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Description automatically generatedBrandon University Animal Care Committee (BUACC)

RESEARCH/TEACHING ANIMAL CARE USE PROTOCOL RENEWAL APPLICATION FORM

INSTRUCTIONS

1. Download the most current application form from [www.brandonu.ca/buacc](http://www.brandonu.ca/buacc).
2. Save the Word document to your computer.

*NOTE:*

* *This is a locked form. All sections will expand as necessary.*
* *Spellcheck will not work. It is recommended that you prepare your responses to the application questions below in another Word document for spellcheck purposes, then cut and paste the text into the appropriate field below.*
* *Questions about using the form should be directed to Shannon Downey, Executive Officer to the Provost and Vice-President (Academic) and Research Ethics Officer, at (204) 727-9712 or* [*downeys@brandonu.ca*](mailto:downeys@brandonu.ca)*.*

1. Forms shall be completed and submitted electronically. Hard-copy and hand-written forms will not be accepted. Accepted formats are Microsoft Word (preferred) and Adobe.
2. All questions in the application shall be answered. Incomplete applications will be returned to the Principal Investigator.
3. A submission must be either approved or withdrawn within six (6) months of the initial BUACC review date, after which time a new application is required.
4. Applications shall be submitted to [buacc@brandonu.ca](mailto:buacc@brandonu.ca).

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| *For Office Use Only:* | | |
| Research Office File #: |  | Date Approved: |
| Renewal | #1 | Date Approved: |
| Renewal | #2 | Date Approved: |
| Renewal | #3 |  |

PROJECT DETAILS

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| 1. Project Title: |
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| 1. Protocol Designation: | |
| Research Protocol: |  |
| Teaching Protocol: |  |
| Pilot Project:  *As per the BUACC Terms of Reference, Pilot Studies are encouraged when new approaches, methods or products are being tried, before approving new, large-scale protocols. Pilot studies should be conducted with a very small number of animals (fewer than 10 animals) and within a short period of time.* |  |

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| 1. Proposed Start Date: |  |

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| 1. Proposed End Date:   *NOTE: Projects that extend beyond one year require a protocol renewal for each subsequent year to a maximum of three renewals.* |  |

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| 1. Has there been any change in the funding source(s) for this project? (For example, funding concluded, new funding source, etc.) | | Yes | No |
| a) | If yes, please identify the change in funding source(s). | | |

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| 1. This project is: | |
| Acute |  |
| Chronic |  |

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| 1. Maximum CCAC Category of Invasiveness: | | | |
| 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 toleration threshold of unanaesthetized, conscious animals (category E procedures are normally not acceptable) | |  | |
| a) | Is this a different CCAC Category of Invasiveness from the approved original application? | Yes | No |

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| 1. CCAC Purpose of Animal Use (PAU): | | | |
| 0 breeding colony | |  | |
| 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 procedures 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 | |  | |
| a) | Is this a different CCAC Purpose of Animal use (PAU) from the approved original application? | Yes | No |

personnel

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| 1. Principal Investigator: | |
| Name: |  |
| Department:  *Include full mailing address if external to Brandon University* |  |
| Phone Number: |  |
| Email Address: |  |

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| 1. List the names of personnel what have left this project: |
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| 1. List all new personnel (including designated emergency contacts, technical staff, students, and/or teaching/research assistants): | | | |
| Name: | Department | Phone Number | Email Address |
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education, training qualifications, experience

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| 1. Indicate the education and training qualifications/experience for all new technical staff, students, and/or teaching/research assistant. If no new personnel have been added to this protocol, please indicate “N/A” and move to the next question. | | |
| Name: | Qualifications/Experience  *Briefly describe training and/or experience in relevant procedures.* | Course/Workshop in Animal Use  *Include the date of certification/completion.* |
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endpoints

