|  |  |
| --- | --- |
| **For Office Use Only** | |
| Protocol number: | Click or tap here to enter text. |
| Principal Investigator: | Click or tap here to enter text. |
| Category of Invasiveness: | Choose an item. |
| Purpose of animal use: | Choose an item. |
| Expiry date: | Click or tap to enter a date. |

A close up of a logo

Description automatically generated

**Animal Use Protocol Form - Laboratory**

CONFIDENTIAL

Laboratory protocols have an approval period of one (1) year with the possibility of two (2) annual renewals for an additional two (2) years, conditional upon approval of the Saint Mary’s University (SMU) Animal Care Committee (ACC).

# For more information on protocol amendments, renewals, and closures, please contact the ACC Coordinator and visit the SMU [ACC website](https://www.smu.ca/fgsr/fgsr-animal-care-committee.html).

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| --- |
| PROJECT INFORMATION |
| **Title (including course # if applicable)**  Click or tap here to enter text.  **Note:** If this is a new submission following the expiration of a previously approved protocol, please indicate the previous protocol number and title.  Click or tap here to enter text.   |  |  | | --- | --- | | **Purpose of Animal Use (please select):**  PAU 0: Breeding Colony/Stock  PAU 1: Fundamental Nature in Science  PAU 2: Medical Purposes that relate to Human or Animal Diseases or Disorders  PAU 3: Regulatory Testing of Products  PAU 4: Development of Products or Appliances for Human or Veterinary Medicine  PAU 5: Education or Training of Individuals in Post-Secondary Institutions  For more information, please consult Appendix A of the  CCAC AUDF Instructions. | **Category of Invasiveness (please select):**  A: Experiments on most invertebrates or on live isolates  B: Experiments which cause little or no discomfort or stress  C: Experiments which cause minor stress or pain of short duration  D: Experiments which cause moderate to severe distress or discomfort  E: Procedures which cause severe pain near, at, or above the pain tolerance threshold of unanesthetized conscious animals  For more information, please consult CCAC Categories of Invasiveness. |   **Proposed Start Date (dd-mm-yyyy):** Click or tap to enter a date. **or ongoing**  **Proposed End Date (dd-mm-yyyy):** Click or tap to enter a date. **or ongoing**  **Type of protocol:** Choose an item. |
| PRINCIPAL INVESTIGATOR OR COURSE INSTRUCTOR |
| **Name:** Click or tap here to enter text. **Department:** Click or tap here to enter text.  **Email:** Click or tap here to enter text.  **Lab Phone:** Click or tap here to enter text.  **Work Phone:** Click or tap here to enter text.  **Cell Phone:** Click or tap here to enter text.  **Emergency Phone:** Click or tap here to enter text. |
| FUNDING |
| **Internal Agency/Source:** Click or tap here to enter text.  **External**  **N/A Grant # (if applicable):** Click or tap here to enter text.  **Has this project been peer reviewed for scientific/pedagogical merit?** Choose an item.  Research protocols not funded by external agencies with peer review must undergo scientific merit review. Teaching protocols must undergo pedagogical merit review. Once a protocol has been reviewed for merit and the review has been received by the Animal Care Coordinator, it will be considered by the Animal Care Committee. For more information, see SMU ACC policies. |
| LAY SUMMARY |
| 1. **Using NON-SCIENTIFIC terminology targeted at an 8th grade reading level audience, please summarize the primary objectives(s) of the study:**   Click or tap here to enter text.   1. **Using NON-SCIENTIFIC terminology targeted at an 8th grade reading level audience, please summarize the benefit(s) expected from the study:**   Click or tap here to enter text.  **\*PILOT STUDIES**  SMU encourages the use of pilot studies when new approaches, methods, or products are being tried. Pilot studies are an effective tool for determining humane endpoints, to perfect technique, to demonstrate feasibility, to provide justification for proceeding with larger studies, or to estimate statistical variability.  It is the responsibility of the PI to propose pilot studies. Occasionally, the ACC will suggest a pilot study. A pilot study requires the submission of and Animal Use Protocol Form. The PI must report the results of the pilot study to the ACC, whether or not the study was successful. If the study will continue to a larger study, the PI must submit a new Animal Use Protocol Form. |
| ANIMALS TO BE USED |
