**Animal Use Protocol**

**Application to Use Animals for Teaching**

*The use of animals for teaching is a privilege. Before a protocol to use animals in the classroom or teaching laboratory exercise is approved, the primary instructor must show that the use of animals is justified, that the project has pedagogical merit, and that the procedure to which the animals will be submitted will be carried out humanely and in accordance with CCAC standards. Approved protocols will be valid for a period of 1 year and may be renewed (with minor revisions if required) in year 2 and 3, with re-application in year 4.*

*Please submit a signed original and an electronic version of the complete application to the Animal Care Coordinator at office AS150 and e-mail to* [*tcholach@nwpolytech.ca*](mailto:tcholach@nwpolytech.ca)*.*

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| **FOR ANIMAL CARE COMMITTEE USE ONLY** |
| Animal Use Protocol Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Animal Use Protocol Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Category of Invasivness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of ACC Final Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Pedagogical Merit Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **PROTOCOL INFORMATON**

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| --- | --- |
| **Title of Teaching Laboratory Exercise:** | |
|  | |
| **Course Number:** | **Course Title:** |
|  |  |
| **Proposed Start Date of Course/Lab:** | **Expected End Date of Course/Lab:** |
|  |  |
| **Which department is this Animal Use Protocol affiliated with?** | |
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| **Does this application replace an existing Animal Use Protocol?** |
| Check off box:  [ ] No [ ] Yes List previous AUP #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Please specify what type of Animal Use Protocol** |
| Check off box:  [ ] \*Teaching [ ] Breeding [ ] Holding [ ] Other |
| \* Teaching Animal Use Protocols must be reviewed for Pedagogical Merit |

1. **PERSONNEL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Principal Instructor (PI) Name (first and last)** | **Position** | **Department** | **Contact Information (E-mail/Phone Number(s)/ After hours contact)** |
|  |  |  |  |
| **Staff Personnel** | **Position (Co-instructor, Technical Staff/Animal Care Staff, Students)** | **Department** | **Contact Information (E-mail/Phone Number(s)/ After hours contact)** |
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| **Training and Qualifications of Principal Instructor (in respect to animal handling)** |
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| **Training and Qualifications of personnel listed in protocol (in respect to animal handling)** |
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1. **LAY SUMMARY / PUBLIC RELATIONS**

**This information may be released to the media. The ACC may need to release this information to public relations in order to provide information to the public about animal use at NWP.**

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| **In lay terminology, please provide a brief description including the procedure and animal model to be used, which may convey, in simple terms, the nature if the procedures conducted on the animals. The first 40 words will be submitted to the CCAC in the AUDF report.** |
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| **List keywords relevant to your laboratory exercise.** |
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1. **ANIMAL DATA**

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| --- | --- | --- | --- | --- |
| **Identify the number and species of animals used in this laboratory exercise** | | | | |
| **Species** | **Quantity** | **Gender** | **Housing Area** | **Procedure Room** |
|  |  |  |  |  |
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| **Justify the proposed numbers of animals by explaining why these numbers are needed. Explain how the total number of animals to be used was determined (e.g. 2 animals x 5 labs)** | | | | |
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*NOTE: Refer to NWP’s Terms of Reference 5. General 2. Process for Protocol Review e) Amendments to a Protocol for information regarding the process to make amendments to a Animal Use Protocol and animal number increase or decrease.*

1. **ANIMAL MODEL / ALTERNATIVES**

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| **Provide a description of all the refinements to be employed to protect and enhance animal’s health and welfare.** |
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| **Has there been considerations of replacement and reduction alternatives?** |
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1. **PROCEDURES AND DRUGS / CHEMICALS / BIOLOGICS / ANALGESIC / ANESTHETIC**

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| **Detailed description of all procedures to be performed** |
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| **PROCEDURES**  **Including injection of drugs, chemicals, pharmaceuticals and biologics.** | **DRUGS/CHEMICALS/BIOLOGICALS/ANALGESIC / ANAESTHETIC** | | | | |
| --- | --- | --- | --- | --- | --- |
| Drug | Dosage | Route | Frequency | Duration |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

