**Animal Use Protocol (AUP) Form - Field Studies**

**for the Use of Animals in Research and Teaching**

**CONFIDENTIAL**

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| **For Office Use Only** | | |
| **Protocol # Click or tap here to enter text.** | **Principal Investigator/Instructor: Click or tap here to enter text.** | **Date Approved: Click here to enter a date.** |

*Consult the Canadian Council on Animal Care (CCAC) Guide to Care and Use of Experimental Animals, Ethics of Animal Investigation, and pertinent guidelines before completing this form. These documents are available from the CCAC web site (*[*http://www.ccac.ca*](http://www.ccac.ca/)*).*

*The YukonU ACC must approve the use of animals for research or teaching prior to the start of any project. The use must comply with the Canadian Council on Animal Care guidelines and University ACC policy and procedures and Tri-Council agreement section 4.4 requirements.*

*Please complete, sign and send this form electronically and append any required supporting materials. Answer all questions, even if the information might be duplicated elsewhere in the application. Submit the completed form and attachments to the* [*Animal Care Committee (ACC)*](mailto:vwalker@yukonu.ca)*.*

Animal Use Protocols have an approval period of three (3) years with mandatory Annual Renewal Form and post-approval monitoring reports. After 3 renewals a new AUP form must be submitted.

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| **Part I - General Information** | | | | | | | | |
| The personal information requested on this form is collected and protected under the authority of the Yukon University Act and the Yukon Access to Information and Protection of Privacy (ATIPP) Act and Regulations, and will be used for the purpose of processing your Animal Care Committee (ACC) application**,** and for uses consistent with this purpose. Questions can be directed to the ACC Coordinator**,** Yukon University, 867-668-8857. | | | | | | | | |
| 1. **Principal Investigator (PI) / Course Instructor and other individuals** | | | | | | | | |
| **Name:**  Click or tap here to enter text. | | | **YukonU School/Department:**  Click or tap here to enter text. | | **Email:**  Click or tap here to enter text. | | | |
| **Position at Yukon University (YukonU):** Choose an item.  **If YukonU Adjunct /Other or None, list your home institution and position:** Click here to enter text.  *Note: the PI should be a full-time faculty or instructor at Yukon University. If this work involves another institution that is your home or host institution then your ACC application should go to that institution first and then to the YukonU ACC* | | | | | | | | |
| **Office Phone:**  Click or tap here to enter text. | | | **Cell Phone:**  Click or tap here to enter text. | | **Home Phone:**  Click or tap here to enter text. | | | |
| **Principal Applicant (if different from PI) / Co-PI** | | | | | | | | |
| **Name:** Click or tap here to enter text. | | | **Position at YukonU:**  Choose an item. | | **Email:** Click or tap here to enter text. | | | |
| **Department / School:** Click or tap here to enter text. | | | | | | | | |
| **If affiliated with another institution, list position and institution:** Click or tap here to enter text. | | | | | | | | |
| **Role in project:** Click or tap here to enter text. | | | | | | | | |
| **Employee/student ID:** Click or tap here to enter text. | | | **Phone:** Click or tap here to enter text. | | **Address (if other than YukonU):** Click or tap here to enter text. | | | |
| **Co-Investigator(s)** | | | **Department / Division** | | **Email:** | | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | Click or tap here to enter text. | | | |
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| **Person to contact in the event of an emergency:** | | | | | | | | |
| **Name:** Click or tap here to enter text. | | | | **Office Phone:** Click or tap here to enter text. | | | | **After hours phone:** Click or tap here to enter text. |
| **Do you require approval from another institution(s) Animal Care Committee?** | | | | | | | | |
| **Yes, documentation attached  Yes, documentation to follow  No**  **If this has been submitted to another ACC please provide information for the institution, submission date and contact details for the other ACC(s)**. Click here to enter text. | | | | | | | | |
| **Other individuals directly involved in the care and use of animals in the project** | | | | | | | | |
