



Animal Care Committee
 Animal Utilization Protocol
 Teaching Form

A	For Office Use Only	Revised Form – August 2011
Date Received: _____		
Protocol #: _____		
File #: _____		

- 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.

Section 1 - Course Name & Number, Proposed Start Date, Expected Completion Date

Course Name & Number: _____

Proposed Start Date of Course: _____

Expected Completion Date of Course: _____

Section 2 - Course Coordinator

Name: _____ Dept.: _____

E-mail: _____

Work Phone: _____ Home Phone: _____

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

Section 3 - Category of Invasiveness - (Highest Level)

From Section 11 - Procedures (Place an "X" in a box:)

A	B	C	D	E
□	□	□	□	□

B) Indicate consideration given to reduce the use of animals. (If possible provide appropriate statistics / power calculations).

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 B)

Yes

No

Section 9 - Procurement

A) Where will animals be procured from: (Place an "X" in Box / List Source and Ownership)

Laboratory Stock:

Source: _____

Ownership: _____

Farm/Stockyard:

Source: _____

Ownership: _____

Wild Population:

Source: _____

Ownership: _____

B) 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 10 - 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:

B) What consideration has been given to the use of alternative methods which do not involve live animals, for example computer simulations, videos, etc.?

C) What was the rationale in selecting the animal species/strain for this teaching exercise?

Section 11 - Procedures

Review categories of invasiveness in animal experiments (www.upei.ca/research/acc_categories).

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 SOP's 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)

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

C) Give a sequential description of the use of animals in this teaching exercise.

Section 12 - 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 13 - 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) Specify the frequency of observations for monitoring the condition of the animals by the investigator or research assistant(s).

Section 14 - 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 15 - Hazardous Agents

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

<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

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 15 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:

Section 16 - 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 an University Veterinarian or the Director of Animal Resources will be final.

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

Yes

No

If YES, attach specific instructions for the University Veterinarian.

Section 17 - 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 #12 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 teaching protocol.

I certify the information provided is accurate and complete:

Principal Instructor: _____ **Date:** _____

Department Chair: _____ **Date:** _____

**Owner of Teaching
Animals' Department Chair:** _____ **Date:** _____
(If Different than above)

Section 18 - 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:** _____

