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| twul-b-v | Institutional Animal Care CommitteeAnimal Use ProtocolApplication For Projects Using InvertebratesThis form is to be used for projects or courses involving live invertebrates (except for cephalopods), that conform to the CCAC’s Category of Invasiveness “A”. |

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| The use of animals for research, teaching or testing is a privilege. **Before** an Animal Use Protocol (AUP) to use animals in a project is approved, the investigator/instructor must show that the use of animals is justified, that the project has merit, and that the procedures to which the animals will be submitted will be carried out humanely and in accordance with the Canadian Council on Animal Care (CCAC) guidelines and policies.  Each AUP must be approved by Trinity Western University (TWU)’s Institutional Animal Care Committee (IACC) prior to the acquisition and use of animals for research, teaching or testing purposes.  Follow the Instructions for Completing AUP Applications at <http://www.twu.ca/academics/research/animal-care>.  **Please submit the completed, signed application, containing all attachments, and an electronic copy to the IACC Coordinator, Neufeld Science Centre, 7600 Glover Rd, Langley, BC, V2Y 1Y1.**  Email: [Kehler@twu.ca](mailto:Kehler@twu.ca) Tel: (604) 888-7511 ext 3249 | ***For Administrative Use Only*** | |
| **Protocol Number** | **Date Received** |
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| **Category of Invasiveness** | |
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| **Period of Validity (month & year)**  ***AUP's are valid for one year from IACC approval.***  ***AUPs may be renewed annually for up to 3 consecutive years before a new submission is required. See*** <http://www.twu.ca/academics/research/animal-care> ***for renewal forms****.* | |

This form is to be used for Category of Invasiveness A projects which are whole projects involving the use of most invertebrates, live isolates or tissues.

Cephalopods and some other higher invertebrates have nervous systems as well-developed as in some vertebrates, and may therefore warrant inclusion in Category B, C, D, or E.

If your project does not meet the above criteria, use the “Application For Projects Using Vertebrates” or the “Application for Vertebrate Projects Involving Wildlife” forms.

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| Proposed Start Date: | Proposed End Date: | Protocol Version |
|  |  | First Submission  Revised Version  Re submission (every 4th year) |

**1. GENERAL INFORMATION**  Teaching  Research

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| Course Number (if applicable) and Project Title: | |
| Principal Investigator/Instructor: Dr. Prof. Mr. Mrs. Ms. Name:  Academic Position (Rank):  Faculty Other (please specify)  Department:  Qualifications and Training with respect to animal use and handling: | |
| Office Address: | Location of Animals: |
| Telephone Number (Office): (   )   **-** ext.      Telephone Number (Location of Animals): (   )   **-** ext.  Fax Number: (   )   **-** | |
| E-Mail Address: | |
| Declaration: I, the undersigned, assure that all animals used in this proposal will be cared for in accordance with the guidelines and policies of the Canadian Council on Animal Care and Trinity Western University. | Declaration: I, the undersigned, assure that these facilities will meet CCAC guidelines and will be available for the procedures described here. |
| Principal Instructor:  Signature:  Date:  (M/d/yyyy) | Faculty/School Dean, Trinity Western University:  Signature:  Date:  (M/d/yyyy) |

***For Administration Use Only:***

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| **Signatures:**  **ACC Chair Printed Name:** **Signature:** |

**2. PROTOCOL DESCRIPTION**

a) Protocol Summary (Lay Terms)

In lay terms provide a brief description (< 250 words) of the protocol suitable for a press release and public presentation. Include the merits of the protocol {pedagogical (educational value), scientific, or regulatory}, justification for animal use, and the procedures to be used (Background, Objectives, Methods, Benefits)

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b) Keyword Description Of Protocol

See Instructions for Completing AUPs at <http://www.twu.ca/academics/research/animal-care> for a list of suggested keywords. Additional keywords may also be used.

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**3. CANADIAN COUNCIL ON ANIMAL CARE CATEGORIZATIONS**

a) Purpose of Animal Use (check one):

(0) Breeding Colony/Stock: Animals held in breeding colonies (e.g., fish, rodents) that have not been assigned to a particular research, teaching or testing protocol.

