Animal Care Committee
Animal Utilization Protocol
Research Form
Instructions

For Office Use Only Revised Form - February 14, 2019

Date Received:

Protocol #:

File #:

Instructions:

- 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, AVC.
- Submit an electronic copy to animalcare@upei.ca.
- Retain a copy for your files.
- **Note: Pilot Studies are only valid for one year, with no renewal.**

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

Title: **The title must be simple and be able to be understood by lay people.**

Proposed Start Date of Research:

Expected Project Completion Date:

Section 2 - Principal Investigator

Name: **Must be an UPEI Faculty Member** **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

Section 4 - Project Personnel			
Designated Emergency Contact(s)	**Department**	**Home # / Work #**	***List Date & Place of Completion of Most Recent Animal User Training.**
May be any member of the research team but must have the authority to act on behalf of the team (i.e. make decisions).	**This section must be filled in for all listed below.**	**This section must be filled in for all listed below.**	**This section must be filled in for all listed below.**
Associate(s)	**Department**	**Work #**	***List Date & Place of Completion of Most Recent Animal User Training.**
Other faculty who are involved with the project.			
Technical Staff	**Department**	**Work #**	***List Date & Place of Completion of Most Recent Animal User Training.**
Names of all animal care or use technicians who perform the procedures in Section #16.			
Research Assistants or Students	**Department**	**Work #**	***List Date & Place of Completion of Most Recent Animal User Training.**
Names of all trainees.			

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, euthanised 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 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) Do you have any concerns about the ACC seeking external peer review? (Refer to SMR Process & Procedures Section 4 for exemption http://files.upei.ca/research/processes_procedures_evaluation.pdf) ☐ **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.

The summary must be simple and describe your project in 40 words or less. It must be able to be understood by lay people.

Section 9 - Purpose of Animal Use Category

Place an "X" in a box:

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

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.

Lay summary should be in simple language at a Grade 8 reading level and understood by someone not familiar with scientific research.

Section 11 - Scientific Objectives and Research Plan

A) Outline the overall hypothesis, rationale, and objectives for this study – (250 word 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.**

Please do not cut-and-paste from your grant application. Instead, clearly describe research relevant to animal care and use taking care to avoid the use of jargon.

Section 12 - Animals to be used

A) List all animals involved in the study.

Species	Strain	Type of Research (Lab /Field)	Total Requirement for Year 1	Housing (Bldg & Rm)	Experimental (Bldg & Rm)
List all species and,	strain of animals to be used.			Consult with the Animal Resource Managers to ensure appropriate accommodation is available.	

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

Appendix A can be located http://www.upei.ca/research/forms

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).

Transportation and / or housing of animals in the field:

Capture of non-target species:

Potential injuries or mortality during capture:

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

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

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": Researchers are encouraged to search databases on alternatives.

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

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?

D) Have you consulted the 3 R's microsite at www.ccac.ca? (Place an "X" in a box) ☐ **Yes** ☐ **No**

Section 15 - Procedures

Review categories of invasiveness in animal experiments https://www.ccac.ca/Documents/Standards/Policies/Categories_of_invasiveness.pdf.

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)
	List all experimental procedures that will be carried out on the animals. Note: you will need to know how much blood is needed for each assay to determine the method of phlebotomy.				**A - E**
	If you need more space for animals involved, please insert new rows				

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

List different reflexes and other physiological factors that will be used to assess anaesthetic depth or euthanasia e.g. toe pinch response, not breathing, no heart beat.

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

This is a "job description" of what happens to the animal(s) from start to finish of the project. Be aware of the temperature, humidity requirements, food preferences for each species (see CCAC Guidelines). Provide the details of all animals used in the project including the animals in control and treatment groups.

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
	List the training that each person has undertaken. This needs to be general (i.e. Graduate Course) as well as specific (i.e. Rodent Module). Include the dates of training. What additional training will take place? Who will do the training? List the procedures each person will perform.	**List experience with specific 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)

What changes or innovations have been made to the project to minimize pain, distress and discomfort in the animals (e.g. changes in housing, social conditions, as well as refinement of technical procedures). See CCAC Guidelines, Volume 1.

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.)

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.)

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:

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:

Section 19 - Hazardous Agents

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

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

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	**Remember to include all chemicals and anaesthetic drugs, and to fill in the special care required, below.**
Carcinogen	
Chemical	
Other (e.g. electroshock)	

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

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.

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:** _____