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| **Identify any pain or distress likely to be associated with the procedure or manipulations. If animals encounter unanticipated pain and/or distress what process will be taken?** |
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| **Please provide justification if anaesthesia or analgesia will not be used.** |
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| **Indicate any other procedures that may be performed.** |
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| **List all SOPs (including SOP name and SOP number), laboratory handouts, and additional training used in this laboratory exercise or project.** |
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| **Indicate the category of invasiveness which best describes the protocol:** | | |
| [ ] B - Procedures which cause little or no discomfort or stress  [ ] C - Procedures which cause minor stress or pain of short duration  [ ] D - Procedures which cause moderate to severe distress or discomfort  [ ] E - Procedures which cause severe pain near, at, or above the pain tolerance threshold or  un-anesthetized conscious animal | | |
| **Describe the purpose of animal use (PAU).** | | |
| **Check off one (1) item below that best describes the Purpose of Animal Use** | | |
| [ ] PAU 1 - Studies of a fundamental nature in science relating to essential structure or function  [ ] PAU 2 - Studies for medical purposes, including veterinary medicine, that relate to human or animal  diseases or disorders  [ ] PAU 3 – Studies for regulatory testing of product for the protection of humans, animals, animals or  the environment  [ ] PAU 4 – Studies for the development of products or appliances for human or veterinary medicine  [ ] PAU 5 – Education and training of individuals in post-secondary institutions or facilities | | |
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**7. ANIMAL CARE**

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| --- | --- | --- |
| **a) List ALL the individuals who will carry out the above procedures and who will handle animals (students, staff). Provide their technical qualifications and relevant experience in performing these procedures.** | | |
| **Name** | **Procedure(s)to be Performed** | **Qualifications / Experience with these procedures** |
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| **Specify the frequency of observations and methods for monitoring the condition of the animals.**  **Refer to the listed procedures, e.g. anaesthesia & surgery, as well as the daily routine observations planned.** | | |
|  | | |
| **Specify persons(s) who will be responsible for animal monitoring and post-operative care.** | | |
| **Name(s)** | | |
|  | | |

1. **SOURCE**

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| --- | --- | --- | --- | --- |
| **Source of Animals** | | | | |
| [ ] Client Owned [ ] Client Donated [ ] Bred [ ] Rescue Facility\*\* [ ] Purchased\*\* [ ] Other\*\* | | | | |
| \*\* Please specify detail below in table provided | | | | |
| **Species** | **Source/Supplier** | **Address/Location** | **Phone Number** | **Mode of Transportation** |
|  |  |  |  |  |
|  |  |  |  |  |
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1. **END POINTS & FATE OF THE ANIMALS**

|  |  |
| --- | --- |
| **Indicate any clinical conditions or abnormalities *expected or that could arise* as a result of the laboratory exercise or research project.** | |
|  | |
| **Endpoint to remove or terminate a laboratory exercise.** | |
|  | |
| **Indicate the fate of the animals following this laboratory exercise:** | |
| **Release back to owner:** |  |
| **Sold To:** |  |
| **Donated to:** |  |
| **Humanely euthanized:**  **(specify method)**  If a physical method of euthanasia is to be used, i.e. cervical dislocation, justify its use. |  |
| **Other – specify:** |  |

1. **HAZARD AGENTS AND MATERIALS**

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| **Hazard Agents and Materials - Please list potential Hazards to Animals and Humans** | | |
| Biological | [ ] Yes [ ] No | List: |
| Chemical | [ ] Yes [ ] No | List: |
| Carcinogen | [ ] Yes [ ] No | List: |
| Drug | [ ] Yes [ ] No | List: |
| Ionizing radiation | [ ] Yes [ ] No | List: |
| Non-ionizing radiation | [ ] Yes [ ] No | List: |
| Other (i.e. allergen) | [ ] Yes [ ] No | List: |
| If yes, please provide approval information: | | |

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| **Declaration** |
| This information in this application is exact and complete. I assure that all care and use of animals in this proposal will be in accordance with the guidelines and policies of the Canadian Council on Animal Care and those of Northwester Polytechnic. I shall request the Animal Care Committee’s approval prior to any deviations from this protocol as approved. I understand that this approval is valid for one year and must be approved on an annual basis.  AUP form completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Principal Instructor Date Signed |
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| **FOR ANIMAL CARE COMMITTEE USE ONLY** |
| This AUP Form has been reviewed by the NWP Animal Care Committee (ACC), and is approved based on the information provided.  Signature of NWP Animal Care Committee Chair Date Signed |
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