

**University Animal Care Committee (UACC)**

**Animal Research Ethics Board (AREB)**

**Animal Use Protocol – Modification Form to Add or Remove Personnel or Sources of Funding**

**Use this modification form for any changes to personnel or funding on an already approved AUP. The Animal Care and Research Support Office must approve this modification before implementation into the research or teaching program.** (Refer to: [UACC Procedures on Submission of a Modification to an Existing Animal Use Protocol](https://usaskca1.sharepoint.com/:b:/r/sites/USaskUniversityAnimalCareCommittee/UACC%20Procedures/AREB%20Processes/UACC_Procedures%20ModificationSubmissionToAnAUP_25Nov2021.pdf?csf=1&web=1&e=UjNBjK)).

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| --- | --- | --- | --- | --- | --- |
| **CONFIDENTIAL - Animal Care and Research Support (ACRS) Staff Use Only** | | | | | |
| **Submission Date:** | | Select date | **Reviewed by:** |  | |
| **Revision Date:** | | Select date | **Revision Number** |  | **Edited by ACRS** |
| **Approval Date:** | | Select date | **ACRS Database Updated** | | |
| **Add or remove personnel** | | | **Add or remove sources of funding** | | |
| **ACRS Edits** |  | | | | |

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| Section 1 - General Project /Course Information | | | | | |
|  | | | | | |
| **AUP#** |  | **AUP Title:** |  | | |
| **Primary Investigator** | | Last Name | | First Name | |
| **Email** |  | | | **Phone Number:** |  |

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| Section 2 - Add or Remove Personnel |

1. **Complete the table below:**

| **Add/Remove** | **Last Name** | **First Name** | **Position** | **NSID** | **Email Address** |
| --- | --- | --- | --- | --- | --- |
| Select |  |  | Select |  |  |
| Select |  |  | Select |  |  |

Note: To add more rows: Table > Insert > Row Below. Drop down boxes do not copy with addition of rows. For drop down menu >> copy and paste the box in the row above or type in appropriate answer.

**Biosafety Note – Animal users must be listed as authorized workers on the biosafety permit(s) associated with this AUP (if applicable). All authorized workers must have current biosafety training. Retraining is required every 3 years.**

1. **For each animal user listed above, provide the following information in the table below.** This information is not required for animal care staff (i.e. technicians) employed at the LFCE, Dairy Unit, ACS, LRB, Poultry Centre, PSCI, VIDO, or WCVM ACU, or VMC, with the exception of husbandry/facility AUPs:

| **Last Name** | **Description of relevant training and experience** | **Responsible for which AUP procedures** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

Note: To add more rows: Table > Insert > Row Below.

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| Section 3 - Change in Funding |

1. **List any changes in the source of funding:**

| **Add / Remove** | **Source / Agency** | **UniFi Fund** |
| --- | --- | --- |
| Select |  |  |
| Select |  |  |

Note: To add more rows: Table > Insert > Row Below. Drop down boxes do not copy with addition of rows. For drop down menu >> copy and paste the box in the row above or type in appropriate answer.

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| Section 4 - Declaration and Submission of Modification |

**The Principal Investigator or Course Instructor acknowledges that all animals used in this AUP will be cared for and used in accordance with the Policies and Guidelines of the Canadian Council on Animal Care, and Procedures of the University Animal Care Committee and in accordance to the 3R principles**.

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| --- | --- | --- |
| **Principal Investigator** | **Acknowledgement** | **Date** |
| First and Last name | I have read and approve submission of this Modification form. | Select Date |

**Send the completed Modification form electronically by e-mail to** [**uacc.office@usask.ca.**](mailto:uacc.office@usask.ca)

**IMPORTANT!** If you do not receive a reply from the Animal Care and Research Support team within seven (7) business days following submission of this form, please call 306-966-4126 or email [uacc.office@usask.ca.](mailto:uacc.office@usask.ca)