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| --- | --- |
| PROTOCOL NUMBER: |       *(office use only)* |

**Brandon University Animal Care
New Research/Teaching Animal Use Protocol**

**AMENDMENT APPLICATION**

Please save this file to your computer. Applications are required to complete **all** sections and submit electronically to the Research Ethics Officer at buacc@brandonu.ca.

Depending on the procedures proposed, additional Schedules may be required. More detailed applications of the CCAC Category of Invasiveness are available on the BUACC website – [www.brandonu.ca/buacc](http://www.brandonu.ca/buacc).

All sections in this form will expand as necessary. As this is a locked form, spellcheck will not work. It is recommended that you prepare your responses to the questions below in another document for spellcheck purposes, then copy and paste the text into the appropriate answer field below. Questions about using the form should be directed to Shannon Downey, Administrative Officer to the Vice-President (Academic & Provost) and Research Ethics Officer, at (204) 727-9**712** or downeys@brandonu.ca.

Please note that revisions to an approved protocol may be subject to scientific merit/pedagogical merit review.

PROJECT TITLE

**For teaching protocols – please identify by course name and number.**

PROTOCOL DESIGNATION

[ ]  **Research Protocol**

[ ]  **Teaching Protocol**

PRINCIPAL INVESTIGATOR

|  |  |
| --- | --- |
| **Name:***(include position/title)* |       |
| **Department:***(include mailing address if external to Brandon University)* |       |
| **Phone Number:** |       |
| **Email Address:** |       |

AMENDMENT DETAILS

1. **Does this amendment include the addition of new species or strains?** **[ ]  Yes** **[ ]  No**
2. **Highlight the changes from the original approved protocol. *NOTE: If major procedural changes are to be made to this project, a new protocol must be submitted. Please refer to the BUACC Terms of Reference for additional information regarding minor vs. major changes.***

CCAC CATEGORIZATION

1. **This project is:** **[ ]  Acute [ ]  Chronic**
2. **Maximum CCCAC Category of Invasiveness:**

**[ ]  B studies or experiments causing little or no discomfort or distress**

**[ ]  C studies or experiments involving minor stress or pain of short duration**

**[ ]  D studies or experiments involving moderate to severe distress or discomfort**

**[ ]  E procedures that involve severe pain at or above the pain toleration threshold of unanaesthetized, conscious animals (category E procedures are normally not acceptable)**

1. **CCAC Purpose of Animal Use (PAU):**

**[ ]  0 breeding colony**

**[ ]  1 studies of a fundamental nature in sciences relating to essential structure and function (e.g. 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 procedures for the protection of humans, animals, or the environment**

**[ ]  4 studies for the development of products or appliances for human or veterinary medicine**

**[ ]  5 education and training of individuals in post-secondary institutions or facilities**

CHANGE OF ANIMAL NUMBERS OF TYPE(S)

1. **Change in Animal Numbers:**

| **Species/Strain Currently Approved** | **Number Approved** | **Number Requested** |
| --- | --- | --- |
| **Total** | **Max. Any Time** |
|       |       |       |       |
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* 1. **Justification for the Change (e.g. statistical requirements, required product yield, etc.)**

1. **Change or Addition of Species or Strains:**

| **Species or Strains Currently Approved** | **Number Approved** | **Species/Strains to be REMOVED from Protocol** | **Species/Strains to be ADDED to Protocol** | **Number Requested** |
| --- | --- | --- | --- | --- |
| **Total** | **Max. Any Time** |
|       |       |       |       |       |       |
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* 1. **Justification for both the change to species or strains being used, and for the numbers of animals of each new species or strain required.**

* 1. **If a transgenic, mutant or “knockout” strain is to be used, Schedule 12 is required. If Schedule 12 was submitted with the original protocol, please specify below any amendments to it that these changes necessitate.**

CHANGES TO DRUGS OR OTHER AGENDA BEING GIVEN TO ANIMALS

1. **Anaesthetic/Analgesic Drugs – Please complete the following table:**

| **Drugs Currently Approved** | **Dose/Route** | **To Be Replaced By** | **Dose/Route** | ***Additional* Drugs Required** | **Dose/Route** |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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* 1. **Please outline the reason for the changes:**

1. **Other Drugs/Compounds – Please complete the following table:**

| **Drugs Currently Approved** | **Dose/Route** | **To Be Replaced By** | **Dose/Route** | ***Additional* Drugs Required** | **Dose/Route** |
| --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |
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|       |       |       |       |       |       |

* 1. **Please outline the reason for the changes:**

* 1. **Please specify any expected side effects which may result from each of these changes.**

CHANGES IN FUNDING/PROJECT TITLE

1. **Please list any changes in funding source(s) for this project.**

1. **Please provide the revised title of this project if applicable (if the above changes have made a title change a requirement).**

* 1. **Please provide the title of this project listed on the grant application (if applicable).**