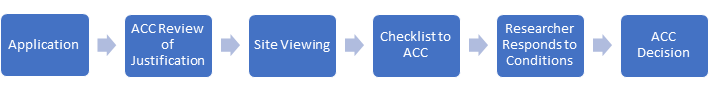
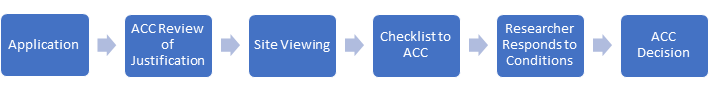
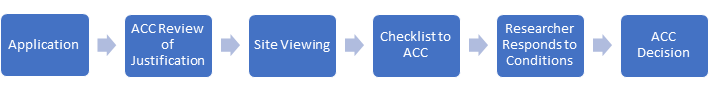
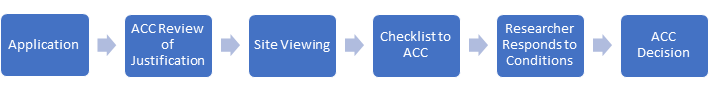
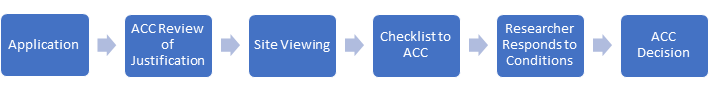
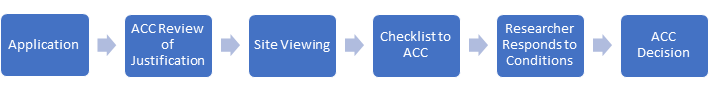
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| **UBC Animal Care Committee** |
| **Alternate Animal Use Space Guidance Document** |
| **The information in this document is to provide guidance to Researchers who wish to apply for Alternate Animal Use Space(s). There are 4 general stages outlined below.** |
| **Alternate animal use space:** as any area outside a UBC Animal Facility where animals may be held/housed. There are two types of alternate animal use spaces:  **Alternate housing space:** any ACC approvedspaces outside of a UBC animal facility where animals are housed for longer than 24 hours.  **Alternate procedure space:** any ACC approved spaces outside of a UBC animal facility where a procedure(s) on an animal is performed, and/or animals are being held for a duration of less than 24 hours. |



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | **References** | **Completed** |
| **Preparing the housing/space before protocol submission:** | | | | | |
|  | PI reviews/creates required documentation | | |  |  |
|  |  | **Alternate Housing Space:** | |  |  |
|  |  |  | Cleaning SOP and log (e.g. mopping floors, garbage) |  |  |
|  |  |  | Husbandry SOP(s) (e.g. cage changing cycle) |  |  |
|  |  |  | Daily monitoring SOP (includes health check info and records) and log   * NOTE: This is independent of experimental monitoring. |  |  |
|  |  |  | Environmental room monitoring SOP and log (e.g. temperature, humidity, light cycle) |  |  |
|  |  |  | Air Quality SOP and log (if applicable) |  |  |
|  |  | **Alternate Procedure Space:** | |  |  |
|  |  |  | Cleaning SOP and log (e.g. mopping floors, garbage) |  |  |
|  | \*\*\*Consider reaching out to your Clinical Veterinarian to discuss the Alternate Animal Use Space prior to creating documentation and submitting protocol\*\*\* | | |  |  |
| **Application submission** | | | | | |
|  | PI fills in Alternate Animal Use Space application form (link in Section 4.3 pop up box or on [animalcare.ubc.ca](https://animalcare.ubc.ca/animal-care-committee/sops-policies-and-guidelines/acc-policies) – form under Policy 9) | | |  |  |
|  |  | Add completed form under Section 4.8A | |  |  |
|  |  | * To help those reviewing please consider attaching photos of the space and a floorplan indicating where animals are housed/procedures are performed | |  |  |
|  | PI adds required documentation to protocol | | |  |  |
|  |  | * Add required SOPs to section 4.9C * Reference the SOPs in Section 4.8A and 5.1 | |  |  |
| **Protocol review** | | | | | |
|  | ACC reviews protocol including Alternate spaces info and justification | | |  |  |
|  |  | ACC will request inspection of the alternate space by clinical vet | |  |  |
|  |  | Checklist is sent to ACC by clinical vet | |  |  |
| **Post-Protocol review** | | | | | |
|  | PI coordinates inspection of space with ACC designate(s) | | |  |  |
|  | Vet inspects Alternate housing space as directed by ACC | | |  |  |
|  |  | Checklist and photos | |  |  |
|  | PI responds to conditions and resubmits protocol to ACC | | |  |  |
|  | ACC reviews applicable documentation and provides final decision | | |  |  |

|  |  |  |  |  |  |  |
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| **UBC Animal Care Committee Alternate Animal Use Spaces Application Form**  *Attach this form to section 4.8a and submit as part of protocol on RISE*  *Submit one form for each species* | | | | | | |
| **Principal Investigator** |  | | | | | |
| **Protocol Number** |  | | | | | |
| **Building Name** |  | | | **Room #(s):** | |  |
| **Address** |  | | | | | |
| **Species** |  | | | | | |
| **Start and end dates (cannot be longer than duration of protocol approval):** | | | | | | |
|  | | | | | | |
| **Purpose of space:** | | | **Max # animals held at any one time** | | | **Max length of time held** |
| Alternate Housing >24 hours | |  |  | | |  |
| Alternate Procedure <24 hours or procedure space only | |  |  | | |  |
| **Procedures performed:** | | | | | | |
| **Justification for alternate space request:** | | | | | | |
| **Emergency 24 hour contacts** | | | | | | |
| **Name:** | | | | | **Name:** | |
| **Phone** | | | | | **Phone** | |
| **Email:** | | | | | **Email:** | |

**Overview of Process:**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACC use only** | **Not Approved** | **Conditionally Approved** | **Approved** |
| **Review of Justification** |  |  |  |
| **Checklist** |  |  |  |
| **ACC Alternate Space Final Decision** |  |  |  |