(1) Studies of a fundamental nature in sciences relating to essential structure or function (i.e. biology, psychology, biochemistry, pharmacology, physiology, etc.)

(2) Studies for medical purposes, including veterinary medicine, that relate to human or animal disease or disorders.

(3) Studies for regulatory testing of products, for the protection of humans, animals, or the environment.

(4) Studies for the development of products or appliances for human or veterinary medicine, animal nutrition, animal reproduction and/or animal care.

(5) Education and training of individuals in post-secondary institutions or facilities.

b) Classification

***Acute*** - Utilizing an animal for a brief period (less than 24 hrs.), followed by euthanasia or return of the animal to source, **or** humanely killing an animal upon receipt or after a brief housing period during which time no manipulations other than standard management procedures are performed, i.e. anaesthetized without recovery, euthanized for tissue collection, etc.

***Chronic*** - maintaining the animal and performing experimental procedures during this time, i.e. feeding trials, antibody production, breeding colony, recovery surgery.

**4. PERSONNEL**

a) Associates/Technical Staff

Name those directly involved in the care and use of animals in this project. Indicate each person’s experience and/or training in animal care and use. Place an \* next to those names who are available after hours in case of an emergency.

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| --- | --- | --- | --- | --- | --- |
| Name | Department | Position | Phone Number | Email | Qualifications and Training |
|  |  |  | (   )   **-** |  |  |
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**5. ANIMAL USE**

a) List all animals involved in the study.

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| Number per year | Phylum, Genus, Species | Type of animal (e.g. snail, insect, spider) | Accommodation  Building & Room | Experimental Area  Building & Room | Source |
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b) Will this project impact any vertebrates or cephalopods (e.g. in by-catch)? If yes, please explain impacts.

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c) Will this project have any significant impact on the population being studied or their environment? If so, please clarify and describe measures in place to minimize impacts.

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d) Regulatory Requirements. Copies of all authorizations to be included with approved protocol, if applicable.

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| collection permit #  transport permit #  biohazards (specify)  controlled substance (specify)  other (specify)  prescriptions (specify) |

**6. PROCEDURES**

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| Provide a detailed description of the project in layman’s terminology, including the objectives and benefits expected.  For teaching protocols, an indication of pedagogical merit is required. For research protocols, indicate the scientific merits of the project. |
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**7. FATE OF ANIMALS**

a) Indicate the disposition of the animals following this study:

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b) Emergency Veterinary Care:

In the event of an animal health emergency, if contact cannot be made with the listed individuals, the decision of the attending Veterinarian will be final.

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| Attach specific instructions on any veterinary indications / contra-indications in case an emergency should arise. (e.g., tissue collection required) |
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**8. HAZARDS:** *Please contact the Environmental Health & Safety Committee for current recommendations*,

Will any of the following hazardous agents be used in this project?  Yes  No

If yes, indicate the agent(s) below.

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| chemicals  biologicals  radioisotopes  infectious agents  radiation  x-rays  Other (specify)  Specify Agent(s): |
| Provide authorization information if applicable, e.g., Radiation Certificate Number, Biosafety Certificate Number, etc. |
| What occupational health and safety risks are there, if any? |
| Specify what special animal care is required. |

**9. FUNDING INFORMATION**

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| **Agency / Source of Funds:**  ***Funding Source*:**  Internal  External  Status: Awarded Pending  *For Research Projects: Has the project been peer reviewed for scientific merit?*  Yes No  If “yes,”  Internally Externally  Name(s):  ***Funding Start Date (M/d/yyyy):*** (     )  ***Funding Finish Date (M/d/yyyy):*** (     ) | ***Funds Administered by***:  Trinity Western University 🡪 *Cost Centre (GL) Number:*       -      (Required for invoicing of project costs)  Other Provide Details |

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| **Reviewer’s Comments:** (This section is to be used by Trinity Western University Animal Care Committee members.) |
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