**Protocol Renewal**

**for Previously Approved Protocols Involving Animals**

**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) application and for uses consistent with this purpose. Questions can be directed to the ACC Coordinator, Yukon University 867-668-8857.

## Instructions: Complete this form to request a renewal of an existing ACC protocol. The submission of a new protocol application form is required after a maximum of three (3) consecutive renewals. Please provide answers to all questions, even if the information is duplicated elsewhere in the form. Submit the completed with attachments (.doc or .pdf) to the Animal Care Committee Coordinator at [vwalker@yukonu.ca](mailto:vwalker@yukonu.ca). NOTE: It may take up to 4 weeks to complete the renewal process.

**Your application will NOT be reviewed by the ACC until all necessary documents have been received by the ACC Coordinator.**

## GENERAL PROJECT INFORMATION

|  |
| --- |
| Protocol number (if known): Click here to enter text. |
| Descriptive project title: Click here to enter text. |
| Original project start / end date: Start Click here to enter a date. End: Click here to enter a date. |
| New project start / end date: Start: Click here to enter a date. End: Click here to enter a date. |
| Number of previous renewals:  1  2  3 |
| Are there any other Institutional ACC reviews of this protocol?  Yes  No  If Yes, provide name of institution Click or tap here to enter text. |

## PERSONNEL INFORMATION

**Principal Investigator / Faculty Member**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name, first name: Click here to enter text. | | | |
| Institutional affiliation: Choose an item. Explain other: Click here to enter text. | | | |
| Department / school: Click here to enter text. | | | |
| Employee / Student ID #: Click here to enter text. | | Current EDTF on file  Yes  No Unsure | |
| Phone number: Click here to enter text. | | Email address: Click here to enter text. | |
| Address (if other than Yukon University): Click here to enter text. | | | |
| City: Click here to enter text. | Province: Click here to enter text. | | Postal code: Click here to enter text. |

## ANIMAL USE DETAILS

Provide a brief description that indicates the project objectives: (approximately 40 words or less) which must convey, in simple terms, the nature of the procedures conducted on the animals. The use of [procedural keywords](file:///C:\Documents%20and%20Settings\s0170406\Desktop\CCAC%20keywords%20for%20Protocol%20Descriptions.docx) is encouraged. Click here to enter text.

Provide a purpose of animal use (PAU) as defined in the CCAC animal use data form.

Choose an item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Animal Species Common Name | Strain | # used past year | # needed upcoming year | Please explain any difference between past year and upcoming year animal use numbers. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**PROTOCOL DETAILS**

Provide a brief description of your original protocol submission:

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| --- |
| Click here to enter text. |

Provide a brief progress report:

|  |
| --- |
| Click here to enter text. |

Describe any complications encountered relative to animal use (unpredicted outcomes, and any animal pain, distress or mortality):

|  |
| --- |
| Click here to enter text. |

Describe any amendments to the original protocol:

|  |
| --- |
| Click here to enter text. |

Describe progress made with respect to the Three Rs of Replacement, Reduction and Refinement of animal use.

|  |
| --- |
| Click here to enter text. |

Provide a brief report on the adequacy of the endpoints for the protocol, and on any complications encountered or refinements made relative to protecting animals from pain, distress or mortality:

|  |
| --- |
| Click here to enter text. |

Describe any other changes from the original protocol:

|  |
| --- |
| Click here to enter text. |

**ACCURACY OF INFORMATION**

I certify that I have read and understand the policies, procedures, and guidelines developed by Yukon University 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 University Animal Care Committee. I further acknowledge my responsibility to report any significant changes in the project and to obtain written approval for those changes, as required by the University, procedures, and guidelines, prior to implementing those changes.

Submission of this application together with supporting documentation indicates compliance with the foregoing statement.

Principal Investigator or Course Instructor:

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter a date. |
| Typed Name | Date |