# UNIVERSITY OF LETHBRIDGE

**Animal Welfare Committee (AWC)**

*ANNUAL RENEWAL FOR THE USE OF ANIMALS IN BREEDING PROTOCOLS*

Completion of this form is required by the Animal Welfare Committee to fulfill the Canadian Council on Animal Care’s (CCAC) requirements for annual review and approval of protocols. Please complete a separate form for each approved animal welfare protocol.

|  |
| --- |
| 1. **Complete and comprehensive details of project design and procedures to be performed on living animals are essential for this form to be assessed by the Committee.**
2. **No animal procedures may be performed until written approval has been obtained from the AWC.**
3. **Please submit the completed and signed renewal report to the AWC Coordinator in the Office of Research and Innovation Services.**
 |

**1. GENERAL INFORMATION**

|  |
| --- |
| *This information is collected under the authority of the Alberta Post-secondary Learning Act and will be used for administrative purposes associated with the review of your animal welfare protocol amendment. It will be treated in accordance with the privacy protection provisions of Part 2 of the Alberta Freedom of Information and Protection of Privacy Act. Questions about the collection, use or disclosure of your personal information collected on this form can be directed to Danika Dorchak, Office of Research Services, University of Lethbridge, Lethbridge, Alberta, T1K 3M4, Phone: 403-382-7198, Email:* *animal.ethics@uleth.ca* *.*  |
| **Principal Investigator’s Name** | Telephone |
|       |       |
| Department | Email Address |
|                   |       |
| Emergency Contact Name | Telephone |
|             |                 |
| **Title of Project** |
|        |  |
| **Protocol Number** | **Purpose of Animal Use** | **Category of Invasiveness** |
|        | Choose an item.       | Choose an item.      |
| **Start and End Dates of AWC Approval** | **Funding Agency** |
| Start Date: Click or tap to enter a date.     End Date: Click or tap to enter a date.      |       |
| Is this project still in effect? [ ]  Yes [ ]  NoIf No, Date of Completion: Click or tap to enter a date. |

**Which renewal is this?** [ ]  First [ ]  Second [ ]  Third

**2. ANIMALS USED IN THE PREVIOUS YEAR**

a) List all the animals used in the previous year, including breeders and offspring generated in-house (note, number of fish embryos does not need to be recorded. For columns that do not apply to your breeding protocol, simply indicate N/A).

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Number of Animals Used this Year** |
| **Species and Strain\*** | **Age/Sex** | **Immunocompromised**  | **Carrying Over from Previous Reporting Period** | **Reached Experimental Endpoint** | **Died or Euthanized Unexpectedly** | **Culled or Wrong Genotype** | **Missing / Found Dead Pre-Weaning** | **Not Used** | **Exported to Another Institution**  | **Still Alive** | **Total** |
|  |  |[ ]   |  |  |  |  |  |  |  |  |
|  |  |[ ]   |  |  |  |  |  |  |  |  |
|  |  |[ ]   |  |  |  |  |  |  |  |  |
|  |  |[ ]   |  |  |  |  |  |  |  |  |
|  |  |[ ]   |  |  |  |  |  |  |  |  |
|  |  |[ ]   |  |  |  |  |  |  |  |  |
|  |  |[ ]   |  |  |  |  |  |  |  |  |
|  |  |[ ]   |  |  |  |  |  |  |  |  |
|  |  |[ ]   |  |  |  |  |  |  |  |  |
|  |  |[ ]   |  |  |  |  |  |  |  |  |

**\*Complete nomenclature including background strain**

b) In lay terms, provide a lay summary of the progress in the past year toward achieving the scientific objectives of this research project; where possible, please clearly link the progress made with the specific objectives of your protocol. If the project is completed, briefly describe the results (if possible).

c) Were there any unexpected responses associated with the procedures/processes used, including unexpected morbidity and mortality? Detail the unexpected response(s), any treatments given, and any humane intervention points applied. Indicate the number of animals affected. Outline any measures taken to reduce or resolve these incidences.

d) Are there any new experimental endpoints or humane intervention points to add to the protocol? Describe.

e) Are there any changes or new details to add to the animal welfare assessment plan? Describe.

f) Did any animals develop conditions or diseases unrelated to your research? Describe.

g) Was there any progress made with respect to the 3 Rs (replacement, reduction and refinement) of animal use? If yes, explain.

h) Were there any modifications or changes made to the approved protocol in the last year (for example, changes in tests, procedures, holding)? Were amendments submitted to the AWC detailing these changes?

