

| For Office Use Only       |     |    |     |
|---------------------------|-----|----|-----|
| Protocol Number:          |     |    |     |
| Principal Investigator:   |     |    |     |
| Category of Invasiveness: |     |    |     |
| Purpose of Animal Use:    |     |    |     |
| Original Expiry Date:     |     |    |     |
| Renewal Expiry Date:      |     |    |     |
| Amendment Approval        | Yes | No | N/A |

**Animal Use Protocol Form  
Renewal & Amendments  
Confidential**

**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 and the protocol will be marked as "Closed", and a new full protocol submission must be submitted for review by the 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 [SMU ACC Review Process Document](#)**

**PROJECT INFORMATION**

Protocol Number:

Title:

Principal Investigator or Course Instructor:

Type of protocol:

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*)

## A. Amendment(s)

NOTE: An amendment may be used for minor changes to an approved protocol and are reviewed by a subcommittee or full committee depending on the nature of the amendment. See [SMU ACC Review Process – Amendments of Active Protocols](#) 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 SMU Consulting Veterinarian.

### Nature of amendment(s):

a. Are there changes in personnel involved in the protocol?            Yes            No

List of personnel to be added to the project:

| Name | Title/Position | Email | Training Completed/Submitted (Y/N) |
|------|----------------|-------|------------------------------------|
|      |                |       |                                    |
|      |                |       |                                    |
|      |                |       |                                    |
|      |                |       |                                    |

List of personnel who have left the project:

| Name | Title/Position |
|------|----------------|
|      |                |
|      |                |
|      |                |
|      |                |

b) Are there changes to the species or number of animal(s) involved in the protocol?            Yes            No

New species to be added:

| Animal Species<br><i>(Common Name)</i> | Number of Animals<br>per year | Source of Animals | Expected baseline<br>mortality (optional) |
|--|-------------------------------|-------------------|---|
|  |                               |                   |   |

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|  |  |  |  |

Justification for addition of new species:

Species to be removed:

| Animal Species<br><i>(Common Name)</i> | Number Approved<br>in Protocol |
|--|--------------------------------|
|  |                                |
|  |                                |
|  |                                |
|  |                                |
|  |                                |

Change in number of animals being used:

| Animal Species<br><i>(Common Name)</i> | Number approved<br>in protocol | Additional number<br>requested | Expected baseline<br>mortality (optional) |
|--|--------------------------------|--------------------------------|---|
|  |                                |                                |   |
|  |                                |                                |   |
|  |                                |                                |   |
|  |                                |                                |   |
|  |                                |                                |   |

Justification for increase (or decrease) in number of animals to be used:

c) Are there changes to the procedures involved in the protocol?

Yes

No

Please describe any changes to procedures, housing, handling, drugs, care, etc.

Empty text box for describing changes to procedures, housing, handling, drugs, care, etc.

Reason for changes:

Empty text box for Reason for changes.

Please outline any changes to expected pain/distress experienced by the animals, and how pain/distress will be alleviated:

Empty text box for outlining changes to expected pain/distress and alleviation.

Please outline any changes to the scientific endpoints and/or humane intervention points in the project:

Empty text box for outlining changes to scientific endpoints and/or humane intervention points.

Are there other changes to the protocol?

Yes

No

Please describe:

## B. Renewal

Animal numbers:

| Animal Species<br>(Common Name) | Number of Animals<br>approved on current<br>protocol | Number of Animals<br>used under current<br>protocol | Number of animals<br>requested for renewal<br>of protocol | Expected baseline<br>mortality (optional) |
|---------------------------------|--|---|---|---|
|                                 |  |   |   |   |
|                                 |  |   |   |   |
|                                 |  |   |   |   |
|                                 |  |   |   |   |
|                                 |  |   |   |   |
|                                 |  |   |   |   |

Permits

N/A

Please submit copies of relevant permits to the Animal Care Coordinator. **Note: Renewals without relevant permits will not receive full approval until they are received by the Animal Care Coordinator.**

| Permits applied for | Permit<br>Obtained<br>(Y/N) | Permit Number |
|---------------------|-----------------------------|---------------|
|                     |                             |               |
|                     |                             |               |
|                     |                             |               |
|                     |                             |               |

Have [Post Approval Monitoring](#) requirements been fulfilled?

Yes

No

**Note: PAM requirements are listed on the protocol NOA and must be completed within the one-year approval period.**

## Progress Report

a) Please describe in detail the progress made in this study to date:

b) Describe any unexpected animal morbidity or mortality encountered. Please include approximately how many animals were affected.

c) Please describe any refinements in husbandry or procedures to improve animal welfare. Include any changes to final disposition.

d) 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.

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e) Describe any changes you plan to make to your procedures in the coming year which will recognize 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.

## DECLARATION AND SIGNATURE

By clicking the I certify and submit button below, the Principal Investigator indicates agreement to all terms and conditions applied to the original protocol and any amendment(s) outlined above. No other changes can be made to this protocol without further approved amendments or submission and approval of a new protocol to cover them.

I certify and submit      Date Submitted (dd-MTH-yyyy):

Email to: [animalcare@smu.ca](mailto:animalcare@smu.ca)

**NOTE: THIS FORM CANNOT BE PROCESSED UNLESS ALL SECTIONS ARE COMPLETED.**

ANY AMENDMENT(S)/RENEWAL OF A PREVIOUSLY APPROVED PROTOCOL IS SUBJECT TO APPROVAL BY SMU ANIMAL CARE COMMITTEE.

**AMENDMENTS ARE VALID UNTIL THE EXPIRATION OF THE APPROVAL OF THE ORIGINALLY SUBMITTED PROTOCOL.**