

**Animal Use Protocol (AUP) Application Form (to replace previous form)**

|  |  |
| --- | --- |
| ***Office Use Only*** |  |
| *Protocol Number* |  |
| *Date AUP Received* |  |
| *Scientific Merit Required* | *Yes [ ] No [ ] N/A [ ]* |
| *Scientific Merit Received* | *Yes [ ] No [ ] N/A [ ]* |
| *Pedagogical Merit Required* | *Yes [ ] No [ ] N/A [ ]* |
| *Pedagogical Merit Received* | *Yes [ ] No [ ] N/A [ ]* |
| *Date AUP Approved* |  |
| *Date AUP Expires* |  |
|  |  |

**Instructions**

* Protocol authors must ensure all elements are presented in language that is easily understood by all animal care committee members, bearing in mind that committee members may not have animal use experience or a scientific background.
* Applicants must complete all sections. Depending on the procedures proposed, additional Schedules may be required (see Section VIII).
* Detailed explanations of the CCAC Categories of Invasiveness [can be found here.](https://www.ccac.ca/Documents/Standards/Policies/Categories_of_invasiveness.pdf)

**Section 1: Personnel**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Role** | **Department** | **Phone** | **Email** | **\*Qualifications/Experience** | **†Course/Workshop in Animal Use** |
| Principal Investigator or Instructor |  |  |  |  |  |
| Designated Emergency Contact(s) |  |  |  |  |  |
| Associates | Phone  (days) | Phone  (after hours) | Email |  |  |
| Technical Staff |  |  |  |  |  |
| Students, Teaching or Research Assistants | Department | Phone | Email |  |  |

\*Briefly describe training and/or experience in relevant procedures.

†Indicate the date and location of the most recent course or workshop taken

**Section 2a: Project or Course Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Starting Date:** | | **Finishing Date** | |
|  | |  | |
| **Project or Course Title** (that indicates, **in lay terms**, the nature of the procedures to be used) | | | |
|  | | | |
| This application is  (check one): | [ ] Pilot or Preliminary Study  [ ]New  [ ] Replacement | | REPLACEMENT ofAUP # |

**Section 2b: Merit**

Has this research proposal been reviewed for scientific merit?

[ ] Yes

[ ] No

[ ] N/A

If a research project has not been reviewed for scientific merit by the funding agency, peer review must be carried out before full approval of the protocol is granted. Please contact the chair of the Cape Breton University Animal Care Committee regarding the process. Please note this process should be completed prior to submitting an AUP.

Has your course received approval through the Pedagogical Merit Review Form for animal use?

[ ] Yes

[ ] No

[ ] N/A

Please contact the chair of the Cape Breton University Animal Care Committee regarding the process. Please note this process should be completed prior to submitting an AUP.

**Section 2c: Purpose of Use and Categories of Invasiveness**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This study is (check one): | | **Maximum CCAC Category of Invasiveness** (check one; see explanations below) | | | | CCAC Purpose of Animal Use (PAU) Category that best fits the project | | | | |
| Acute | Chronic | B | C | D | E | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |  |  |  |  |  |
| CCAC Purpose of Animal Use Categories **(1)** Studies of a **fundamental nature** in sciences relating to **essential structure and function** (e.g. Biology, Psychology, Biochemistry, Pharmacology, Physiology etc. **(2)** Studies for **medical purposes, including veterinary medicine**, that relate to **human or animal disease or disorders**. **(3)** Studies for **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**. **(5)** **Education and training** of individuals in post-secondary institutions or facilities. | | | | | | | | | | |
| **SUMMARY OF CCAC CATEGORIES OF INVASIVENESS** (Further information in Appendix I) | | | | | | | | | | |
| B: Studies or Experiments Causing Little or No Discomfort or Distress. | | | | | | | | | | |
| C: Studies or Experiments Involving Minor Stress or Pain of Short Duration. | | | | | | | | | | |
| D: Studies or Experiments Involving Moderate to Severe Distress or Discomfort. | | | | | | | | | | |
| E: Procedures That Involve Severe Pain At or Above the Pain Tolerance Threshold of Unanaesthetized, Conscious Animals. (Category E procedures are normally not acceptable.) | | | | | | | | | | |

**Section 3: Animal Involvement**

1. Please fill in the table below for each species of animal you propose to use in this project.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Species / Strain | Quantity | Sex | Age / Stage | Weight/Size | Animal Housing  (CBU building & room) | Experimental Area  (CBU building & room) |
|  |  |  |  |  |  |  |

