**St. Francis Xavier University**

**Animal Use Protocol Form- Invertebrates**

***This form is only valid for protocols with a category of invasiveness level A and that require care by the Animal Care Facility staff.***

Category of invasiveness level A: *Experiments on most invertebrates, eggs, and live tissue cultures.*

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| **Principle Investigator (PI):** |  | | | | | **Date:** |  | | | |
| **Project Title:** |  | | | | | **Research** | | | | **Teaching** |
| **Arrival Date:** |  | **Usage Date:** |  | **Project End Date:** | | | |  | | |
| **Grant/Course Account #:** |  | **Course Number:** |  | **Course Name:** | | | |  | | |
| **Emergency and After-Hour Contacts** (Principle Investigator must be listed) | | | | | | | | | | |
| **Name** | | | **Office** | | **Office Phone** | | | | **Home Phone** | |
| , PI | | |  | |  | | | |  | |
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|  | **Signature of Principle Investigator** |  | **Date** |
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|  | **Signature of Senior Animal Care Technician** |  | **Date** |

**All person(s) named in this protocol must be qualified to conduct the procedures in the Animal Care Facility by completing:**

* **the CCAC animal User Training core modules**
* **The appropriate Standard Operating procedures for the Animal Care Facility**

***II. INVESTIGATOR TRAINING & EXPERIENCE***

**Personnel:** List names of all personnel who will be handling live animals, their positions in the project, and date they have completed the St. FX animal user training course. Each project member is required to read the entire proposal and initial to indicate their compliance with this protocol\*.

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| **Name** | **Department** | **Title** | **Training Course** | **Date Completed** | **Initials\*** |
|  |  | (PI) |  |  |  |
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***\*By initialling you agree that you have read and will abide by all procedures outlined in this protocol.***

**Training and Experience:** Please comment on the specific animal handling qualifications and experience of each member of the project. Also please outline the supervision and training plan for any inexperienced personnel, such as undergraduate students or new technicians.

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***III. PROJECT OVERVIEW*:**

***Lay Summary-* Please provide a *brief* lay summary of the proposed project outlining in easily understood language the purpose, methods, and expected outcomes of the project.**

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If the following agents are to be used in animals then additional approval is required.

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| **Biological or biohazardous agents** | Y  N | **Approved** |  | **Approval Date:** |  |
| **Radioisotopes or radioactive agents** | Y  N | **Approved** |  | **Approval Date:** |  |
| **Other controlled or restricted agents** | Y  N | **Approved** |  | **Approval Date:** |  |

**Please list all chemical treatments and agents that will be used on live animals that are not associated with surgical procedures.**

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| **Treatments/Agents** | **Species / Taxon** | **Purpose** | **Dosage, Concentration, Method and Duration** |
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| **Are there any health and safety risks to project personnel, animal care staff or to the other animals that might be inherent in this protocol?** | Y  N |
| **Are you aware of any potential risk for transmission of a naturally-occurring infectious disease associated with this protocol?** | Y  N |
| **Please describe these potential risks and the measures that will be taken to prevent their occurrence. Contingency plans for the occurrence of these risks should also be included.** | |
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***IV. Fate of animals***

**Post-experimentation *all experimental animals are to be euthanized* unless they are to be held for a specific purpose. Indicate the method of euthanasia or the specific purpose and the estimated timeframe of holding the animals.**

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| **Species / Taxon** | **Post-experimental fate** | **Euthanasia method OR Timeframe for holding** |
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***V. ANIMAL CARE REQUIREMENTS AND PROCUREMENT***

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| **Does this protocol require animals to be held in the animal care facility (JBBH 118)?** | | Y  N |
| **If no then where are the animals to be held?** |  | |
| **Does this protocol require experimental space with the animal care facility (JBBH 118)?** | | Y  N |
| **Has the space already been allocated by the manager of animal care within the animal care facility for this protocol?** | | Y  N |

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| **Species** | | **Source1** | **Housing Room** | **Procedure**  **Room** | **Annual Number Required** |
| **Common Name** | **Scientific Name** |
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(1 - 3) #1 = wild-caught, #2 = biological supply-house purchase, #3 = in-house breeding

**All animals except those caught in the wild will be procured by the Animal Care Facility.**

**List preferred suppliers**

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| **Species** | **Supplier** |
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**Please indicate the following holding requirements for animal care staff.**

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| ***Environment conditions*** | | |
| **Temperature:** |  | |
| **Ventilation & Humidity:** |  | |
| **Photoperiod:** |  | |
| ***Caging requirements*** | | |
| **Type of cage/aquarium:** | |  |
| **Cage/aquarium size:** | |  |
| **Number of animals per :** | |  |
| **Any special bedding or substrate:** | |  |
| **Special requirements for environmental enrichments:** | |  |
| ***Feeding requirements*** | | |
| **Special feeding needs or dietary concerns:** |  | |
| **Special feeding schedule:** |  | |
| ***Behavioural considerations*** | | |
| **Requirements for acclimatization:** |  | |
| **Restrictions or special handling requirements:** |  | |

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| **Please indicate if there are any other special considerations with respect to animal care.** |
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