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| 1. Scientific Endpoint: defined as “…the point at which an experimental animal’s pain and/or distress is terminated, minimized or reduced, by taking actions such as killing the animal humanely, terminating a painful procedure, or giving treatment to relieve pain and/or distress” (CCAC Guidelines on: Choosing an Appropriate Endpoint in Experiments using Animals for Research, Teaching and Testing). | | | | |
| a) | Are there any changes to the scientific endpoint(s) from the original or previous amendment application? | | Yes | No |
|  | *If yes,* | | | |
| i) | | Identify the scientific endpoint for this project. Examples include, but are not limited to, collection of data or biological materials over a pre-determined time; achieving learning outcomes; etc. | | |
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| ii) | | Briefly justify your chosen scientific endpoint. Examples of appropriate justification include relevant scientific literature, pilot studies, correspondence with colleagues or previous laboratory work. | | |
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| b) | Provide a brief report on the adequacy of the endpoints for this protocol. | | | |
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| c) | Provide a brief report on any complications encountered relative to protecting animals from pain, distress or mortality. | | | |
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| d) | Provide a brief report on any refinements made relative to protecting animals from pain, distress or mortality. | | | |
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| 1. Humane Intervention Points: defined as “…pre-established criteria (e.g., observable health 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.” (CCAC Guidelines on: Identification of Scientific Endpoints, Humane Intervention Points, and Cumulative Endpoints). | | | | |
| a) | Are there any changes to the humane intervention points from the original or previous amendment application? If human intervention points were not described in the original application, indicate “Yes” and answer the following questions. | | Yes | No |
|  | *If yes,* | | | |
| i) | | Identify the humane intervention points for this project. For example, observable health impacts, physiologic changes, behavioural signs. | | |
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| ii) | | Identify/describe the intervention that will be performed for each of the above. For example, removal from study, supportive care, euthanasia, etc. | | |
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| iii) | | What is the expected time course for the animals, from initial treatment to first signs of pain/distress, to the death of the animal, based on previous information with the specific model under study? | | |
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| iv) | | When are the effects to the animal expected to be most severe? | | |
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| b) | Provide a brief report on the adequacy of the humane intervention points for this protocol. | | | |
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| d) | Provide a brief report on any refinements made further reduce welfare impacts. | | | |
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animal involvement, welfare assessment, and reporting

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| 1. Have there been any updates or changes to this protocol in the last year? | | Yes | No |
| a) | If yes, was an amendment application submitted to BUACC? | Yes | No |

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| 1. Are there changes to species/strains required for this Renewal? | Yes | No |

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| 1. Please complete the following table:   Note: for field studies protocols, the “# of animals used” is equivalent to the number of animals captured or trapped. To amend/unlock this form for the purposes of adding more table rows, please contact Shannon Downey, Executive Officer to the Provost and Vice-President (Academic) and Research Ethics Officer, at (204) 727-9712 or [downeys@brandonu.ca](mailto:downeys@brandonu.ca).) | | | | | | | | | | | |
|  | | | PILOT STUDY | | ORIGINAL PROTOCOL | | RENEWAL #1 | | RENWEAL #2 | | RENEWAL #3 |
| Species/Strain to be Added to this Renewal | Species/Strain to be Removed from this Renewal | Species/Strain | # Approved | # Used | # Approved | # Used | # Requested  (if this is Renewal #2 or #3, how many were approved for Renewal #1) | # Used  (“N/A” if this is Renewal #1) | # Requested  (if this is Renewal #3, how many were approved for Renewal #2) | # Used  (“N/A” if this is Renewal #2) | # Requested |
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| 1. Provide details/justification for any discrepancies between the number of animals requested/approved and used. No discrepancies, indicate “N/A”. |
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| 1. Please provide details/justification for the number of animals requested for this renewal for each species/strain. | | |
| Species/Strain | # of Animals Requested for this Renewal | Details/Justification for the Number Requested |
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| 1. Animal Monitoring/Welfare Assessment: The CCAC now expects that all animals kept and used at Brandon University undergo regular welfare assessments that are documented and appropriate for the species and scientific activity undertaken. (CCAC Guidelines on: Animal Welfare Assessment and BUACC Animal Welfare Assessment Standard Operating Procedure) | | | | | | | | | |
| a) | Are there any changes to Animal Monitoring/Welfare Assessment from the original application? If Animal Monitoring/Welfare Assessment was not described in the original application, indicate “Yes” and answer the following questions. | | | | Yes | | | No | |
|  | *If yes,* | | | | | | | | |
| i) | | Who will monitor the animals and keep records? Identify all responsible. | | | | | | | |
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| ii) | | Where will animal welfare assessment records be kept? | | | | | | | |
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| iii) | | What will be the frequency of animal observations:  As per the CCAC Implementation Guide: Welfare assessments will be conducted on a weekly basis during the period of active research. Welfare assessments will be conducted every other week when no research is actively ongoing. | | | | | | | |
| A) | | | During the course of the study? | | | | | | |
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| B) | | | During critical times for the animals? | | | | | | |
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| iv) | | What provisions have been made to deal with animals that show unexpected severe signs and symptoms? | | | | | | | |
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| v) | | Identify the person(s) responsible for identifying mitigations. | | | | | | | |
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| vi) | | Who will check to ensure that any actions taken to correct welfare issues were completed and were effective? | | | | | | | |
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| viii) | | For toxicological studies, have existing toxicological data been evaluated? | | Yes | | No | | | N/A |
| viii) | | As Appendix A, submit the Welfare Assessment Form that you will use to monitor the welfare of the animals and track their progress towards scientific and humane endpoints, along with any interventions performed.  The above noted CCAC Guidelines and SOP can be used as guidelines for creating an appropriate form, as well as consultation with the Animal Health Technologist and Consulting Veterinarians. | | | | | Appendix A Included | | |

