



**ANIMAL CARE PROTOCOL - ANNUAL RENEWAL**  
**SFU ANIMAL CARE COMMITTEE**

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Protocol approval is for one year at a time. Every Protocol must undergo an annual renewal.

**Protocol Number:**

**Title:**

**This protocol's annual approval expires:**

**The end date for this protocol is:**

**IS YOUR PROJECT COMPLETED:** Please indicate below

**YES:**  or **NO:**

If your project is completed, it is necessary to sign and date this section for our records.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IF NOT COMPLETED:**

A) If you would like to continue the project, **please fill in the report on pages 2-3, and sign and date the attached signature box on page 3** and return it to:  
***UACC Coordinator, Rm. 230, Discovery 2***

B) If there are any changes in your protocol, please additionally include the details on an amendment page (found at [www.sfu.ca/vpresearch/acs](http://www.sfu.ca/vpresearch/acs)). Please remember to sign and date. Send only originals.

**For office use:**

**UACC Chair**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Protocol #:

## 1) PROTOCOL

- 1A. Is the protocol current and compliant?  yes  no
- 1B. Do the PI and research personnel have access to the most recent version of this protocol and any amendments?  yes  no
- 1C. Has there been submission of amendments for any change in procedure?  yes  no
- 1D. Do the PI and personnel have accurate knowledge of the protocol?  yes  no
- 1E. Are all personnel who handle animals listed on the protocol?  yes  no
- 1F. Is all personnel training completed (online course and additional training)?  yes  no

## 2) STUDY PROCEDURES

- 2A. Are the procedures used the same as those described in the approved protocol?  yes  no
- 2B. Are researchers/staff trained and competent in the necessary injections, sampling and handling of animals?  yes  no

## 3) ANIMALS

- 3A. Are the species, and number of animals being used consistent with those in the approved protocol?  yes  no
- 3B. Were any animals caught unintentionally in the last year (e.g. by-catch)?  yes  no

**If YES, provide a list of species and numbers in the Additional Information on page 3**

- 3C. Were any animals killed or injured unintentionally in the last year?  yes  no

**If YES, provide information on treatments given, results on post-mortems on unplanned mortalities, disposal of carcasses and recommendations to reduce such issues in future in Additional Information on page 3**

## 4) ENDPOINTS N/A

**If endpoint monitoring is NOT part of the protocol then proceed to section 5**

- 4A. Are all researchers and staff aware of endpoints?  yes  no
- 4B. Are endpoints appropriate for the protocol?  yes  no

## 5) EUTHANASIA N/A

**If euthanasia is NOT part of the protocol then proceed to section 6**

- 5A. Does the method of euthanasia correspond with what is written in the protocol?  yes  no
- 5B. Are animal carcasses/tissues disposed of promptly and correctly?  yes  no
- 5C. Is the final disposition of the animal recorded?  yes  no

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**6) CONTROLLED DRUG/DRUGS N/A [ ]**

**If controlled drugs are NOT part of the protocol then proceed to Additional Information**

**6A.** Are controlled drugs stored in a double locked area? [ ] yes [ ] no

**6B.** Is the controlled drug log maintained and up to date? [ ] yes [ ] no

**6C.** Are expiry dates routinely checked? [ ] yes [ ] no

**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, Rm. 230, Discovery 2.**

**By:** \_\_\_\_\_

**Day:** \_\_\_\_\_ **Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_