Annual Renewal Request Form

Animal Care Committee

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| **Compliance Office (ORS) USE ONLY**  ACC Protocol number:  Date Received:       Date Approved:  Category of Invasiveness – Select one Category (A, B, C,D,E):  A) Experiments on most invertebrates or on live isolates  B) Experiments/procedures which cause little or no discomfort or stress  C) Experiments/procedures which cause minimal stress or pain of short duration  D) Experiments/procedures which cause moderate to severe distress or discomfort  E) Procedures cause severe pain near, at, or above the pain tolerance threshold unanesthetized conscious animals |

**Please allow sufficient time for review and submit this form 1 month prior to your renewal date. If this is your fourth renewal a new AUP must be submitted.** Please notify us if the project is completed/withdrawn or if you wish to request an amendment. This form must be filled out electronically with signature and submitted to [researchethics@ontariotechu.ca](mailto:researchethics@ontariotechu.ca). If you have questions or concerns, please contact the Research Ethics Coordinator, Janice Moseley at 905-721-8668 ext. 3693

Renewal #1  Renewal #2  Renewal #3  Renewal #4 requires New AUP application

**Project Title:**

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| **1a: Principal Investigator** |
| Full name:       Address:  City:       Province:  Postal Code:       Country:       Work Phone #:  Rank/Position: Other Phone #:  Faculty/Dept. Affiliation:       Emergency #:  Institution: University of Ontario Institute of Technology Email: |
| **1b: Alternate / Emergency Contact(s)** |
| First Name:       Last Name:       Person 1:  Phone #:       Email:       Working with animals?  Role/Position/Affiliation:        Yes  No  Institution: University of Ontario Institute of Technology |
| First Name:       Last Name:       Person 2:  Phone #:       Email:       Working with animals?  Role/Position/Affiliation:        Yes  No  Institution: University of Ontario Institute of Technology |
| If you require additional space to list contacts (i.e. Co-Investigators, Research Assistants, Emergency Contacts) please list on a separate page and attach to your Renewal Form. |
| **2: Funding Information**  **List Funding source(s) – incude Start & End dates/ Status of Award(s) (funded/pending):**    Course or Grant(s) Number(s): |

**3: AUP Update Information**

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| **3a)** Does this project involve breeding or use in-house bred offspring?  Yes  No  If YES, please update your AUP accordingly. |
| **3b)** Please describe any complications (unexpected or otherwise) since the last renewal or submission: |
| **3c)** Have there been any changes to the protocol as compared to the last approval?  Yes  No  If YES, please complete and attach an Amendment Request Form. The ACC will determine if your amendment is significant and will require a new AUP submission. |
| **3d)** Number of animals used in the preceding year? |
| **3e)** Number of animals approved in the preceding year? |
| **3f)** Number of animals requested for the upcoming year?  Please provide justification for number of animals you indicated in 3f): |
| **3g) Discuss any progress made with respect to the “Three R’s”**  **Replacement:**    **Reduction:** |
| **3h) Progress Report:**  Describe any complications or unexpected outcomes encountered relative to animal use (unpredicted outcomes, and any animal pain, distress, or morbidity/mortality). |
| **3i) Endpoints Report:**   1. The adequacy of the endpoints for the approved protocol 2. Any complications encountered or refinements made relative to protecting animals from pain, distress, or mortality 3. How were any problems encountered resolved? (eg. Changed endpoints, improved training of staff) |

**4: Researchers & Animal Care User – Qualifications/Training Schedule**

Please include all persons listed in Section 1a/b of this Renewal Form.

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| **Full name** | **Procedures/ Involvement** | **AC Reg** | **AU Cer** | **Bio** | **Rad** | **WHMIS** | **Other Training or Experience ‡** | **Competency Assessed?** |
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‡ Attach training course certificate and description \* Attach competency assessment for each individual listed

Legend of Training:

**ACReg** - **Animal Care Regulatory -** Every 5 years; the CCAC requires a refresher course be taken (2009 - 2014)

**AUCer - Animal Use Certification -** Animal user certification course has been taken

**Bio** - **Biohazard Safety Training -** Training on proper procedures to follow in order to use Level C Biohazard rooms

**Rad** - **Radiation Safety Training** - Training on proper procedures to follow in order to use Radioactive materials

**WHMIS** - **Workplace Hazardous Materials Information System** - General training on cautionary labelling of containers of WHMIS "controlled products", the provision of material safety data sheets (MSDSs) and worker education and training programs.

For inquires relating to training, please contact the Research Ethics Coordinator, [researchethics@ontariotechu.ca](mailto:researchethics@ontariotechu.ca) / 905-721-8668 ext. 3693. For further information on courses, visit the [CCAC training website](http://www.ccac.ca/en_/training)

**Declaration:**

All animals used in this project will be cared for in accordance with the principles outlined in the "*Guide to the Care and Use of Experimental Animals*" as published by the Canadian Council on Animal Care (CCAC) and provincial legislation entitled "*The Animals for Research Act of the Province of Ontario*". If changes in personnel occur, or changes are anticipated in the procedures affecting the animals during the period of this project, I will immediately advise the Ontario Tech Animal Care Committee (ACC) Chair, or Veterinarian and obtain supplementary approval from the ACC for any changes.

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Signature of the Principal Investigator Date Signed

Insert Electronic-signature image here:



**PLEASE NOTE:** If you are unable to insert your digital signature please print, sign, and fax or scan/email it to us. Thanks.

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| **FOR COMPLIANCE OFFICE USE ONLY**  This Renewal has been reviewed by the Ontario Tech Animal Care Committee (ACC), and is approved based on the information provided.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Ontario Tech Animal Care Committee (ACC) Chair Date Signed  Insert Electronic-signature image here:  Date of Renewal Approval: |