)

## Section 13 - Trapping Wildlife

Does this section apply to your protocol? (Place an "X" in a box)

Yes

No

If you checked "yes" fill out the rest of this section, if you checked "no" you may omit this section.

Name of license holder: \_\_\_\_\_

Permit / License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach copies of all permits. Copies of all permits must be provided to the ACC once obtained.**

**Specify:** Method of capture (if a trap is used, indicate type of trap, its injury potential and monitoring frequency).

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**Transportation and / or housing of animals in the field:**

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**Capture of non-target species:**

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**Potential injuries or mortality during capture:**

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**Potential ecological disruption (type and degree of disruption anticipated):**

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**Disposal of animals (e.g. euthanasia, release to field):**

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## **Section 14 - Reduction, Refinement, and Replacement**

In accordance with the Canadian Council on Animal Care's request for compliance with the principles of "Reduction, Refinement, and Replacement":

A) Explain steps taken to minimize the number of animals used:

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B) What consideration has been given to the use of alternative methods which do not involve live animals, for example tissue culture?

C) What was the rationale in selecting the animal species/strain for this research purpose?

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D) Have you consulted the 3 R's microsite at [www.ccac.ca](http://www.ccac.ca)? (Place an "X" in a box)

Yes

No

## Section 15 - Procedures

Review categories of invasiveness in animal experiments ([www.upei.ca/research/research-services/research-certifications/animal-care](http://www.upei.ca/research/research-services/research-certifications/animal-care)).

A) For either groups of animals or individual animals, list all procedures and indicate what measures will be taken to alleviate or minimize pain and/or distress to the animal.

Include conditioning programs, screening for behavioural soundness, pre-operative assessment, post-operative care, specify analgesics & anaesthetics with dosages and routes of administration, and special procedures used; attach SOPs if available. Include euthanasia protocol if part of the usual procedures.

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


**B) Specify the criteria that will be used to assess the level of analgesia / anaesthesia required.**

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**C) If there are multiple procedures, give a sequential description of the use of animals in this research project.**

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**Section 16 - Animal Care**

A) List all the individuals who will carry out the above procedures. Provide their technical qualifications and relevant experience in performing these procedures.

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

B) Explain refinements that have been made to minimize pain, distress and/or discomfort to the animals. Refer to the above listed procedures. (i.e. modified procedures)

## Section 17 - Endpoints

**A) Indicate any clinical conditions or abnormalities which may occur.**

(eg. Behavioural changes such as increased or decreased grooming, vocalizations or postural changes, or physical abnormalities such as anorexia, dehydration, diarrhea, etc.)

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**B) Specify what health performance parameter(s) or other criteria triggers the decision for termination of the experiment or the animal. List the people who are responsible for these decisions.**

(eg. Weight loss. Refer to CCAC guidelines on “Choosing an appropriate endpoint in experiments using animal for research, teaching and testing” at [www.ccac.ca](http://www.ccac.ca).)

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**C) The interval(s) of monitoring of animals are to be clearly described and specific details must be provided where possible.**

**Section 18 - Euthanasia / Disposition**

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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## Section 19 - Hazardous Agents

**A) Biohazardous Materials: (Place an "X" in any of the boxes that are used in this project)**

	<b>Bacteria</b>
	<b>Mycoplasma</b>
	<b>Virus</b>
	<b>Parasite</b>
	<b>Fungi</b>
	<b>Algae</b>
	<b>Unfixed animal blood, tissue, cells, body fluids</b>
	<b>Unfixed human blood, tissue, cells, body fluids</b>
	<b>Cell culture</b>
	<b>Non-indigenous life form (not found in PEI)</b>
	<b>Procedures involving large scale production of micro-organisms (&gt;10 L)</b>
	<b>Genetically modified micro-organisms, animals, or plants</b>
	<b>Biological toxin</b>

Are any of the above applicable? (Place an "X" in a box)  Yes  No

If you checked "yes" fill out the rest of this section, if you checked "no" you may proceed to 19 B).

If **any** of the above are applicable to your project, you must obtain a biosafety permit as outlined in the University's Biosafety in Research and Teaching Policy **before** beginning work on your project. Exceptions might exist in some cases. These must be determined by the Biosafety Committee. Research carried out without obtaining a Biosafety Permit when necessary, will be treated as failure to comply with University policy and will result in a review by the Biosafety Committee and may lead to disciplinary action. Contact the Biosafety Officer if you have any questions.

If your project includes an animal population infected with a pathogen transmissible to humans or other animals, this must be noted in the biohazardous materials inventory (in addition to all biohazardous substances under your control).

Are you a registered user of this inventory? (Place an "X" in a box)  Yes  No

If you need assistance in accessing this inventory, please contact the Biosafety Officer.

Has a Biosafety Permit Application been submitted? (Place an "X" in a box)  Yes  No

Has a Biosafety Committee Approval been obtained? (Place an "X" in a box)  Yes  No

Biosafety Permit Number for this project, if available: \_\_\_\_\_

**B) Are hazardous agents listed below used in this project?**

Is this applicable: (Place an "X" in a box)  Yes  No

If you checked "yes" fill out the rest of this section if you checked "no" you may omit this section.



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

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

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**Section 20 - Emergency Veterinary Care**

In the event of an animal health emergency, if contact cannot be made with the personnel listed in Section 2 and 4, the decision of the University Veterinarian will be final.

Do any restrictions to normal veterinary care procedures apply to this project?  
(Place an "X" in a box)

Yes

No

If YES, provide specific instructions for the University Veterinarian.

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## Section 21 - Signatures

Following approval, a protocol number and file number will be assigned. These numbers must be used when ordering animals and it is understood that **these animals will be used only as described in this protocol.**

- This animal utilization protocol is **VALID FOR 12 MONTHS** from the date of commencement.
- Multi-year animal utilization protocols can be renewed for a **MAXIMUM OF 4 YEARS IN TOTAL.**

This animal utilization protocol accurately describes all the proposed animal use. It will be kept current and will be modified only after obtaining the approval of the Animal Care Committee.

All procedures will be carried out by the personnel listed in Section #16 who are trained and competent in using approved techniques and standard operating procedures.

The University Veterinarian will be notified within 24 hours of any unexpected problems or complications involving animal health and wellbeing in this study.

I certify the information provided is accurate and complete:

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

**Department Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Section 22 - Approval

**CERTIFICATION STATEMENT:** The Animal Care Committee, having examined the proposal for the above project on matters relating to animal care and use, approves the experimental procedures proposed and certifies with the applicant that the care and treatment of animals used will be consistent with the University policy and will be in accordance with the principles outlined in the "Guide to the Care and Use of Experimental Animals" prepared by the Canadian Council on Animal Care. The Animal Care Committee also recognizes and respects the right of the investigator to privacy and confidentiality concerning the information presented in this protocol.

**Chairperson, UPEI ACC:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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