| *Identify the individual and their position (e.g. faculty, veterinarian, student, staff etc.) involved in animal handling, and indicate their training or relevant experience. Provide details of Institutional Animal User Training Program (IAUTP) training they have received. If relevant, indicate the type of “Other Training Received”.* ***The Principal Investigator / Course Instructor should complete the “***[***Evidence of Skills and Training Form***](https://www.yukonu.ca/sites/default/files/inline-files/YukonU%20ACC%20Skills%20and%20Training%20Form%20Feb%202021_0.docx)***” with this application.*** *Please append copies of all training certificates or logs to this application. (click on 🞧 at the end of the table to add more individuals)* | | | | | | | | |
| **Name** | **Position** | | **Responsibilities** | **Type of Training (CCAC Training Modules, WHMIS, etc.)** | | | **Other animal specific training** | |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. | |
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| **Are you collaborating with anyone outside of the Yukon University on this with respect to this research or teaching activity?** | | | | | | | | |
| **Yes  No** | | | | | | | | |
| **Researchers / Institutions collaborating with this work:**  ***Click on the + in the last row to add additional rows if needed.*** | | | | | | | | |
| **Name** | | | **Place of Employment / Institution** | | | | **Telephone and Email** | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | Click or tap here to enter text. | |
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| **Yukon First Nations** | | | | | | | | |
| Yukon University requires special consideration when research or teaching activities are conducted with the Yukon First Nations or on their lands. This section and the ACC's advice is offered in the spirit of respect and is not intended to override or replace ethical guidance offered by self-governing nations themselves. Researchers and instructors are required to consult on their activities for research and teaching. | | | | | | | | |
| **Have you consulted with either the Council of Yukon First Nations or another governing body of Yukon First Nations?  Yes  No**  **NA**  **If you answered “Yes” briefly list who you have contacted and describe the process that you have followed. Include documentation of consultation and approval.**  Click here to enter text.  **If you answered “No” briefly justify your decision not to seek community approval.**  Click here to enter text. | | | | | | | | |
| 1. **Project Information** | | | | | | | | |
| **2.1 Title: (including course number if applicable):**  Click or tap here to enter text. | | | | | | | | |
| **2.2 Wildlife Category of Invasiveness (WCoI) (please select):**  Click or tap to select  *Note: For more information of Wildlife CoI, please consult Appendix D of the CCAC guidelines on: care and use of wildlife at* [*https://www.ccac.ca/Documents/Standards/Guidelines/Wildlife.pdf*](https://www.ccac.ca/Documents/Standards/Guidelines/Wildlife.pdf) | | | | | | | | |
| **Note: If you have selected Category A you do not need to complete this form. See details and process for exceptions at** [**YukonU Animal Care**](https://www.yukonu.ca/research/our-services/animal-care) **(Forms and guidelines section)** | | | | | | | | |
| **2.3 Type of Application:** | | | | | | | | |
| Research  Teaching  Research & Teaching | | | | | | | | |
| New Application | | Renewal of Protocol # Click or tap here to enter text. | | | | Major Modification Requiring a New Application | | |
| Pilot Study\*:  New Direction in an Existing Protocol  Not Related to an Existing Protocol  *\*Pilot Studies:*  *YukonU encourages the use of pilot studies when new approaches, methods, or products are being tried. Pilot studies are an effective tool for determining humane endpoints, to perfect techniques, to demonstrate feasibility, to provide justification for proceeding with larger studies or to estimate statistical variability. It is typically the responsibility of the PI to propose pilot studies, but the ACC may occasionally suggest a pilot study. The PI must report the results of the study to the ACC, whether or not the study was successful. If the study will continue to a larger study, the PI must submit a new Animal Use Protocol Form.* | | | | | | | | |
| If this is a new submission following the expiration of a previously approved protocol, please indicate the **previous protocol number and title**: Click or tap here to enter text. | | | | | | | | |
| **2.4 Project Dates** | | | | | | | | |
| **Proposed Start Date (please select):** Click or tap to enter a date. Or  Ongoing | | | | | | | | |
| **Expected Date of Completion (please select):** Click or tap to enter a date. Or  Ongoing | | | | | | | | |
| *For multi-year projects, approval can only be granted for the first year of work and for the animals required for that year. Further years can only be approved through annual protocol renewal(s) or new protocols, for up to three additional years* | | | | | | | | |
| **2.5 Location**  Where will the study take place? (name of the closest community and/or geographic location or other specific details to describe your field location?  Click or tap here to enter text. | | | | | | | | |
