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| twul-b-v | **Institutional Animal Care Committee**Animal Use Protocol Annual Renewal Form |

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| This form must be submitted every 12 months for three consecutive years after initial Animal Use Protocol approval to maintain your approved status with the Animal Care Committee. The ACC requires the submission of a new protocol on the fourth year for ongoing projects.**Please submit the completed, signed application, containing all attachments, and an electronic copy to th**e **IACC Coordinator, Neufeld Science Centre, 7600 Glover Rd, Langley, BC, V2Y 1Y1.**Email: Kehler@twu.ca Tel: (604) 888-7511 ext 3249**Date (M/d/yyyy):**  | ***For Administrative Use Only*** |
| **Protocol Number** | **Date Received** |
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| **Category of Invasiveness** |
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**1. Administrative Information**

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| Course Number (if applicable) and Project Title |       |
| Name of Principal Investigator/Instructor:  |  |
| Department:  |  |
| Contact Numbers:  |  |
| Funding Agency (for research protocols) |  |

**2. Category of Invasiveness (check):** **[ ] A** **[ ]  B** **[ ] C** **[ ] D** **[ ] E**

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| Categorize the protocol according to the **most** invasive procedure. Then please list each one (in field below), giving the appropriate category of invasiveness). |
| Click here to enter text. |

**3. Please provide a brief description of the project and a progress report for the past year.**

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| Describe any complications encountered relative to animal use (unpredicted outcomes, and any animal pain, distress or mortality), and any progress made with respect to the Three Rs of replacement, reduction and refinement of animal use.**Section 9 and 10 must be completed for any** **amendments to the original protocol** |
| Click here to enter text. |

**4. Please provide a brief report on the adequacy of the endpoints for the protocol.**

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| Describe any complications encountered or refinements made relative to protecting animals from pain, distress or mortality. Include recommendations that may improve the well-being of the animals and/or the outcome of the study (e.g. changes to handling times, pursuit times, and vital signs).**Section 9 and 10 must be completed for any** **amendments to the original protocol** |
| Click here to enter text. |

**5a. Animal Data: List species and numbers of animals used in the preceding year, including any by-catch or unintentional use in wildlife studies:**

|  |  |
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| Species/Strain of Animal | Numbers Used |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**5b. By-catch or unintentional use details:**

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| **Please provide details on any unintended animal injury or fatalities, including details on any treatments given, results of post-mortems, and any lessons learned that may prevent future incidents. Also include the fate/disposition of any carcasses.** |
| Click here to enter text. |

**5c. Fate of animals and carcasses.**

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| **Explain the fate of the animals at the end of the study, including how any carcasses were disposed of.**  |
| Click here to enter text. |

**6a. Projected Animal Numbers Needed: List species and numbers of animals requested to be used in the coming year:**

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| Species/Strain of Animal | Numbers Requested |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**6b. Provide justification for the requested numbers to be used in the coming year:**

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| Click here to enter text. |

**7. Check One:**

[ ]  This renewal maintains **ALL** aspects of the original protocol. No changes are needed.

Sign the "Declaration" (item 5) and return to the Committee chair c/o IACC Coordinator, Trinity Western University, Neufeld Science Centre. Email: Kehler@twu.ca. Tel: (604) 888-7511 ext 3249.

[ ]  This renewal contains modifications to the original protocol.

Complete sections 9-10 and return to the Committee chair c/o IACC Coordinator, Trinity Western University, Neufeld Science Centre. Email: Kehler@twu.ca. Tel: (604) 888-7511 ext 3249.

[ ]  Due to curriculum changes, this protocol will no longer be required.

Sign the "Declaration" (item 8) and return to the Committee chair c/o IACC Coordinator, Trinity Western University, Neufeld Science Centre. Email: Kehler@twu.ca. Tel: (604) 888-7511 ext 3249..

**8. Declaration:**

I, the undersigned, assure that all animals used in this proposal will be cared for in accordance with the guidelines and policies recommended by the Canadian Council on Animal Care and Trinity Western University.

Signature of Principal Instructor/Investigator:

Print name: Click here to enter text.

Date (M/d/yyyy):

**Animal Care Committee Signatures:**

ACC Chair

Signature: Date:

ACC Veterinarian

Signature: Date:

Community Member

Signature: Date:

**COMPLETE AND RETURN SECTIONS 9-10 ONLY IF THERE HAVE BEEN CHANGES TO THE PROTOCOL.**

**9. Please specify changes and provide reasons for changes in parts a-f (where applicable).**

Provide justification for all changes where indicated.

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| a. Addition or Deletion of Personnel.Specify names and whether faculty, student or staff and check off if they are being deleted or added to the AUP.  |
| **Name** | **Department** | **Position** | **Addition**  | **Deletion** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |[ ] [ ]
| Click here to enter text. | Click here to enter text. | Click here to enter text. |[ ] [ ]
| Click here to enter text. | Click here to enter text. | Click here to enter text. |[ ] [ ]
| Click here to enter text. | Click here to enter text. | Click here to enter text. |[ ] [ ]

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| **For personnel being added to the AUP, include the following information for each individual.** |
| Contact information (phone number and email address) : Click here to enter text.  |
| Describe their animal handling role: Click here to enter text. |
| Describe their qualifications and training as it relates to animal care and use: Click here to enter text. |

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| b. Changes in Animal Usage |
| Animal Species | Yes [ ]  | No [x]  |
| Total Number of animals | Yes [ ]  | No [x]  |
| Source/Location | Yes [ ]  | No [x]  |
| Specifics and Justification: Insert space as requiredClick here to enter text. |

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| c. Changes in Procedure(s).  | Yes [ ]  | No [x]  |
| Will it change the Category of Invasiveness?Protocols are categorized based on the most invasive procedure being carried out. | Yes [ ] If Yes, indicate the new COI[ ]  B [ ] C [ ]  D [ ] E | No [x]  |
| Specifics and Justification: Insert space as requiredClick here to enter text. |

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| d. Changes to Drug/Chemical Use (including Dose, Route of Administration): |
| Anesthetic | Yes [ ]  | No [x]  |
| Analgesic | Yes [ ]  | No [x]  |
| Other | Yes [ ]  | No [x]  |
| Specifics and Justification: Insert space as requiredClick here to enter text. |

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| e. Changes in Endpoints/Fate of Animals  | Yes [ ]  | No [x]  |
| Specifics and Justification: Insert space as requiredClick here to enter text. |

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| f. Changes in Use of Hazardous Material  | Yes [ ]  | No [x]  |
| Click here to enter text. |

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| g. Changes in Funding Agency | Yes [ ]  | No [x]  |
| Specify and indicate if peer review for scientific merit has been carried out for research protocols.Click here to enter text. |

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| h. Include any other relevant changes that have not already been discussed. |
| Click here to enter text. |

**10. Signatures**

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| **Name: Principal Investigator/Instructor**  | **Date (M/d/yyyy)** | **Signature** |
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| **Name: Faculty/School Dean**Required only if the protocol has been modified. | **Date (M/d/yyyy)** | **Signature** |
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| **Name: IACC, Chair**  | **Date (M/d/yyyy)** | **Signature** |
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