B: Indicate whether animals used in this project will be procured from:

|  |  |  |  |
| --- | --- | --- | --- |
| Laboratory Stocks | Farm/Stockyard | Wild Populations | Other |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| If wild vertebrates are to be used in this project, are they rare or endangered? | | Yes [ ] No [ ] N/A [ ] |
| Are permits required? | | Yes [ ] No [ ] N/A [ ] |
| If permits are required, have they been applied for and approved? | | Yes [ ] No [ ] N/A [ ] |
| If wild vertebrates are to be used, indicate method of: | | |
| Capture |  | |
| Restraint |  | |
| Transportation |  | |
| Housing |  | |
| Non-target animals |  | |

**Section 4: Lay Description of the Project**

Answer each of the following in terms understandable to a non-scientist. The application will be returned to the applicant if it is not written for a general audience.

|  |
| --- |
| 1. What is the rationale for doing this study? What are its Primary Objectives and what is the expected contribution to knowledge or to the well-being of animals or humans? |
|  |
| 2. Provide a concise summary of your project, including a description of the procedures to be used involving live animals, the endpoints of those procedures, and how the procedures relate to the objectives of this study. |
|  |

**Section 5: Justification**

Answer each of the following in terms understandable to a non-scientist.

|  |  |
| --- | --- |
| 1. Explain why it is necessary to use animals in this study, and why alternatives would be inappropriate to meet your project or course objectives. | |
|  | |
| 2. What is the rationale for using this particular species or animal model? | |
|  | |
| 3. Will any mathematical models, computer simulations or *in vitro* preparations be used in lieu of animals in this project? If not, please explain why they would be inappropriate and/or cannot be developed. | |
|  | |
| 4. For each species listed in Section III, justify the number of animals needed per year by showing (for example) the number of treatment and control groups you will use, the number of animals per group and the number of replicates to be conducted. | |
|  | |
| 5. What provisions will be made to provide environmental enrichment for animals used in this study? If none will be made, please justify not using them. | |
|  | |
| 6. The CCAC advocates "**Three R Principles**" of **REDUCTION** of number of animals required, **REFINEMENT** of procedures so as to minimize the stress placed on animals and **REPLACEMENT** of animals with alternatives whenever possible. **Please explain how you have incorporated all three principles in designing this project.** | |
| **Reduction** |  |
| **Refinement** |  |
| **Replacement** |  |

**Section 6: Funding**

Please complete the table below.

**6A:** Is this a teaching proposal? If yes, skip 6B [ ] Yes [ ] No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 6B: Research Project: | |  | |  | |
| Agency / Source | | Applied For or Awarded? (indicate date) | | Does this source conduct peer review? | |
|  |  | |  | |  | |
| NOTE: If a research project has not been reviewed for scientific merit by the funding agency, peer review must be carried out before full approval of the protocol is granted. Please contact the chair of the Cape Breton University Animal Care Committee regarding the process. | | | | | | |

**Section 7: Disposition of Animals**

|  |  |  |
| --- | --- | --- |
| 1. Indicate the disposition of the animals following this study. | | |
| retained (specify location): |  | |
| sold / donated to: |  | |
| returned to stock or herd: |  | |
| returned to wild: |  | |
| humanely euthanized:  **(indicate method of euthanasia and person carrying out procedure)** |  | |
| other (specify): |  | |
| Please justify the physical method of euthanasia to be used. | | |
|  | | |
| Please provide the cumulative endpoint for the animals being used in the study, including the maximum length of time an animal can be housed. The animal’s lifetime experiences should be considered when deciding whether or not it has reached a cumulative endpoint. Please see the [CCAC guideline on endpoints](https://ccac.ca/Documents/Standards/Guidelines/CCAC_guidelines_scientific_endpoints.pdf). | | |
|  | | |
| **For Wildlife Protocols**  Describe or provide an assessment plan for the welfare and health of wild animals (Welfare and health indicators to creating an assessment plan can be found in Section 11.2 of the [CCAC guidelines on wildlife](https://ccac.ca/Documents/Standards/Guidelines/CCAC_Guidelines-Wildlife.pdf)). Explain how you will assess welfare of captured or handled animals and your process for determining if the animal is healthy and able to be used in your study. As well, describe your plan when morbidity is observed during or following handling or manipulation of animals in the field, such as finding dead or diseased animals. (eg. photograph dead or diseased animals and contact consulting veterinarian.) | | |
|  | | |
| 2. Indicate any clinical conditions or behavioural changes *expected or that could arise* as a result of the proposed study or teaching exercise. (eg. increased grooming or vocalizations, postural changes, anorexia, diarrhea, etc) | | |
|  | | |
| 3. In terms of species-specific behavioural changes and physiological signs, what criteria will trigger the decision to remove an animal from the teaching exercise or experiment, or to terminate the exercise or experiment? | | |
|  | | |
| Note: In the event of an animal health emergency, if contact cannot be made with the listed individuals, the decision of the institutional veterinarian on whether to treat or euthanize an animal will be final. Ensure that arrangements are in place to permit consultation on a 24 hour basis. | | |
| Is normal veterinary care appropriate for this project? | | YES [ ] NO [ ] |
| If no, attach specific instructions on any veterinary indications / contraindications to be left on file with the animal facility supervisor should an emergency arise. | | |

