# UNIVERSITY OF LETHBRIDGE

**Animal Welfare Committee (AWC)**

*FINAL REPORT FOR THE USE OF ANIMALS IN FIELD STUDIES*

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

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| 1. **Complete and comprehensive details of project outcome and findings are essential for this form to be assessed by the Committee.** 2. **Please submit the completed and signed application to the AWC Coordinator in the Office of Research and Innovation Services.** |

**1. GENERAL INFORMATION**

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| *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*](mailto:animal.ethics@uleth.ca) *.* | | |
| **Principal Investigator’s Name** | | **Business Telephone** |
|  | |  |
| **Department** | | **Email Address** |
|  | |  |
| **Emergency Contact Name** | **Business Telephone** | **Home 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  No  If No, Date of Completion: Click or tap to enter a date. | | | |
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**2. ANIMALS USED IN THE PREVIOUS YEAR**

a) List all the animals used in the previous year.

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| **Species\*** | **Age/Sex** | **Number of Animals Used this Year** | | | |  |
| **Reached Experimental Endpoint** | **Died or Euthanized Unexpectedly** | **Still Alive** | **TOTAL** | **Species Status\*\*** |
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**\*Complete nomenclature**

**\*\*E=Endangered T=Threatened SC=Of Special Concern NL=Not Listed (**[**COSEWIC**](http://www.sararegistry.gc.ca/sar/listing/default_e.cfm)**)**

**EW=Extinct in the wild CR=Critically endangered EN=Endangered VU= Vulnerable NT= Near Threatened LC= Least Concern DD= Data Deficient NE= Not Evaluated (**[**IUCN**](https://www.iucnredlist.org/)**)**

**DATE RANGE OF REPORTING:**

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 protocol, 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) Were there any new experimental or humane intervention points added to the protocol? Describe.

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

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

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

h) For non-target animals that were captured, please indicate the species, number, age/sex (if known), how they were handled, and the fate of the animals.

Click or tap to enter a date.

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