## Instructions: PLEASE COMPLETE ALL INDICATED SECTIONS. Activities which do not require ethics review by the Animal Care Committee must be registered with the Research Ethics Office by completing this form. These activities include Category A animal use and “Other” animal use activities. The Animal Care Committee will be provided a copy of this form and may require additional details to confirm exemptions.

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| PROJECT INFORMATION | | | |
| Applicant Name: (*include supervisor’s name if applicable)* | Click or tap here to enter text. | | |
| Email Address: | Click or tap here to enter text. | | |
| Telephone Number: | Click or tap here to enter text. | | |
| Title of Activity or Event: | Click or tap here to enter text. | | |
| Activity/Event Location: | Click or tap here to enter text. | | |
| Activity/Event Start Date: | Click or tap to enter a date. | Activity/Event End Date: | Click or tap to enter a date. |
| Species: | Click or tap here to enter text. | | |
| Number of Animals: | Click or tap here to enter text. | | |
| **Details on Activity / Event** | | | |
| 1. **Is this activity part of research or teaching?**   **YES** → Complete section 1 (questions 2-5 Category A Animal Use)  **NO** → Complete section 2 (questions 6-8, Other Animal Use Activities) | | | |
| **SECTION 1: CATEGORY A ANIMAL USE** | | | |
| 1. **Does this work involve observation of live animals?**   In other words, there is no contact with the animals or interference with or modifications of their environment or behavior. Examples could include use of motion activated camera or video recorders to observe wild specifies, bird counting (without us of recorded bird vocalizations), a class tour of the humane society facility, or a demonstration of police dog duties. This also includes analysis of data associated with an approved AUP.  **YES**   **NO**  If Yes, describe: Click or tap here to enter text. | | | |
| 1. **Does this work involve invertebrates (below Class Cephalopoda)?**   e.g.: protozoa, insects, worms, clams, crabs, lobsters, snails, coral, sponges and starfish.  The College Animal Use and Care policy defines Animals as: “Any living non-human vertebrate and any living invertebrate of the class of cephalopoda, including free-living and reproducing larval forms.”  **YES**  **NO**  If yes, describe: Click or tap here to enter text. | | | |
| 1. **Does this work involve live isolates?**   e.g.: excreta/parasites collected from live animals, zebrafish embryos, chick embryos at less than 2/3 incubation, animal cell lines with the source identified  **YES**   **NO**  If yes, describe: Click or tap here to enter text. | | | |
| 1. **Does this work involve animal-derived tissues or cadavers?**   e.g.: dead animals found in the wild or tissues obtained from a meat processing plant or dead animals euthanized under an approved protocol.  **YES**   **NO**  If yes, describe: Click or tap here to enter text | | | |
| ***If you answered yes to question 1 and have completed all fields  for questions 2-5, your application is complete.*** | | | |
| **SECTION 2: OTHER ACTIVITIES**  Animal use that does not involve research or teaching does not generally require ACUC review, however there are other issues which may need to be addressed. Please provide the details of your animal use activity below. | | | |
| 1. **Description of Event**   e.g.: dog therapy for students.  Click or tap here to enter text. | | | |
| 1. **Nature of Animal Involvement**   Click or tap here to enter text. | | | |
| 1. **Emergency Contact(s):**   List the name and cellular telephone number for a least one person who will be present for the entire duration of the event.  Name Click or tap here to enter text. Telephone: Click or tap here to enter text.  Name Click or tap here to enter text. Telephone: Click or tap here to enter text. | | | |
| ***If you answered no to question 1 and have completed all fields  for questions 6-8, your application is complete.*** | | | |
| Your activity assessment is valid for **ONE YEAR** from the date of acknowledgement.  If the activity changes, or if your project will continue beyond a year, the Research Ethics Office must be notified in order to re-evaluate the application.  ***This form should be submitted by email to:*** [**vwalker@yukoncollege.yk.ca**](mailto:vwalker@yukoncollege.yk.ca) | | | |
| **ACCURACY OF INFORMATION**  I certify that I have read and understand the policies, procedures, and guidelines developed by Yukon College for humane treatment and care of animals in accordance with the standards and principles established by the Canadian Council on Animal Care and that I intend to comply fully with the letter and spirit of those policies, procedures, and guidelines; that all the information I have included in this application is, to the best of my knowledge, true; and that I have not knowingly omitted any information from this application that is relevant to the task of the Yukon College Animal Care Committee. I further acknowledge my responsibility to report any significant changes in the activity/event and to obtain written approval for those changes, as required by the College policies, procedures, and guidelines, prior to implementing those changes.  Submission of this form together with supporting documentation indicates compliance with the foregoing statement.  Applicant or Supervisor:   |  |  | | --- | --- | | Click here to enter text. | Click here to enter a date. | | Typed Name | Date | | | | |

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| *Research Ethics Office Use Only* | | | |
| *Submission Status* | | | |
| *Category A Invasiveness (does not require ACC review)* | | | |
| *“Other Activity” involving animal use (does not require ACC review)* | | | |
| *Study requires ACC review (an animal user protocol must be submitted)* | | | |
| *Date Received:* | *Click or tap here to enter text.* | *Date Reviewed:* | *Click or tap here to enter text.* |
| *Date of Acknowledgement:* | *Click or tap here to enter text.* | *Reference Number:* | *Click or tap here to enter text.* |
| *Assessment completed by: Click or tap here to enter text.* | | | |

**ATIPP Notification:** The personal information requested on this form is collected and protected under the authority of the Yukon Access to Information and Privacy (ATIPP) Act and will be used for the purpose of processing your animal care committee (ACC) submission and for uses consistent with this purpose. Questions can be directed to the ACC Coordinator, Yukon College 867-668-8857.