| “CCAC-certified institutions are required to report their annual data to the CCAC every year and provide specific information regarding the number of animals, the types of projects they were involved in and the invasiveness of the procedures undertaken” (From: CCAC Animal Use Data: Reporting Instructions and Forms).  **Please provide the number of animals that will be needed. This information will be verified annually.**  **Note:** if you require additional space, please create a copy of this table and append it to this document.   |  |  |  |  | | --- | --- | --- | --- | | Animal Species  (common name) | Number of Animals per year | Source of Animals  (include permit # if applicable) | Expected Baseline Mortality (optional) | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Please provide additional information here if needed:**  Click or tap here to enter text.  **Type of experiment:** Choose an item.  **Location of animals:** Click or tap here to enter text.  **Location of experiment:** Click or tap here to enter text.  **Type of housing:** Choose an item.  **Has the Animal Care Facility Manager been consulted regarding animal housing requirements?** Choose an item.  If no, please provide an explanation as to why not:  Click or tap here to enter text. |
| REPLACEMENT, REDUCTION, & REFINEMENT – THE 3 R’s |
| Consideration of the Three R’s (replacement, reduction, refinement) is important when proposing to use animals. Please indicate how each of the Three R’s has been considered in your proposed study. See the CCAC Three R’s microsite for more information.  **Replacement (replacing the use of animals with non-animal alternatives, or replacing higher order animals with lower order animals):**  Click or tap here to enter text.  **Reduction (strategies that will result in fewer animals being used to obtain sufficient data to answer the research question):**  Click or tap here to enter text.  [**Refinement**](https://3rs.ccac.ca/en/research/refinement/) **(modification of husbandry or experimental procedures to minimize pain and distress and enhance animal welfare):**  Click or tap here to enter text. |
| DESCRIPTION OF PROJECT & PROCEDURES |
| **Please indicate the objectives of the proposed study, and describe in DETAIL all procedures and techniques to be used.** Any reference to an SOP must include SMU ACC SOP number and/or title, and new SOPs must be submitted with this protocol.  Click or tap here to enter text. |
| DRUGS USED FOR ANEASTHESIA / ANALGESIA |
| Not applicable (proceed to Section 9)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Species | Agent | Purpose | Route of Administration | Dosage | Frequency | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   **\***Please note that an annual Health Canada exemption is required when using controlled drugs for research purposes. |
| 9. PAIN & DISTRESS |
| **Is any pain or distress likely to be associated with the procedures or manipulations?** Choose an item.  Pain and/or distress is expected during the procedure  Duration: Click or tap here to enter text.  Pain and/or distress is expected after the procedure  Duration: Click or tap here to enter text.  **Expected pain level:** Choose an item.  **Please describe how the pain and/or distress will be alleviated or minimized:**  Click or tap here to enter text. |
| 10. HUMANE INTERVENTION POINTS & SCIENTIFIC ENDPOINTS |
| **Humane Intervention Points:** The pre-established criteria (e.g., observable impacts, physiological changes, behavioural signs) that indicate when an intervention (e.g. supportive care, analgesia, euthanasia) should occur in order to reduce welfare impacts to a level that has been approved by the animal care committee.  **Scientific Endpoints:** The earliest points at which the approved objectives of the scientific activity can be achieved while also ensuring that the welfare impact experienced by the animals is minimized. When the scientific endpoints are reached, the approved live animal use is complete.  [Definitions from CCAC guidelines: Identification of scientific endpoints, humane intervention points, and cumulative endpoints, 2022](https://ccac.ca/Documents/Standards/Guidelines/CCAC_guidelines_scientific_endpoints.pdf) **Except in extreme circumstances, death and moribund should not be used as humane intervention points. Endpoints need to be selected before an animal reaches these states.** Appropriate humane intervention points can include objective and relevant observations such as:   * 1. Body weight changes (e.g. rapid weight loss, deterioration of body condition)   2. External physical appearance (injuries, skin lesions, tumors, air bubble disease in fish)   3. Behavioural changes (loss of appetite, failure to care for young)   4. Physiological changes (laboured respiration, loss of equilibrium in fish)   **Please provide a numbered list of potential endpoints for this protocol:**  Scientific (experimental)  Click or tap here to enter text.  Humane Intervention  Click or tap here to enter text.  **When one of the above endpoints is reached, what will happen to the animal?**  Humane euthanasia  Treatment/intervention will be applied in order to prevent or relive unnecessary pain or distress  **Specify treatment:**  Click or tap here to enter text.  **How often will the animals be monitored? (be specific)**  Click or tap here to enter text.  **Who will be monitoring the animals?**  Click or tap here to enter text. |