| **2.6 Permits**  Are federal or territorial permits required?  Yes  No  If yes, Please submit copies of relevant permits required for this field work. Note: Protocols without relevant permits will not receive full approval until they are received by the ACC Coordinator.  Click or tap here to enter text.  Permit(s) Applied For: Click or tap here to enter text.  Permit(s) Obtained:  Yes  No  To be submitted Pending Explain: Click or tap here to enter text.  Permit Number: Click or tap here to enter text. | | | | | | | | |
| 1. **Funding and Peer Review** | | | | | | | | |
| **3.1 Funding** | | | | | | | | |
| Internal  External Funding Agency/Source: Click or tap here to enter text.  N/A | | | | | | | | |
| Funding Pending  Funding Approved Grant Number (if applicable): Click or tap here to enter text. | | | | | | | | |
| **3.2 Scientific Merit Review – for research activities only**  Has this project been peer reviewed for scientific merit?  Yes  No  Details:Click or tap here to enter text.  *For protocols not funded by external agencies with peer review, you must follow the YukonU guidelines for scientific merit review (*[*see animal use forms*](https://www.yukonu.ca/research/our-services/animal-care) *on the YukonU Animal Care webpage)* | | | | | | | | |
| **3.3 Pedagogical Merit Review** – **for teaching activities only**  Has this teaching activity been peer reviewed for pedagogical merit?  Yes  No  submitted: provide details on submission: Click or tap here to enter text.  **Course Details:** Click or tap here to enter text.  *Teaching Protocols must undergo review for pedagogical merit. Once a protocol has been reviewed and the review has been received by the Animal Care Coordinator, the details will be provided to the ACC. Details on the process on the* [*YukonU Animal Care webpage – animal use forms*](https://www.yukonu.ca/research/our-services/animal-care). | | | | | | | | |
| *Please ensure you allow at least two (2) weeks for the review process to be completed when submitting your protocol for consideration.* | | | | | | | | |
| 1. **Lay Summary of the Project** | | | | | | | | |
| 4.1 Using NON-SCIENTIFIC terminology, please **summarize the primary objective(s) of the study**:   Click or tap here to enter text. | | | | | | | | |
| 4.2 Using NON-SCIENTIFIC terminology, please **summarize the benefit(s) expected from the stud**y: Click or tap here to enter text. | | | | | | | | |
| 1. **Animal Information** | | | | | | | | |
| **5.1 Purpose of Animal Use (PAU) (please select)** Click or Tap to Select  *For more information please consult Appendix A of the Instructions for Completion of the CCAC Animal Use Data Form at* [*https://ccac.ca/Documents/Assessment/AUDF\_Instructions.pdf*](https://ccac.ca/Documents/Assessment/AUDF_Instructions.pdf) *or see the table in the YukonU AUP application guidelines.* | | | | | | | | |
| "CCAC-certified institutions are required to report their annual animal data to the CCAC every year and provide specific information regarding the number of animals, the types of projects they were involved in and the invasiveness of the procedures undertaken." (From: CCAC Animal Use Data: Reporting Instructions and Forms - <https://ccac.ca/en/facts-and-legislation/animal-data/reporting-instructions-and-forms.html> ) | | | | | | | | |
| **5.2 Number and types of animals involved. This information will be verified annually.  *Click + on last row and column of table to add more rows if additional species*** | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Animal Species (Common Name) | Total Number Animals/Year | Source of Animals | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |  |  |  | | | | | | | | | |
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| **5.3 Provide justification for the species and number of animals to be used:**  Click or tap here to enter text.  *Reduction of animal use should be emphasized within an appropriate experimental design, while ensuring that sufficient numbers of animals will be used to fulfill requirements for statistical significance/scientific validity in the case of research projects.* | | | | | | | | |
| **5.4 Type of Experiment /Activity:**  Survival  Non-Survival  Describe: Click or tap here to enter text. | | | | | | | | |
| **5.5. Location of animals during procedures:** Click or tap here to enter text. | | | | | | | | |
| **5.6 Are there any containment or housing requirements?**  Yes  No If Yes, describe, include duration of containment: Click or tap here to enter text. | | | | | | | | |
| **5.7 Capture of Non-Target Species**  What precautions will be taken to avoid capturing non-target species, and what action will be taken if these animals are captured? Click or tap here to enter text. | | | | | | | | |
