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| Logo  Description automatically generated | **Animal Care Committee**  **Animal Use Protocol - Modifications and Renewals**  **Confidential** | For Office Use Only  Protocol # Click or tap here to enter text.  Principle Investigator Click or tap here to enter text.  Category of Invasiveness Click or tap here to enter text.  Purpose of Animal Use Click or tap here to enter text.  Original Expiry Date Click or tap here to enter text.  Renewal Expiry Date Click or tap here to enter text.  Amendment Approval Yes No |

**Laboratory and Fieldwork protocols have an approval period of one (1) year with the possibility of two (2) renewals annually conditional upon approval of the SMU Animal Care Committee.**

If work is to continue beyond the 3 years, a Study Closure Report must be sent to the Animal Care Coordinator, the protocol will be marked as "Closed," and a new full protocol submission must be submitted for review by the Joint MSVU/SMU Animal Care Committee at the end of the approval period.

Protocol renewals must include a detailed progress report specifying how objectives were/were not met, and why more animals need to be used/reused. The report should include any refinements to husbandry or procedures.

For more information on what constitutes a minor or major amendment, please refer to the ACC Review Process Document (ACC.POL.005) - [Research Ethics - Animals (msvu.ca)](https://www.msvu.ca/research-at-the-mount/research-ethics/animal-care/)

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| **Project Information**  Protocol # Click or tap here to enter text.  Title (including course number if applicable) Click or tap here to enter text.  Principle Investigator: Click or tap here to enter text.  This is an **amendment** to an approved protocol (Please complete Section A)  This is a **renewal** of an approved protocol (Please complete Section B)  This is a **renewal with amendments** (Please complete Sections A&B) |
| 1. **Modification**   **NOTE**: An amendment may be used for minor changes to an approved protocol and may be reviewed by a subcommittee or full committee depending on the nature of the amendment. Please see MSVU.POL.005 for more information. Major changes require submission of a new protocol. The decision as to whether a modification to an existing protocol is a major or minor modification is a judgment reserved for the ACC Chair and the ACC Consulting Veterinarian.  Nature of amendment(s):  Click or tap here to enter text.  Are there changes in personnel involved in the protocol? Yes No   |  |  |  |  | | --- | --- | --- | --- | | **Name** | **Title/Position** | **Phone** | **Training Completed (Y/N)** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **List of personnel who have left the project:**   |  |  | | --- | --- | | **Name** | **Title/Position** | |  |  | |  |  | |  |  |   Are there changes to the species or number of animal(s) involved in the protocol? Yes  No  **New species to be added**   |  |  |  |  | | --- | --- | --- | --- | | Animal Species *(Common Name)* | Total Number Animals/Year | Source of Animals | Expected Baseline Mortality (optional) | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Justification for addition of new species:**  Click or tap here to enter text.  **Species to be removed:**   |  |  | | --- | --- | | Animal Species *(Common Name)* | Number approved in Protocol | |  |  | |  |  | |  |  | |  |  |   **Change in number of animals being used**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Animal Species *(Common Name)* | Number approved in Protocol | **Additional Number Requested** | Expected Baseline Mortality (optional) | **Total** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **Justification for increase (or decrease) in number of animals to be used:**  Click or tap here to enter text.  Are there changes to the procedures involved in the protocol? Yes  No  Please explain any changes to procedures, housing, handling, drugs, care, etc.  Click or tap here to enter text.  **Reason for changes**  Click or tap here to enter text.  Please outline any changes to expected pain/distress experienced by the animals, and how pain/distress will be alleviated:  Click or tap here to enter text.  Please outline any changes to the scientific endpoints and/or humane intervention points in the project:  Click or tap here to enter text.  Are there other changes to the protocol? Yes  No  **Please describe**  Click or tap here to enter text. |
| 1. **Renewal**   **Animal Numbers**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Animal Species (common name) | Number of animals approved on current protocol | Number of animals used under current protocol | Number of animals requested for renewal of protocol | Expected baseline mortality (optional) | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **Permits**  **Yes**  **N/A**  Please submit copies of relevant permits to the Animal Care Coordinator. Note: Protocols without relevant permits will not receive full approval until they are received by the Animal Care Coordinator.   |  |  |  | | --- | --- | --- | | Permits Applied For | Permit Obtained (Yes/No) | Permit Number | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **Post Approval Monitoring**  Have Post Approval Monitoring (ACC.POL.006) requirements been fulfilled?  Yes  No  **Note: PAM requirements are listed on the protocol NOA and must be completed within the one-year approval period.** |
| 1. **Progress Report**   **Progress Report**  Please describe the progress made in this study to date.  Click or tap here to enter text.  Describe any unexpected animal morbidity or mortality encountered. Please note approximately how many animals were affected.  Click or tap here to enter text.  Please describe any refinements made to the study to improve animal well-being.  Click or tap here to enter text.  If this is a renewal of a protocol involving fieldwork, please provide a summary outlining whether any non-target species were captured. Please include information on all animals injured or killed unintentionally, along with any treatments given and any precautions or recommendations to reduce such instances in the future.  Click or tap here to enter text.  Describe any changes you plan to make to your procedures in the coming year, recognizing the CCAC's Three Rs principle of Reduction of numbers of animals used, Refinement of procedures to minimize stress on animals, and Replacement of animals with alternatives where possible.  Click or tap here to enter text. |
| 1. **Declaration and 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 University 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 Saint Mary's University Animal Care Committee.  I certify and submit. Date Submitted: Click or tap here to enter text.  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 JOINT MSVU/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.** |

***Acknowledgement****:* MSVU wishes to extend its appreciation to the Animal Care Committee at Saint Mary’s University for permission to adapt their form for use by MSVU researchers