

2. PRINCIPLE INVESTGATOR OR COURSE INSTRUCTOR

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Department:

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Email:

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Lab Phone:

Work Phone:

Home Phone:

Emergency Phone:

3. FUNDING

Internal

External Funding

N/A

Agency/Source:

Grant # (if applicable):

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 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:

***PILOT STUDIES**

SMU encourages the use of pilot studies when new approaches, methods, or products are being tried. Pilot studies are an effective tool for determining humane endpoints, to perfect technique, to demonstrate feasibility, to provide justification for proceeding with larger studies, or to estimate statistical variability.

It is the responsibility of the PI to propose pilot studies. Occasionally, the ACC will suggest a pilot study. A pilot study requires the submission of and Animal Use Protocol Form. The PI must report the results of the pilot study to the ACC, whether or not the study was successful. If the study will continue to a larger study, the PI must submit a new Animal Use Protocol Form.

5. ANIMALS TO BE USED

“CCAC-certified institutions are required to report their annual data to the CCAC every year and provide specific information regarding the number of animals, the types of projects they were involved in and the invasiveness of the procedures undertaken” (From: [CCAC Animal Use Data: Reporting Instructions and Forms](#)).

Please provide the number of animals that will be needed. This information will be verified annually.

Animal Species <i>(Common Name)</i>	Number of Animals per year	Source of Animals <i>(Include permit # if applicable)</i>	Expected baseline mortality (optional)

Type of experiment: Survival Non-Survival

Location of animals:
Location of experiment:

Type of Housing Group Housing Isolation

Has the Animal Care Technician been consulted regarding animal housing requirements? Yes No N/A

If No, please provide an explanation as to why not:

6. REPLACEMENT, REDUCTION, AND REFINEMENT – THE 3 R’S

Consideration of the Three R’s (replacement reduction, refinement) is important when proposing to use animals. Please indicate how each of the Three R’s has been considered in your proposed study. See the [CCAC Three R’s microsite](#) 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):

7. 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 SMU ACC SOP number and/or title for new SOP submitted with this protocol.



8. DRUGS USED FOR ANEASTHESIA/ANALGESIA

Not applicable Proceed to Section 9.

Species	Agent	Purpose	Route of Administration	Dosage	Frequency

**Please note that an annual Health Canada exemption is required when using controlled drugs for research purposes.

9. PAIN AND DISTRESS

Is any pain or distress likely to be associated with the procedures or manipulations? Yes No (Proceed to Section 10)

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:

10. 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):

Humane Intervention:

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 relieve unnecessary pain or distress

Specify Treatment below:

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

Who will do the monitoring?

11. EUTHANASIA

Please specify the method of Euthanasia:

Details:

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 (if adoption is a final disposition, a signed Vetted Adoption Agreement must be submitted following the end of the study):

12. 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 ACC SOP template.

13. HAZARDOUS AGENTS

Not Applicable (proceed to Section 14)

Specify **each** agent:

Biological:
Biosafety Certificate #: Expiration date (dd-MTH-yyyy):

Chemical:

Carcinogen:

Radioisotope(s)/Radiation:

Are you collaborating with anyone outside of the university with respect to this research? Yes No

Researchers collaborating with this work:

Name	Home Institution	Telephone	Email

15. 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

16. 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.