| 1. **Replacement, Reduction and Refinement (the 3 R’s)** | | | | | | | | |
| Consideration of replacement, reduction and refinement is important when proposing to use animals. Please indicate how replacement, reduction and refinement have been considered in the activity proposed in this AUP.  *For more information see the* [*CCAC details on Three Rs*](https://www.ccac.ca/en/three-rs-and-ethics/the-three-rs.html) | | | | | | | | |
| **Replacement** (replacing the use of animals with non-animal alternatives, or replacing higher order animals with lower order animals): Click or tap here to enter text. | | | | | | | | |
| **Reduction** (strategies that will result in fewer animals being used to obtain sufficient data to answer the research question): Click or tap here to enter text. | | | | | | | | |
| **Refinement** (modification of experimental procedures to minimize pain and distress and enhance animal welfare): Click or tap here to enter text. | | | | | | | | |
| 1. **Details of Project and Procedures** | | | | | | | | |
| **List *all* procedures, manipulations, and/or measurements that will be performed on the animals** | | | | | | | | |
| 7.1 Please indicate the objectives of the project and describe in detail, all procedures and techniques to be used.  Click or tap here to enter text. | | | | | | | | |
| 7.2 For studies involving capture and restraint, provide details for the type of restraint chosen, the time and frequency for checking traps; physical restraint; chase times, immobilization agent used for chemical restraint; all manipulations and precautions taken to protect the animal and the investigator.   NA  Details: Click or tap here to enter text. | | | | | | | | |
| 7.3 Provide details of marking, including any potential long term effects.  NA  Details: Click or tap here to enter text. | | | | | | | | |
| 7.4 If radio tracking collars or other tracking equipment will be used, detail the equipment to be used, the method(s) of attachment, the weight of the equipment, and the impact on the animal. Also details how the equipment will be retrieved.   NA  Details: Click or tap here to enter text. | | | | | | | | |
| 7.5 Provide details of any surgical or medical procedures. Indicate where and under what conditions it will be performed, as well as by whom.  NA  Details: Click or tap here to enter text. | | | | | | | | |
| 7.6 Provide details for monitoring the animals (during capture, handling, and post-release).   NA  Details: Click or tap here to enter text. | | | | | | | | |
| 7.7 Provide details for transportation of animals.   NA  Details: Click or tap here to enter text. | | | | | | | | |
| 7.8 Provide justification for any housing of the animals. Include details of pens, enclosures, duration and nutrition.   NA  Details: Click or tap here to enter text. | | | | | | | | |
| **8. Agents (drugs, chemicals, treatment) to be Administered** | | | | | | | | |
| Please indicate all agents to be administered for each species. *Click* ***+*** *at end of table to add more items.* | | | | | | | | |
| Not Applicable **(proceed to section 9)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Species** | **Agent** | **Purpose** | **Route of Administration** | **Dosage** | **Frequency** | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |  |  |  |  |  |  |   \*\*Please note that an annual Health Canada exemption is required when using controlled drugs for research purposes. | | | | | | | | |
| **9. Samples to be taken** | | | | | | | | |
| ☐ Not Applicable **(proceed to section 10)** *(click on 🞧 at the end of the table to add more items)*     |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Species** | **Type of Sample** | **Site** | **Amount** | **Procedure** | **Frequency** | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |  |  |  |  |  |  | | | | | | | | | |
| **10. Pain, Distress, Endpoints and Euthanasia** | | | | | | | | |
| **10.1 Pain and Distress** | | | | | | | | |
| Is any pain and/or distress likely to be associated with the procedures or manipulation?  Yes  No ( if No proceed to section 10.2) | | | | | | | | |
| Pain and/or distress is expected during the procedure  Duration: Click or tap here to enter text. | | | | | | | | |
| Pain and/or distress is expected after the procedure  Duration: Click or tap here to enter text. | | | | | | | | |
| Expected pain level:  Low  Moderate  High  Please describe how the pain and/or distress will be alleviated or minimized:  Click or tap here to enter text. | | | | | | | | |
| **10.2 Humane Endpoints** | | | | | | | | |
