

For Office Use Only	
Protocol Number:	
Principal Investigator:	
Category of Invasiveness:	
Purpose of Animal Use:	
Expiry Date (dd-MTH-yyyy):	

Animal Use Protocol Form
Field Work Animal Use
CONFIDENTIAL

FIELD WORK PROTOCOLS HAVE AN APPROVAL PERIOD OF ONE (1) YEAR WITH THE POSSIBILITY OF TWO (2) ANNUAL RENEWALS FOR AN ADDITIONAL TWO (2) YEARS, CONDITIONAL UPON APPROVAL OF THE SMU ANIMAL CARE COMMITTEE.

FOR MORE INFORMATION ON PROTOCOL RENEWALS AND CLOSURES, PLEASE CONTACT THE ANIMAL CARE COORDINATOR, AND VISIT [THE SMU ACC WEBSITE](#)

1. PROJECT INFORMATION

Title (including course number if applicable)

Note: If this is a new submission following the expiration of a previously approved protocol, please indicate the previous protocol number and title.

Wildlife Category of Invasiveness (A-E):

Purpose of Animal Use (0-5):

Note: For more information on wildlife CIs, please consult [Appendix D of the CCAC AUDF Instructions](#)

Note: Below is a description of the PAU. For more information, please consult [Appendix A of the CCAC AUDF Instructions](#)

- PAU 0: Breeding Colony/Stock
- PAU 1: Fundamental Nature in Science
- PAU 2: Medical Purposes that relate to Human or Animal Diseases or Disorders
- PAU 3: Regulatory Testing of Products
- PAU 4: Development of Products or Appliances for Human or Veterinary Medicine
- PAU 5: Education or Training of Individuals in Post-Secondary Institutions

Proposed Start Date (dd-MTH-yyyy): OR ongoing:

Expected Date of Completion (dd-MON-yyyy): OR ongoing:

Type of Protocol: | Research | Teaching

2. PRINCIPLE INVESTGATOR OR COURSE INSTRUCTOR

Department:

Email:

Cell Phone:

Work Phone:

Emergency Phone:

3. FUNDING

Internal Funding

External Funding

N/A

Funding Pending

Funding Approved

Agency/Source:

Grant # (if applicable):

Scientific Merit Review

Has this project been peer reviewed for scientific/pedagogical merit?

YES

NO

For research protocols not funded by external agencies with peer review, an at arm's length independent review for [scientific merit](#) is required. Teaching protocols must undergo review for [pedagogical merit](#). Once a protocol has been reviewed for merit and the review has been received by the Animal Care Coordinator, it will be considered by the Animal Care Committee.

Please ensure you allow at least two (2) weeks for the merit review process to be completed when submitting your protocol for consideration.

4. LAY SUMMARY

(a) Using NON-SCIENTIFIC terminology targeted at an 8th grade reading level audience, please summarize the primary objective(s) of the study:

(b) Using NON-SCIENTIFIC terminology, targeted at an 8th grade reading level audience, please summarize the benefit(s) expected from the study:

5. LOCATION

Where will the study take place? (Name the closest town or geographic location or whether the study will occur in the field or in the laboratory)

Permits

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 (Y/N)	Permit Number

Capture of Non-Target Species

What precautions will be taken to avoid capturing non-target species, and what action will be taken if these animals are captured?

REPLACEMENT, REDUCTION, AND REFINEMENT - THE 3R's

Consideration of the Three Rs (replacement, reduction, refinement) is important when proposing to use animals. Please indicate how each of the Three Rs has been considered in your proposed study. Links to the [CCAC's Three Rs microsite](#) are provided for more information.

Replacement (replacing the use of animals with non-animal alternatives, or replacing higher order animals with lower order animals):

Reduction (strategies that will result in fewer animals being used to obtain sufficient data to answer the research question):

Refinement (modification of husbandry or experimental procedures to minimize pain and distress and enhance animal welfare):

8. DESCRIPTION OF PROJECT AND PROCEDURES

Please indicate the objectives of the proposed study and describe in DETAIL all procedures and techniques to be used. Any reference to an SOP must include the SMU ACC SOP number and/or title for new SOP submitted with this protocol.

A) For studies involving capture and restraint, provide details for: the type of restraint chosen; the time and frequency for checking traps; physical restraint; chase times; immobilization agent used for chemical restraint; all manipulations and precautions taken to protect the animal and the investigator.

N/A

B) Provide details of marking, including any potential long-term effects.

N/A

C) If radio tracking collars or other tracking equipment will be used, detail the equipment to be used, the method of attachment, the weight of the equipment, and the impact on the animal. Also, detail how the equipment will be retrieved.

N/A

D) Provide details of any surgical and medical procedures. Indicate where and under what conditions it will be performed, as well as by whom.

N/A

E) Provide details for monitoring the animals (during capture, handling, and post-release).

N/A

F) Provide details for transportation of animals.

N/A

G) Provide justification for any housing of the animals. Include details of pens, enclosures, duration and nutrition.

N/A

9. AGENTS TO BE ADMINISTERED

Not applicable Proceed to Section 10.

Species	Agent	Purpose	Route of Administration	Dosage	Frequency

SAMPLES TO BE TAKEN

Not applicable (proceed to section 10)

Species	Type of Sample	Site	Amount	Procedure	Frequency

10. PAIN AND DISTRESS

Is any pain or distress likely to be associated with the procedures or manipulations?

Yes

No (Proceed to Section 11)

Pain and/or distress is expected during the procedure

Duration:

Pain and/or distress is expected after the procedure

Duration:

Expected pain level: Low Moderate High

Please describe how the pain and/or distress will be alleviated or minimized:

11. HUMANE INTERVENTION POINTS & SCIENTIFIC ENDPOINTS

Humane Intervention Points: The pre-established criteria (e.g. observable 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.

Scientific Endpoints: The earliest points at which the approved objectives of the scientific activity can be achieved while also ensuring that the welfare impact experienced by the animals is minimized. When the scientific endpoints are reached, the approved live animal use is complete.

[Definitions from CCAC guidelines: Identification of scientific endpoints, humane intervention points, and cumulative endpoints, 2022](#)

Except in extreme circumstances, death and moribund should not be used as humane intervention points. Endpoints need to be selected before an animal reaches these states.

Appropriate humane intervention points can include objective and relevant observations such as:

- a) Body weight changes (e.g. rapid weight loss, deterioration of body condition)
- b) External physical appearance (injuries, skin lesions, tumors, air bubble disease in fish)
- c) Behavioural changes (loss of appetite, failure to care for young)
- d) Physiological changes (laboured respiration, loss of equilibrium in fish)

Please provide a numbered list of potential endpoints for this protocol

Scientific (Experimental) Endpoints:

Humane Intervention Points:

When one of the above endpoints is reached, what will happen to the animal?

Humane euthanasia

Treatment/intervention will be applied in order to prevent or relive unnecessary pain or distress

Specify Treatment below:

How often will the animals be monitored? (Be specific)

Who will do the monitoring?

12. EUTHANASIA

Please provide details of the method of euthanasia:

- A) For species of interest, where necessary upon termination of the study:

- B) For species of interest, where necessary due to unanticipated pain and/or distress:

- C) For non-target species, where necessary due to unanticipated pain and/or distress:

Please provide justification for use of any physical method of euthanasia (e.g. cervical dislocation, decapitation, etc.) without prior use of anesthetic:

Final disposition of animals if not euthanized:

13. STANDARD OPERATING PROCEDURES (SOPs)

Please list any SOPs (by SMU ACC SOP number and title) that apply to your research or teaching project below, and submit copies of SOPs to the Animal Care Coordinator at the time of protocol submission. All new SOPs or revisions must be submitted using the SMU SOP template.

14. HAZARDOUS AGENTS

Not Applicable (proceed to Section 15)

Specify **each** agent:

Biological:
Biosafety Certificate #:

Expiration date (dd-MTH-yyyy):

Chemical:

Carcinogen:

Radioisotope(s)/Radiation:

Radioisotope Permit #

Expiration date (dd-MTH-yyyy):

Specify for **each** agent”

Amount of agent and dosage:

Route of Administration:

Frequency of administration:

Time period of excretion:

Potential health risks to humans or animals:

Special animal care requirement(s)

Precautions to be taken by personnel (including animal care staff):

Special containment requirements (i.e. special storage, waste and animal disposal requirements, emergency procedures):

15. RESEARCH STAFF & STUDENTS WHO WILL BE HANDLING THE ANIMALS

Training is mandatory for new faculty, graduate students, research technicians/technologists, research assistants/associates, postdoctoral fellows, and undergraduates. Please ensure the Animal Care Coordinator has a copy of any training certificates or logs on file.

[SMU ACC Training Policy](#)

Protocols without completed training information will not receive full approval until proof of training is submitted to the Animal Care Coordinator.

For information on training please contact the Animal Care Coordinator.

Name	Department	Position	Type of Training (CCAC training modules, WHMIS, other animal specific training)	Year training was obtained
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Are you collaborating with anyone outside of the university with respect to this research? Yes No

Researchers collaborating with this work:

Name	Place of Employment	Telephone	Email

16. HUMAN HEALTH & SAFETY DECLARATION

By clicking the **I Agree** button below, I acknowledge that the Animal Care Committee does not have the capacity to evaluate human occupational health and safety matters. I further acknowledge that it is my responsibility to ensure that all human occupational health and safety guidelines are adhered to, and all requirements are met. This includes, but may not be limited to, completion of the Graduate Research Hazards Assessment form.

I Agree

17. 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 SMU 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 SMU Animal Care Committee.

I certify and submit

Date Submitted (dd-MTH-yyyy):

Email to: animalcare@smu.ca

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

THE PROTOCOL SUBMITTED IS SUBJECT TO APPROVAL BY THE 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.