| 11. EUTHANASIA |
| **Please specify the method of euthanasia:**  Click or tap here to enter text.  **Details:**  Click or tap here to enter text.  **Please provide justification for use of any physical method of euthanasia (e.g. cervical dislocation, decapitation, etc.) without prior use of anesthetic:**  Click or tap here to enter text.  **Final disposition of animals if not euthanized (if adoption is a final disposition, a signed Vetted Adoption Agreement must be submitted following the end of the study):**  Click or tap here to enter text. |
| 12. STANDARD OPERATING PROCEDURES (SOPs) |
| Please list any SOPs (by SMU ACC SOP number and title) that apply to your research or teaching project below, and submit copies of SOPs to the Animal Care Coordinator at the time of protocol submission. All new SOPs or revisions must be submitted using the SMU ACC SOP template.  Click or tap here to enter text. |
| 13. HAZARDOUS AGENTS |
| Not applicable (proceed to Section 14)  **Specify each agent:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Type  (biological, chemical, carcinogen, radioisotope/radiation) | Amount and dosage | Route of administration | Frequency of administration | Time period of excretion | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   Please provide the biosafety certificate # and/or radioisotope permit #, including expiration date(s), if applicable:  Click or tap here to enter text.  **For each agent, please specify:**  Potential health risks to humans or animals:  Click or tap here to enter text.  Special animal care requirements:  Click or tap here to enter text.  Precautions to be taken by personnel (including animal care staff):  Click or tap here to enter text.  Special containment requirements (i.e., special storage, waste and animal disposal requirements, emergency procedures):  Click or tap here to enter text. |
| 14. RESEARCH STAFF & STUDENTS WHO WILL BE HANDLING ANIMALS |
| Per the SMU ACC Policy on Animal Care and Ethics Training for Animal Users at Saint Mary’s University, training is mandatory for new faculty, graduate students, research technicians/technologists, research assistants/associates, postdoctoral fellows, and undergraduates. Please ensure the ACC Coordinator has a copy of any training certificates or logs on file.  Protocols without completed training information will not receive full approval until proof of training is submitted to the ACC Coordinator. For information on training please contact the Animal Care Coordinator.  **Please list trained personnel:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name | Department | Position | Type of Training  (CCAC training modules, WHMIS, other animal specific training) | Year training was obtained | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **Are you collaborating with anyone outside of the university with respect to this research?** Choose an item.  Researchers collaborating with this work:   |  |  |  |  | | --- | --- | --- | --- | | Name | Home Institution | Email | Phone | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| 15. HUMAN HEALTH & SAFETY DECLARATION |
| By clicking the **I Agree** button below, I acknowledge that the Animal Care Committee does not have the capacity to evaluate human occupational health and safety matters. I further acknowledge that it is my responsibility to ensure that all human occupational health and safety guidelines are adhered to, and all requirements are met. This includes, but may not be limited to, completion of the Graduate Research Hazards Assessment form.  **I Agree** |
| 16. DECLARATION & SIGNATURE |
| By clicking the certify and submit button below, I certify that all animals used in this research project/course will be cared for in accordance with the principles outlined by the Canadian Council on Animal Care & the regulations of the SMU Animal Care Committee. I also certify all the information given here to be accurate and true. I understand that this work cannot proceed until approval has been given by the SMU Animal Care Committee.  **I certify and submit**    **Date submitted:** Click or tap to enter a date.    Email to: [animalcare@smu.ca](mailto:animalcare@smu.ca) |
| **Note:** this form cannot be processed unless all sections are completed.  The protocol submitted is subject to approval by the SMU Animal Care Committee.  Should amendments to projects or procedures be deemed necessary, the researcher must complete a protocol amendment form. The approved form shall be appended to this protocol.  **Protocols are valid for a period of one year from the date of approval by the SMU Animal Care Committee.** |