



APPLICATION TO USE ANIMALS FOR RESEARCH OR TEACHING - ETHICS REVIEW

READ ME FIRST!

All use of vertebrates and invertebrates in research, teaching or testing at Dalhousie University must be covered by an approved protocol. This also includes the use of tissues and cells obtained at necropsy or from a slaughterhouse, the use of eggs, protozoa or other single cell organisms, collaborative work done with other investigators from another institution and all field studies. Please contact the Secretary to obtain the proper form for your research.

The UCLA is an animal ethics committee interested in reviewing information that will determine if procedures being proposed are within established guidelines and are humane. The Committee may at times make suggestions or recommendations for changes in a protocol that will enhance the animal care and welfare. Please feel free to contact the Committee prior to submission for assistance in preparing the protocol. Detailed information about what to include is listed in Section 5 & 16. The Committee welcomes discussion with investigators to find solutions to problematic issues.

MEETINGS: The Committee meets monthly. Please provide 10 copies (Signed original plus 10 copies of the complete application). All information must be received by the secretary by the second Thursday of each month for inclusion in the agenda for that month.

APPROVAL PERIOD: Protocols are approved for a one year period. After one year, the investigator will be notified and a FORM B extension/amendment form may be submitted to request a one year extension. At the end of this two year period, the complete FORM A must be re-submitted.

The following information is available from the secretary:

CCAC Categories of Invasiveness

Scientific Peer Review information

CCAC Guidelines for Judging Morbidity/Moribund Conditions in Rodents

CCAC Guidelines on Acceptable Immunological Procedures

Guidelines for the production of Monoclonal Antibodies Using Mice

Tumor Production: Parameters for Endpoint of Study

***** IMPORTANT *****

***** 10 COPIES plus Original Signed Form must be submitted to Secretary - NO online submission

Secretary: Leslie Lord

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Dalhousie University
Halifax, NS B3H 3J5

or Carleton Animal Care Facility
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1. PRINCIPAL INVESTIGATOR (FACULTY): _____

POSITION: _____ DEPT: _____

BUILDING: _____ PHONE: _____

PROJECT TITLE: _____

RENEWAL OF PREVIOUS PROTOCOL: YES NO PREVIOUS NUMBER: _____

FUNDING: Research YES NO

Teaching YES NO

Testing YES NO

SOURCE(S) OF FUNDING (CIHR, NSERC, etc.): _____

Contract: YES NO

Has this protocol been peer reviewed? YES NO

(If no, please see information on peer review process)

Is this protocol currently funded? YES NO

Pending funding? YES NO

RESEARCH STAFF (include formal animal training certificate number):

NAME	CERTIFICATE	DEPARTMENT	POSITION	TELEPHONE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMERGENCY: PERSONS DESIGNATED TO HANDLE EMERGENCIES MUST BE AVAILABLE FOR EVENINGS AND WEEKENDS. Provide 2 contacts, including principal investigator.

NAME	CERTIFICATE	DEPARTMENT	POSITION	TELEPHONE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DECLARATION: All animals used in this research project will be cared for in accordance with the recommendations of the Canadian Council on Animal Care and the policies of Dalhousie University.

SIGNATURE: _____ date _____
principal investigator or course director

2. PURPOSE OF ANIMAL USE: This is a CCAC requirement. Please indicate which statement best describes the purpose of animal use in this protocol.

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

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

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

Studies for the development of products or appliances for human or veterinary medicine.

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

3. PROJECT OBJECTIVES: BRIEFLY, what are the objectives of the proposed work using animals?

4. WHAT IS THE POTENTIAL BENEFIT TO MAN OR ANIMALS THAT MIGHT RESULT FROM YOUR RESEARCH?

If possible, please indicate the disease process that this work will investigate.

5. ANIMAL USE DESCRIPTION: (WHAT DO YOU DO TO THE ANIMALS?)

- In lay language, provide a description of all procedures to be performed on animals.
- Write in a lay language format to facilitate the review by non-scientists.
- Do not refer to previous animal use protocols.
- Grant applications are not acceptable or necessary.
- Add a flow chart, especially for multiple procedures on the same animals.

USE ADDITIONAL SHEETS OF PAPER, AS REQUIRED.

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6a. ANIMALS: Estimate number of animals required for a ONE year period.

SPECIES	STRAIN	WEIGHT or AGE	SEX	ANNUAL TOTAL	SUPPLIER

6b. ANIMAL HOLDING FACILITY: BUILDING: _____ ROOM: _____

6c. EXPERIMENTAL STUDIES: BUILDING: _____ ROOM: _____

6d. Why must animals be used in this study?

6e. If alternatives to animals are available, indicate why they cannot be used in this study.

6f. Explain choice of animal model or animal species.

6g. Based on experimental design justify the numbers of animals to be used. Indicate how the numbers were determined.

7. Wild species: Permit # _____

If field studies are proposed, please include specifics on capture, holding, release, and potential sensitive issues and steps taken to alleviate stress or pain. See CCAC wildlife guidelines.

Append copy of permit.

8. SURGERY: YES NO
if yes: CHRONIC (recovery) ACUTE (non-survival)
performed by: _____

9. ANESTHESIA: YES NO
administered by: _____

	Anesthetic	Dose	Route
Premedication	_____	_____	_____
Induction	_____	_____	_____
General Anesthesia	_____	_____	_____
Local Anesthesia	_____	_____	_____
Neuromuscular Blocker	_____	_____	_____
Reversal Agent	_____	_____	_____

10. POST-OPERATIVE CARE:

What post-operative care will be provided as part of this protocol?