**Section 8: Procedures**

|  |  |  |  |
| --- | --- | --- | --- |
| One or more of the schedules below will be required, depending on the procedures proposed: | | YES | NO |
| 8.1 | Will these animals be used for teaching? **If yes, complete and attach Schedule 1: Teaching/Display** |  |  |
| 8.2 | Does this project involve minor procedures such as injection, blood collection, non-surgical catheterization, biopsies, etc.? **If yes, complete and attach Schedule 2: Minor Procedures** |  |  |
| 8.3 | Is this a wildlife field study, or does it involve the capture or release of animals into the wild? **If yes, complete and attach Schedule 3: Field Study** |  |  |
| 8.4 | Does this project involve the use of animals on non-university property? **If yes, complete and attach Schedule 4: Outside Facilities** |  |  |
| 8.5 | Does this project involve environmental manipulation outside the normal range of adaptation of the species being studied? **If yes, complete and attach Schedule 5: Environmental Manipulation** |  |  |
| 8.6 | Does this project involve the use of potential hazards to animals or humans (eg. chemicals, pathogens, radioisotopes, carcinogens) **If yes, complete and attach Schedule 6: Potential Hazards** |  |  |
| 8.7 | Does this project involve behavioural manipulation? **If yes, complete and attach Schedule 7: Behavioural Experiments** |  |  |
| 8.8 | Will conscious animals be restrained other than for examination, injections, or other minor procedure? If yes, complete and attach Schedule 8: Restraint |  |  |
| 8.9 | Will there be distress, illness or pain as a result of any procedure you will be using other than short-term or surgical pain? **If yes, complete and attach Schedule 9: Distress, Disease and Pain** |  |  |
| 8.10 | Will surgical procedures be used? **If yes, complete and attach Schedule 10: Surgery** |  |  |
| 8.11 | Does this project involve feed/water/nutrient deprivation other than presurgical fasting? **If yes, complete and attach Schedule 11: Feed / Water / Nutrient Deprivation** |  |  |
| 8.12 | Does this project involve the use of transgenic, “knockout” or mutant animals? **If yes, complete and attach Schedule 12: Breeding Colonies/Genetically Modified Animals** |  |  |

**Section 9: Declaration**

|  |  |
| --- | --- |
| **YOUR SIGNATURE BELOW AFFIRMS THAT:**  1) All animals used in this project will be cared for in accordance with the guidelines of the Canadian Council on Animal Care and Cape Breton University Policies and Procedures.  2) The techniques, facilities and equipment to be used in this project conform to all applicable regulations and guidelines of: (a) The Canadian Council on Animal Care; and (b) Federal and local government regulations in force in Canada and/or the country in which the project is being conducted.  3) You have considered alternative procedures that do not involve the use of living animals.  4) You will use the minimum number of animals consistent with the objectives of this project.  5) You have carefully selected the most appropriate species and/or model for this project.  6) The procedures described in this protocol must be followed unless an amendment to the protocol is submitted and approved. Substantial changes will require re-submission to the Cape Breton University Animal Care Committee.  7) You will notify the Cape Breton University Animal Care Committee in writing of any revisions to this protocol.  8) You will report the number of animals used in this project to the Chair of the CBUACC when requested.  9) You will keep copies of all approved protocols, revisions and amendments in an accessible file.  **APPROVAL OF A PROJECT IS VALID FOR 1 YEAR.**  **ALL PROTOCOLS MUST BE RENEWED ANNUALLY, UP TO A MAXIMUM OF THREE RENEWALS.** | |
| Principal Investigator / Course Instructor | Date |
|  |  |
| Chair, Cape Breton University Animal Care Committee | Date |
|  |  |

Protocol form adapted from the Brandon University, University of Manitoba, and University of Guelph Animal Use Protocol Forms, November 2004

Revised June 2018.