| In the course of an experiment, animals may experience expected (or unexpected) effects. Compliance with the CCAC guidelines clearly places responsibility on everyone involved in the care and use of animals to ensure that animals do not undergo *“unnecessary pain and suffering”*. This section is aimed at identifying appropriate endpoints, and providing guidance for suitable treatment of animals who have reached endpoint.  Humane endpoints are clear criteria to define the point at which humane intervention must be implemented to prevent or relieve unnecessary pain and/or distress. In experiments involving animals, any actual or potential pain, distress, or discomfort should be minimized or alleviated by choosing the earliest humane endpoint that is compatible with the scientific objectives of the research. Selection of this humane endpoint by the investigator should involve consultation with the ACC and consulting veterinarian (From: CCAC guidelines on: choosing an appropriate endpoint in experiments using animals for research, teaching and testing (1998). All protocols, even non-invasive ones, must identify endpoints to ensure that any animals requiring treatment are treated appropriately. PIs should refer to the [CCAC guidelines: on choosing an appropriate endpoint in experiments using animals for research, teaching and testing](https://ccac.ca/Documents/Standards/Guidelines/Appropriate_endpoint.pdf). The YukonU ACC Consulting Veterinarian, under the authority of the ACC and the Associate Vice-President Research, has ultimate responsibility to deal with situations of pain and distress.  **Except in extreme circumstances, death and moribund should not be used as humane endpoints. Humane endpoints need to be selected before an animal reaches these states.**  Appropriate humane endpoints can include objective and relevant observations such as:  a. body weight changes (e.g. rapid weight loss, deterioration of body condition  b. external physical appearance (injuries, skin lesions, tumors, air bubble disease in fish)  c. behavioural changes (loss of appetite, failure to care for young)  d. physiological changes (laboured respiration, loss of equilibrium in fish)  Please provide a list of potential endpoints for this protocol. Click or tap here to enter text.  When one of the above endpoints is reached, what will happen to the animal? Click or tap here to enter text.  How often will animals be monitored? (Be specific)  Click or tap here to enter text.  Who will do the monitoring?  Click or tap here to enter text. | | | | | | | | |
| **10.3 Euthanasia** | | | | | | | | |
| Describe any conditions or abnormalities which might signal the need for an emergency euthanasia or termination of experimental procedures. Click or tap here to enter text.  NA  If euthanasia is necessary upon termination of the study, or where pain and/or distress exceeds the threshold, specify the method of euthanasia. See [CCAC guidelines on: euthanasia of animals used in science](https://www.ccac.ca/Documents/Standards/Guidelines/Euthanasia.pdf)  Provide details of the method of euthanasia:  Click or tap here to enter text.  For species of interest, where necessary upon termination of the study:  Click or tap here to enter text.  For species of interest, where necessary due to unanticipated pain and/or distress:  Click or tap here to enter text.  For non-target species, where necessary due to unanticipated pain and/or distress:  Click or tap here to enter text.  Please provide justification for use of any physical method of euthanasia (e.g. cervical dislocation, decapitation, etc) without prior use of anesthetic:  Click or tap here to enter text.  Final disposition of animals if not euthanized:  Click or tap here to enter text.  If an animal needs to be euthanized in the field, how will the carcass be disposed of?  Click or tap here to enter text. | | | | | | | | |
| **10.4 Fate of Animals** | | | | | | | | |
| What is the intended fate of the animals used in the study:  Nothing, observation only   Released to the wild at or near capture site (indicate the length of time they are held):Click or tap here to enter text.  Released to the wild -other location (indicate the length of time they are held):Click or tap here to enter text.  Euthanized   Other Click or tap here to enter text.  Following captivity (explain the measures taken to ensure that animals can be returned to the wild successfully): Click or tap here to enter text.  **NOTE: Reporting Animal Welfare Incidents** - An Animal Welfare Incident Report Form must be submitted electronically to the Animal Care Coordinator if an unexpected incident results in mortality and/or compromises > 20% of the population, or is above the baseline mortality outlined, justified, and approved in the animal use protocol. The YukonU Consulting Veterinarian must be notified within 24 hours of the incident. If you are unsure whether an incident requires formal reporting, please consu lt the YukonU ACC Guidelines for Reporting Animal Welfare Incidents, or contact the ACC Coordinator. | | | | | | | | |
| **11. Standard Operating Procedures (SOPs)** | | | | | | | | |