Heat source Fluids Dressing changes Antibiotics
Other (please indicate) _____

ANALGESICS: Will analgesics be used? YES NO

If YES, who will administer analgesics? _____

What type of analgesic will be used?

Type	Dose	Route
_____	_____	_____
_____	_____	_____
_____	_____	_____

If NO, please provide justification for why analgesics cannot be provided:

11. MORBIDITY and MORTALITY OF ANIMALS: Some morbidity and mortality may occur from experimental manipulation. What percentage of each might be expected?

MORBIDITY: % MORTALITY: %

If morbidity occurs, what criteria will be used to determine when animals will be terminated?

12. PAIN/STRESS: NONE: LOW: MODERATE: HIGH:

GIVE DETAILS OF PAINFUL OR STRESSFUL PROCEDURES:

CCAC CATEGORIES OF INVASIVENESS: Please indicate the level of invasiveness that you think the protocol should be in. The UCLA will assign the final category.

A B C D E

13. EUTHANASIA: If animals are not to be euthanized at the completion of the study, please indicate what will happen to them:

METHODS OF EUTHANASIA:

SPECIES

- _____ Anesthesia Overdose, Route and Drug: _____
- _____ Exsanguination with Anesthesia
- _____ Decapitation WITH Sedation or Anesthesia
- _____ Decapitation WITHOUT Sedation or Anesthesia (see below)
- _____ Cervical Dislocation WITH Sedation or Anesthesia
- _____ Cervical Dislocation WITHOUT Sedation or Anesthesia (see below)
- _____ CO₂ Chamber
- _____ Other methods of Euthanasia (specify): _____

IMPORTANT: If decapitation or cervical dislocation WITHOUT sedation or anesthesia was indicated above, provide justification for why this cannot be done:

14. IMMUNOLOGICAL PROCEDURES: Use of adjuvants.

PRIMARY INJECTION:

ADJUVANT (specify): _____

Total volume of antigen/adjuvant injected: _____

Site: _____ Route: _____

Number of injection sites: _____ Volume per injection site: _____

ANTIGEN (Specify): _____

If Freund's Complete Adjuvant is used, please provide justification for its use.

BOOSTER:

ADJUVANT (specify): _____

Total volume of antigen/adjuvant injected: _____

Site: _____ Route: _____

Number of injection sites: _____ Volume per injection site: _____

ANTIGEN (Specify): _____

METHOD of TEST BLEED: _____

MINIMAL INTERVAL BETWEEN BLEEDS: _____

TOTAL VOLUME of BLOOD per BLEED: _____

TOTAL # OF BLEEDS PER ANIMAL: _____

15. HAZARDOUS AGENTS: Possible hazards to animal or human population, including staff, investigators, students, the public, etc.

15a. BIOHAZARDS: NO YES if Yes, SPECIFY _____
Infectious to people NO YES Route _____
Infectious to animals NO YES Route _____
Approved by Biohazards Officer
 NO YES
CONTAINMENT LEVEL: 1 2 3 4

15b. RADIOISOTOPES (in vivo):

 NO YES

The investigator (permit holder) is responsible for the care of animals injected with isotopes and is responsible for the proper disposal of wastes, animals, etc. The details of care must be arranged with the relevant Supervisor of the Animal Facility.

Permit Holder: _____ Dal. Permit Number: _____
Agent: _____ Total Dose: _____
Route of Administration: _____
Route of Excretion: _____ Duration of Excretion: _____

15c. IRRADIATION: NO YES if Yes, SPECIFY _____

15d. CHEMICAL: NO YES
CARCINOGEN: NO YES
Agent: _____ Total Dose: _____
Route of Administration: _____
Route of Excretion: _____ Duration of Excretion: _____

15e. What other pharmacological agents, including antibiotics, will be used as part of this protocol?

Type	Dose	Route
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. CONTENTIOUS ISSUES: The following type of experiments/procedures are generally considered to be of a contentious nature. Please indicate if any of these conditions apply to your study.

YES NO

Prolonged physical restraint

Food and/or water deprivation of more than 18 hours

Extreme variations in environment (heat, cold, light, noise, humidity, etc.)

Surgical procedures where appropriate anesthetic or post-operative analgesia is contraindicated

Electroshock or negative reinforcement

Burns, fractures or other severe trauma

Studies in which the death of the animal is a required parameter, i.e., LD50, infection, neoplasms, drug

Predator/prey or fighting experiments

Inescapable pain in conscious animals

Stressful or invasive procedures with recovery for demonstration or teaching

Exercise to exhaustion studies

Multiple surgeries per animal

Alterations of sensory systems which cause changes in the behaviour or welfare of the animals

Xenotransplants/fetal tissue transplants

If you have checked any of the above items, please include in detail the following information in your animal use description (Section 5):

- a. justification for conditions being imposed
- b. precise details regarding these conditions (i.e., duration of restraint, frequency and intensity of electroshocks, etc.)
- c. an assessment of the anticipated effects on the animals and of any possible complications
- d. the measures taken to minimize or eliminate any pain, discomfort or stress and the action which will be taken if this goes beyond that predicted by the experimental design
- e. how many animals will be subjected to the conditions indicated
- f. the endpoint