**3. ANIMALS REQUIRED FOR THE COMING YEAR**

a) List all the animals required for the coming year including breeders and offspring to be generated in-house.

|  |  |  |  |
| --- | --- | --- | --- |
| **Species and Strain\*** |  **Age/Sex** | **Number of Animals Required for the** **Next Year** | **Immuno-****Compromised****(Check if Yes)** |
|  |  |  |[ ]
|  |  |  |[ ]
|  |  |  |[ ]
|  |  |  |[ ]
|  |  |  |[ ]
|  |  |  |[ ]

**\*Complete nomenclature including background strain**

b) Justify the number of animals requested. Provide a brief summary of specific procedures likely to be conducted in the coming year with the proposed animals (also indicate the scientific objectives for the project that are to be investigated in the coming year).

c) Do you anticipate any changes to the approved animal procedures or timeline during the next year? **If so, please complete Section 5.**

d) Attach a list of your current permits, if permits are required for your research. Indicate the name of the agency approving the permit and the permit number.

e) Update the names, positions, and relevant training and experience **of all the individuals who will be involved with the approved animal welfare study in the coming year.** **NOTE: These individuals should all have completed the Institutional Animal User Training Program (IAUTP). Indicate the IAUTP training they have received with an “X”.**

**Procedures:**

1. Meeting CCAC standards of animal husbandry and housing
2. Providing daily care of animals
3. Reporting ill/injured/dead animals to veterinarian
4. Performing surgical procedures
5. Performing other invasive procedures
6. Monitoring recovery from surgery
7. Administering analgesics
8. Performing euthanasia
9. Maintaining animal logbook
10. Maintaining restricted drug logbook
11. Performing behavioural tests
12. Performing field work and meeting accepted standards with respect to field work
13. Oversight and overall management of approved study
14. Training of students for animal handling and animal observation (teaching protocol)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Individual** | **Position (PI, RA, PDF, graduate student, etc.)** | **Procedures (indicate relevant number from the list above)** | **IAUTP****Part 1** | **IAUTP****Part 2****Handling****(List Rat, Mouse, Fish, or bird)** | **Other Training Received** | **Other Training Required** |
|  | PI |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**4. HAZARDS TO STAFF**

Current legislative requirements require an annual review of the hazards to staff. Please review the hazard assessment for the project and indicate Yes or No to the following statements:

[ ]  Yes [ ]  No The hazard assessment has been reviewed with all staff working with this protocol.

[ ]  Yes [ ]  No There have been no changes to the hazard assessment for the project. If there are changes to the hazard assessment, an updated hazard assessment must be completed and submitted to Safety Services for review.

**5. OPTIONAL – AMENDMENTS FOR THE UPCOMING YEAR**

**1.** Provide a rationale for the request to amend your approved protocol. Include a brief summary of the purpose of your project.

**2.** Provide a list of your currently approved procedures relevant to this amendment, and outline the proposed changes. Reference approved SOPs, where applicable. **If there are changes from the approved procedure in the SOP(s) that are referenced, the changes need to be clearly outlined in this amendment. If there are additions of drugs or chemicals, please fill out Part IX B & C of the** [**Animal Welfare Approval Form**](https://www.ulethbridge.ca/research/animal-ethics-guidelines-forms) **and append to the amendment.** Note that addition of drugs or chemicals may require an [*Application for an Exemption to Use a Controlled Substance for Scientific Purposes*.](https://www.ulethbridge.ca/research/administrative-support)

* Indicate the CCAC Category of Invasiveness, and the level of pain or distress expected for each procedure.
* Indicate how you plan to address/minimize any increases in the level of invasiveness, or pain or distress expected.
* Indicate the CCAC Purpose of Animal Use.
* Indicate the number and type of animals required for each procedure. Provide details on group sizes and total numbers required. Indicate whether these are in addition to those already approved.
* Indicate any changes to endpoint(s), or state that there are no changes to the endpoint(s).
* Indicate any changes to the animal welfare assessment and its frequency, or state there are no changes.
* Indicate any changes to animal handling or housing, or state that there are no changes to the animal handling or housing.
* Indicate any changes in personnel, or state that there are no changes to personnel. If there are personnel changes, provide their name, position and relevant animal user training.
* Provide information on the location of the animals, or state that there are no changes to the location of the animals. If additional space is required, provide details.
* Indicate the fate of the animals.
* Indicate any changes in the hazards to staff, or state that there are no changes in the hazards to staff. For any changes in the hazards to staff, a Hazard Assessment Report must be completed and submitted, together with this amendment form, to Safety Services.

 Click or tap to enter a date.

|  |  |
| --- | --- |
| **Signature of Principal Investigator** | **Date** |
|  |  |