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| 1. Mortality Baseline for Reportable Animal Welfare Incidents: Select one of following and complete that section.   For more information, refer to the CCAC Reportable Animal Welfare Incidents Frequently Asked Questions and the BUACC Reporting Animal Welfare Incidents Standard Operating Procedure. | | | | |
|  | This project includes multiple research objectives or components that are fully independent of each other. The significance of the incident would be based on the total number of animals by species, per specific project component or objective, on-site at that time of the incident. | | | |
|  | Specific Project Component/Objective | Species | Number of Each Species on-site during the Specific Project Component/Objective | Mortality Baseline |
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|  | The project includes multiple research objectives or components that are interrelated and conditional on each other. | | | |
|  | Specific Project Component/Objective | Species | Number of Each Species on-site during the Specific Project Component/Objective | Mortality Baseline |
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|  | The project includes only one component or objective. | | | |
|  | Specific Project Component/Objective | Species | Number of Each Species on-site during the Specific Project Component/Objective | Mortality Baseline |
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| 1. Are permits required? | | Yes | No |
| a) | If yes, have they been applied for? | Yes | No |
| b) | If yes, have they been obtained? | Yes | No |

project description

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| 1. Lay description:   NOTE: This section must be completed using language appropriate for a multidisciplinary committee that may not be familiar with the experimental procedure(s). Use clear and simple language, avoiding technical terminology, for example, “National Geographic” style of writing or media quality. | |
| a) | What is the rationale for doing this study? (Expected response – 2 sentences.) |
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| b) | What are the Primary Objectives for this study? (Expected response – 2-3 sentences.) |
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| c) | What is the expected contribution to the knowledge or to the well-being of animals or humans? (Expected response – 2-3 sentences.) |
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| 1. Provide a concise summary of your project, including a description of the procedures to be used and how the procedures relate to the objectives of this study. |
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evaluation of procedures

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| 1. Does this project involve activities off-campus? | | Yes | No |
|  | *If yes,* | | |
| a) | Was a Risk Assessment conducted as per the Brandon University Policy for Off-Campus Activities for the original or previous renewal application? | Yes | No |
|  | *If no, attach the Risk Assessment as Appendix B.* | | |
|  | *If yes,* | | |
| b) | Has there been any change to the protocol that would necessitate a new Risk Assessment? | Yes | No |

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| 1. Describe any problems that resulted in premature mortality, unexpected morbidity, or termination of animals. If no such problems arose, enter “NONE”. | | | |
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| a) | Were these problems anticipated? | Yes | No |
| b) | What do you believe to be the cause of these problems? | | |
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| c) | Describe any changes to procedures being made to prevent recurrences. | | |
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| 1. Describe any changes you plan to make to your procedures in the coming year which will recognize the *CCAC’s 3 Rs Principle*: | |
| *Reduction* of numbers of animals used: |  |
| *Refinement* of procedures to minimize the stress on animals: |  |
| *Replacement* of animals with alternatives where possible: |  |

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| 1. Provide a brief progress report, describing any complications encountered relative to animal use (e.g. unpredicted outcomes, and any animal pain, distress or mortality), and amendments to the original protocol, and any progress made with respect to the Three Rs of Replacement, Reduction, and Refinement of animal use). Attach the most recent Quality Assurance/Field Studies Report as Appendix C. |
|  |