| List any SOPs that apply to your research or teaching project below and submit copies of SOPs to the ACC Coordinator with your AUP submission.  Click or tap here to enter text. | | | | | | | | |
| **12. Hazardous Agents** | | | | | | | | |
| Not Applicable (proceed to section 13)  Specify each agent:  Biological: Click or tap here to enter text.   * Biosafety Certificate Number: Click or tap here to enter text. * Expiration Date (please select): Click or tap here to enter text.   Chemical: Click or tap here to enter text.  Carcinogen: Click or tap here to enter text.  Radioisotope(s)/Radiation: Click or tap here to enter text.   * Radioisotope Permit Number: Click or tap here to enter text. * Expiration Date (please select): Click or tap here to enter text.   Specify for each agent:  Amount of agent and dosage: Click or tap here to enter text.  Route of administration: Click or tap here to enter text.  Frequency of administration: Click or tap here to enter text.  Time period of excretion: Click or tap here to enter text.  Potential health risks to humans or animals: Click or tap here to enter text.  Special animal care requirement(s):Click or tap here to enter text.  Precautions to be taken by personnel (including animal care staff):  Click or tap here to enter text.  Special containment requirements (i.e. special storage, waste and animal disposal requirements, emergency procedures):  Click or tap here to enter text. | | | | | | | | |
| **13. Human Occupational Health and Safety** | | | | | | | | |
| The Animal Care Committee needs to ensure that applicants have assessed hazards relating to animal based activities and have an approved YukonU Hazard Assessment Evaluation (HAE) form. A copy signed by the applicants supervisor must be submitted with this application for record keeping requirements. The HAE form is available with the ACC forms.  Applicant statement: I acknowledge that it is my responsibility to ensure that all human occupational health and safety guidelines are adhered to, and all requirements are met for all individuals involved in this animal use activity. This includes, but may not be limited to, completion of the YukonU Hazards Assessment Evaluation form. Details of Occupational Health and Safety requirements related to animal use are available on the ACC webpage.  *For field research you may also required to complete the Field Safety Plan available on the ACC website.*  I Agree | | | | | | | | |
| **14. Declaration and Signature** | | | | | | | | |
| Your signature below affirms that:   1. You certify that all the information given here is accurate and true, to the best of your knowledge. 2. You understand that this work cannot proceed until approval has been given by Yukon University Animal Care Committee. 3. You acknowledge responsibility for the animals and personnel in this project.    1. All animals used in this project will be cared for in accordance with the CCAC, the regulations of the Yukon and Yukon University’s Animal Care Committee.    2. All students, staff and faculty are/will be trained to conduct the project in a humane and scientific manner. 4. The techniques and equipment to be used in this project conform to all applicable regulations and guidelines of:    1. The CCAC, and    2. Federal and local government regulations in force in Canada and/or the country in which the project is being conducted. 5. You have considered alternative procedures that do not involve the use of living animals. 6. You will use the minimum number of animals consistent with the objective of this project. 7. You have carefully selected the most appropriate species and/or model for this project. 8. The procedures described in this protocol must be followed unless an amendment to the protocol is submitted and approved. Substantial changes will require re-submission to the Animal Care Committee. 9. You will notify the Animal Care Committee in writing of any revisions to this protocol. 10. You will report the number of animals used in this project to the Animal Care Administrator, when requested. 11. You will keep copies of all approved protocols, revisions and amendments in an accessible file. 12. I am aware that: 13. Protocols are valid for one year from the date of approval by YukonU Animal Care Committee. 14. Multi-year projects are subject to annual review and approval. 15. Renewals can be granted on an annual basis, up to a maximum of three years. 16. As the applicant I am responsible for ensuring they have submitted a renewal before the expiration of the AUP approval.   Following ACC approval, a protocol number will be assigned. All confined animals used for this protocol should be identified (e.g., on cage cards and in the log book) with the assigned protocol number. | | | | | | | | |
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**Principal Investigator’s / Instructors Signature Date**