Office of Research Services

THE UNIVERSITY OF LETHBRIDGE

REQUEST TO AMEND AN APPROVED animal welfare PROTOCOL

*This information is collected under the authority of the Alberta Post-secondary Learning Act and will be used for administrative purposes associated with the review of your animal welfare protocol amendment. It will be treated in accordance with the privacy protection provisions of Part 2 of the Alberta Freedom of Information and Protection of Privacy Act. Questions about the collection, use or disclosure of your personal information collected on this form can be directed to Danika Dorchak, Office of Research Services, University of Lethbridge, Lethbridge, Alberta, T1K 3M4, Phone: 403-382-7198, Email:* *animal.ethics@uleth.ca* *.*

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| **Principal Investigator** | ***Name:*** ***Contact information:*** |
| **Project Title****(including Course Number, If applicable)** |  |
| **Approved Protocol Number** |  |
| **Proposed Start Date** |  |
| **Proposed End Date** |  |

**Complete this form and attach the following to request an amendment to an approved animal welfare protocol:**

**1.** Provide a rationale for the request to amend your approved protocol. Include a brief summary of the purpose of your project.

**2.** Provide a list of your currently approved procedures relevant to this amendment, and outline the proposed changes. Reference approved SOPs, where applicable. **If there are changes from the approved procedure in the SOP(s) that are referenced, the changes need to be clearly outlined in this amendment. If there are additions of drugs or chemicals, please fill out Part IX B & C of the** [**Animal Welfare Approval Form**](https://www.ulethbridge.ca/research/animal-ethics-guidelines-forms) **and append to the amendment.** Note that addition of drugs or chemicals may require an [*Application for an Exemption to Use a Controlled Substance for Scientific Purposes*.](https://www.ulethbridge.ca/research/administrative-support)

* Indicate the CCAC Category of Invasiveness, and the level of pain or distress expected for each procedure.
* Indicate how you plan to address/minimize any increases in the level of invasiveness, or pain or distress expected.
* Indicate the CCAC Purpose of Animal Use.
* Indicate the number and type of animals required for each procedure. Provide details on group sizes and total numbers required. Indicate whether these are in addition to those already approved.
* Indicate any changes to endpoint(s), or state that there are no changes to the endpoint(s).
* Indicate any changes to the animal welfare assessment and its frequency, or state there are no changes.
* Indicate any changes to animal handling or housing, or state that there are no changes to the animal handling or housing.
* Indicate any changes in personnel, or state that there are no changes to personnel. If there are personnel changes, provide their name, position and relevant animal user training.
* Provide information on the location of the animals, or state that there are no changes to the location of the animals. If additional space is required, provide details.
* Indicate the fate of the animals.
* Indicate any changes in the hazards to staff, or state that there are no changes in the hazards to staff. For any changes in the hazards to staff, a Hazard Assessment Report must be completed and submitted, together with this amendment form, to Safety Services.

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| DECLARATION |

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| **I acknowledge responsibility for the animals and personnel in this project. All students, staff and faculty are/will be trained to conduct the project in a humane and scientific manner. All animals used in this project will be cared for in accordance with the principles outlined by the CCAC and the regulations of the Province of Alberta and the University of Lethbridge Animal Welfare Committee.** |
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|  | **Signature of Principal Investigator** | **Date** |