**APPLICATION FOR CATEGORY OF INVASIVENESS “A” PROTOCOLS FOR RESEARCH OR TEACHING**

**UACC, Simon Fraser University, Burnaby, B.C., V5A 1S6 Tel: (778-78)2-4738, Fax: (778-78)2-8107, Emai****l: sfu-uacc@sfu.ca** **Website:** [**http://www.sfu.ca/vpresearch/acs**](http://www.sfu.ca/vpresearch/acs)

**PLEASE MAKE SURE YOU SIGN AND DATE THE LAST PAGE**

SUBMIT AN ORIGINAL OF THIS APPLICATION, SIGNED AND DATED, TO THE UACC COORDINATOR, AS WELL AS AN ELECTRONIC VERSION AS AN ATTACHED FILE TO SFU-UACC@SFU.CA

1. **Category of Invasiveness: Use this form for Category of Invasiveness “A” procedures only. Download and use the full form for Category of Invasiveness B-E.** Definitions of the categories can be accessed from the ACS webpage, at [www.sfu.ca/vpresearch/acs](http://www.sfu.ca/vpresearch/acs) : under guidelines and policies. If you are unsure, please contact the UACC Coordinator.

CATEGORY: DATE: PROJECT NO:

 (Office use only for project no.)

1. Please indicate if your project is a renewal or a new project. Long-term projects must be resubmitted after 4 years and are considered as new projects.

**III. PROJECT TITLE:**

**GRANT/SPONSOR TITLE (IF NOT APPLICABLE, PLEASE INDICATE):**

NEW PROJECT [ ]  RENEWAL [ ]  OLD PROJECT NUMBER:

1. **PRINCIPAL INVESTIGATOR:** Only a member of the SFU faculty may submit an application form. Research assistants and students should be listed as associates. Please indicate an emergency contact person, preferably someone who is familiar with your research.

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| PRINCIPAL INVESTIGATOR (COURSE INSTRUCTOR):POSITION:EMERGENCY CONTACT NO.: FACILITY/DEPARTMENT: |
| OFF. PHONE: FAX:LOCATION: | HOME PHONE: EMAIL ADDRESS:OFFICE NO.: | LABORATORY PHONE:LABORATORY NO.: |

1. **ASSOCIATE INVESTIGATORS AND RESEARCH STAFF.** Please name all associate researchers and staff. Include technicians (Tech), graduate students (Grad) or undergraduates (Ugrad). (When there are more than 2 names, add another row(s) for the additional name(s).

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| **ASSOCIATE INVESTIGATORS:** |
| NAME: | OFFICE PHONE: | LAB. PHONE | HOME PHONE | EMAIL ADDRESS: |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

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| **TEACHING STAFF: (LAB INSTRUCTORS, TEACHING ASSISTANTS):** |
| NAME: | OFF. PHONE: | LAB. PHONE: | HOME PHONE: | EMAIL ADDRESS: |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

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| **RESEARCH STAFF: (TITLE = TECH, GRAD, UGRAD)** |
| NAME: | OFFICE PHONE: | LAB. PHONE | HOME PHONE | EMAIL ADDRESS: |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

**ALTERNATE CONTACTS:**

|  |  |
| --- | --- |
| NAME: | TELEPHONE NUMBER: |
| NAME: | TELEPHONE NUMBER: |

1. **TYPE AND LENGTH OF EXPERIMENTAL PROTOCOL** (MARK THE APPROPRIATE CATEGORY). RESEARCH PROJECTS ARE APPROVED FOR ONE YEAR, TEACHING PROJECTS PER SEMESTER.

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| RESEARCH : TEACHING: COURSE NO:DEPARTMENT:PERMIT OR LICENSE NO: |
| LOCATION: | ARC: [ ] B8202: [ ]  | ACF: [ ] B8203: [ ]  B8205: [ ]   | ALCAN: [ ]  OTHER: [ ]  |  PHONE: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STARTING DATE:** | YR: | MO: | DAY: | **ENDING DATE:** | YR: | MO: | DAY: |

1. **FUNDING:** If not applicable, please indicate.

FUNDING SOURCE:

GRANT/SPONSOR NO:

ACCOUNT NUMBER:

INDICATE THAT THIS PROTOCOL HAS BEEN PEER REVIEWED FOR ITS SCIENTIFIC MERIT: YES [ ]  NO [ ]

1. **SUMMARIZED OBJECTIVES OF THE RESEARCH/COURSE** (Describe in lay terms the scientific objectives and the potential value of the project).
2. **ANIMAL INFORMATION.** Fill in the applicable information. If possible, provide an alternative strain. If you are unsure, please contact the Animal Care Facility manager.

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| GENUS, FAMILY OR CLASS: | SUGGESTED SUPPLIER: | ALTERN. SUPPL.: |
| NUMBER TO BE USED: |
| HOUSING LOCATION OF ANIMALS: ARC: [ ]  ACF: [ ]  ALCAN: [ ]  Others:  |
| 1. IF WILD ANIMALS ARE USED, GIVE LICENSE NO.  **AND**
2. AGENCY PERMITTING CAPTURE IF APPLICABLE
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1. **BASIC PROCEDURES USED IN THIS RESEARCH/COURSE:**

**Describe procedures involving animals**

1. **ANIMAL USAGE (JUSTIFY SPECIES, STRAIN AND NUMBER USED)**
2. **WHAT ARE THE ALTERNATIVES TO THE USE OF LIVE ANIMALS? WHY ARE THEY NOT BEING USED?**
3. **DANGERS - HAZARDS.** If hazardous materials are to be used, both the University Animal Care Committee and the safety committee will have to approve the facilities for handling the materials. This section is to alert people who may be working with the animals of potential dangers and to ensure that appropriate precautions are being taken to protect both people and animals.

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|  |  YES: |  NO: |
| BIOHAZARD |   |  |
| INFECTION TO STAFF |   |   |
| INFECTION TO ANIMALS |   |   |
| AGENT OR CHEMICAL(S) |   |   |
| CARCINOGEN |   |   |
| RADIOISOTOPES |   |  PERMIT NUMBER: |

1. **METHODS OF EUTHANASIA (IF APPLICABLE)**

CHEMICAL:

ROUTE OF ADMINISTRATION: DOSE:

OTHER (PLEASE SPECIFY):

**DECLARATION: I, THE UNDERSIGNED, ASSURE THAT ALL INVERTEBRATES USED IN THIS PROJECT WILL BE CARED FOR IN ACCORDANCE WITH ANY PRINCIPLES PUT FORTH BY THE CCAC & THE SIMON FRASER UNIVERSITY UACC CONCERNING THE USE OF INVERTEBRATES IN RESEARCH/TEACHING.**

Signed (Principal Investigator) Date:

1. Signed (Director, ACS) Date:

2. Signed (Veterinarian, ACS) Date:

3. Signed (Chair, UACC) Date: