

SHORT FORM ANIMAL USE PROPOSAL

**(For non-scientific animal use)**

PRESIDENT'S COMMITTEE ON ANIMAL CARE

**SUBMIT 1 ORIGINAL AND 1 ELECTRONIC COPY TO THE OFFICE FOR RESEARCH, INNOVATION AND PARTNERSHIP**

In accordance with the requirements of the principles contained in the Guidelines of the Canadian Council on Animals Care (CCAC), the President of the University of Regina has constituted the President's Committee on Animal Care (PCAC) to review all research and teaching activities involving the use of living animals. The attached Animal Use Proposal (AUP) is intended to provide the PCAC with information about activities in individual laboratories and classrooms which the Board needs in order to meet its legal and ethical responsibilities.

CANADIAN LAW REQUIRES THAT AN ANIMAL USE PROPOSAL BE APPROVED BY THE PCAC **BEFORE** RESEARCH OR EDUCATION PROJECTS INVOLVING LIVING ANIMALS ARE INITIATED.

Approval of a proposal by the PCAC does not mean that animal housing space or procedure rooms are available or that requirements with respect to the President's Committee on biohazards, radiation or general safety have been met. Procurement of animals and arrangements for space must be made in conjunction with officials from the applicable Faculty, Department and the Office of Research Services. Issues relating to biohazards, radiation and general safety must also be addressed by the relevant committees. It is the responsibility of the Principal Investigator to obtain approval of their project from each relevant committee.

The PCAC meets regularly to review protocols. AUP forms must be submitted to the Office of Research Services at least one month prior to the start of the project to allow for sufficient time for review by the PCAC.

The PCAC reserves the right to request further information or ask for a full AUP form to be completed. First time applicants are encouraged to contact the Office of Research Services for advice on completing on the form.

ANNUAL REVIEW AND APPROVAL IS REQUIRED FOR ONGOING PROJECTS. ANY CHANGES TO AN APPROVED PROTOCOL ALSO REQUIRE PRIOR REVIEW AND APPROVAL BY THE PCAC.

Office for Research, Innovation and Partnership

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*Last updated September 2012* **University of Regina**

***Animal Use Protocol (Short Form)* President’s Committee on Animal Care**

|  |  |  |  |
| --- | --- | --- | --- |
| **Chair PCAC** | **Date**  | **Protocol No.** | **Annual Expiry** |
| Veterinarian | Date |  | Protocol Expiry |

**1. PERSONNEL**

Please provide the following information for each person involved in the protocol:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | Department |  **Daytime phone number** | **After hours phone number** | **E-mail** |
|  |  |  |  |  |
| Faculty Advisor/Instructor | Phone No. | **Course ID** | **Course Name** |  |
|  |  |  |  |  |
| **Associates/Research Staff/Students** | Department | **Position** | Phone Number | E-mail |
|  |  |  |  | Use tab key to insert additional rows |

**2. PROJECT INFORMATION:**

**Descriptive Title**: In lay terminology, please give a descriptive title of the project

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**3. LAY SUMMARY**

In terms understandable to a non-scientist, please provide a lay summary in 250 words. Describe the objectives of the project, animal involvement and the significance of the expected results.

**4. PROJECT TYPE**

**Is this project: one-time only** [ ]  **or ongoing** [ ] ?

**5. ANIMAL USE**

 **a) List all animals involved in the project**.

| **Quantity** | **Species** | Owned / Wildlife (indicate whether privately owned, commercially-owned, or wildlife)Include owner’s name and phone number. |
| --- | --- | --- |
|  |  |  |
|  | If you need more space for animals involved, please insert new rows |  |

| **b) What is the estimated length of the project? (Include number of days, number of hours each day involving animals, etc.)**  |
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| **c) Describe the location(s) of the project.** |
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| **d) Describe who will be handling the animals.**  |
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| **e) Describe the procedures for safe transportation of the animals, including how the animals will arrive and depart the location(s) of the project.** |
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| **e) Will the animals receive regular feed and water? Will there be any changes to the normal feeding and watering requirements of the animals?** |
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| **f) Describe any potential hazards to you or the animals (e.g. bitten by animal when handling).** |
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| **g) Describe precautions taken to avoid injury or misuse of the animals.** |
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| **h) Describe the fate of the animals upon completion of the project (e.g. return to owner).** |
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6. **Justification of Animal Use**

The CCAC requires that animal users provide information on the rationale of the proposed animal use and information on the three Rs of animal care: Replacement, Reduction and Refinement (see http://searchguide.ccac.ca/ for more information).

1. **Why must animals be used in this project?**
2. **What methods were used to search for alternatives to using live animals in this project?**
3. **Please justify the species chosen.**
4. **What are students expected to learn from this project? What benefits will be gained by the students through the use of live animals or animal preparations that cannot be gained through use of non-animal alternative teaching resources?**

**By signing below, the students and faculty member acknowledge that the animals used in this project will be cared for in accordance Canadian Council on Animal Care (CCAC) guidelines and policies; and the guideline on humane animal care/treatment as described by the Society for the Prevention of Cruelty to Animals as well as:**

1. You have considered alternative procedures that do not involve the use of living animals.

2. You will use the minimum number of animals consistent with the objectives of the described project.

3. You have carefully selected the animals and have the owner's permission to use them as described herein.

4. You will use care and handling techniques and facilities that are in accordance with the guidelines of the CCAC.

5. You will notify the President's Committee on Animal Care (PCAC) of any revisions to this project.

6. You will keep copies of all approved protocols, revisions, and amendments in an accessible file.

**PROJECTS MUST BE REVIEWED FOR ACADEMIC MERIT BY A FACULTY ADVISOR, IF APPLICABLE.**

FACULTY ADVISOR IS RESPONSIBLE FOR ADHERENCE TO THE PROTOCOL.

**DEPARTMENT REVIEW AND APPROVAL IS REQUIRED FOR ALL PROJECTS.**

**APPROVAL BY THE PCAC IS VALID FOR A PERIOD OF ONE YEAR.**

**PROTOCOLS MUST BE RENEWED ANNUALLY EVEN IF NO REVISIONS ARE MADE.**

**PCAC REQUIRES A FINISHED COPY, PREVIEW,OR FINAL REPORT OF THE PROJECT/FILM/MEDIUM.**

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| Date | **Student Signature** | **Faculty Advisor Signature** | **Department Signature** |
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