

ANIMAL CARE PROTOCOL-ANNUAL RENEWAL PROTOCOL

1) PROTOCOL

	Yes	No	N/A
A. Are protocols current, displayed and compliant?			
B. Do the PI, research personnel and facility staff have access to the most recent version of this protocol and any amendments?			
C. Has there been submission of amendments for any change in procedure?			
D. Do the PI and personnel have accurate knowledge of the protocol?			
E. Are all personnel who handle animals listed on the protocol?			
F. Is all personnel training completed (online course and additional training)?			

2) STUDY PROCEDURES

	Yes	No	N/A
A. Are the procedures used the same as those described in the approved protocol?			
B. Are researchers/staff trained and competent in the necessary injections, sampling and handling of animals?			

3) ANIMALS

	Yes	No	N/A
A. Are the species, strain, ages, and number of animals being used consistent with those in the approved protocol?			

	Yes	No	N/A
A. Were any animals caught unintentionally in the last year (e.g. by-catch)? If YES, provide a list of species and numbers in the Additional Information on page 3			
B. Were any animals killed or injured unintentionally in the last year? If YES, provide information on treatments given, results on post-mortems on unplanned mortalities, disposal of carcasses and recommendations to reduce such issues in the future in Additional Information on page 3			

C. ANIMAL USE NUMBERS N/A

1. How many animals did you propose to use last year?
2. How many animals did you use last year? (Be specific)
3. How many animals do you propose to use next year? (Be specific)
4. Please justify the proposed use of animal numbers for next year

4) ENDPOINTS N/A **If endpoints monitoring is NOT part of the protocol proceed to section 5**

	Yes	No	N/A
A. Are all researchers and staff aware of endpoints?			
B. Are endpoints appropriate for the protocol?			

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5) EUTHANASIA N/A If euthanasia is NOT part of the protocol then proceed to section 6

	Yes	No	N/A
A. Does the method of euthanasia correspond with what is written in the protocol?			
B. Are animal carcasses/tissues disposed of promptly and correctly?			
C. Is the final disposition of the animal recorded?			

6) CONTROLLED DRUG(S) N/A If controlled drugs NOT part of the protocol proceed to Additional Information

	Yes	No	N/A
A. Are controlled drugs kept double locked?			
B. Is the controlled drug log maintained and up to date?			
C. Are expiry dates routinely checked?			

ADDITIONAL INFORMATION: provide justification for every "No" response above (additional pages can be used, where necessary)

NAME (Principal Investigator): _____

DEPARTMENT: _____ **E-mail:** _____

SIGNATURE (Principal Investigator): _____ **Date:** _____

**To ensure speedy renewal and continuation of approval, please return this form to the
UACC Coordinator, Room 230, Discovery 2
by this date**

DATE (MMM/DD/YYYY) _____