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| --- | --- | --- | --- | --- |
| ANIMAL CARE COMMITTEE USE ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| DATE RECEIVED | Click or tap here to enter text. | PROTOCOL NUMBER | 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 forms for the animal care committee (ACC) and for uses consistent with this purpose. Questions can be directed to the ACC Coordinator, Yukon University by emailing vwalker@yukonu.ca or call 867-668-8857.

## Instructions:

## This form is used for recording and reporting animal related incidents to the Yukon University Animal Care Committee (YukonU ACC). Please complete this form electronically and attach all supporting materials. Submit as a single document (.doc or .pdf) to the Animal Care Committee Coordinator at vwalker@yukonu.ca

## Project Information

|  |  |
| --- | --- |
| Protocol Number: Click here to enter text. | Species: Click here to enter text. |
| Descriptive Project Title: Click here to enter text.      |
| Report Date: Click here to enter text.      | Incident Date: Click here to enter text.      |
| Was a modification(s) request form submitted? [ ]  Yes [ ]  No | Will a modification(s) request be submitted? [ ]  Yes [ ]  No |

## Principal Investigator / Faculty Member

|  |  |
| --- | --- |
| Last Name: Click here to enter text. | First Name: Click here to enter text. |
| Institutional Affiliation: Click here to enter text. | Employee / Student ID # Click here to enter text. |
| Phone Number: Click here to enter text. | Email Address: Click here to enter text. |
| Address: Click here to enter text. |
| City: Click here to enter text. | Province: Click here to enter text. | Postal Code: Click here to enter text.  |

##

## Details of Incident

|  |  |  |  |
| --- | --- | --- | --- |
| Problem Source:  | [ ]  Mechanical Error  | [ ]  Human Error  | [ ]  Disease/Parasite  |
| [ ]  Nutritional | [ ]  Other (please explain): Click or tap here to enter text. |

**Provide a brief description of the incident in layman’s terms**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Event Outcomes**  | **Yes** | **No** | **Number of Animals impacted** |
| Unplanned Mortality  | [ ]  | [ ]  | Click here to enter text. |
| Unplanned Euthanasia | [ ]  | [ ]  | Click here to enter text. |
| Recovery (Experiment Continued) | [ ]  | [ ]  | Click here to enter text. |
| Experiment Terminated  | [ ]  | [ ]  | Date: Click here to enter a date. |
| Other (explain): Click here to enter text. |

Provide a description of the future actions / precautions that will be implemented / considered as a result of this incident

|  |
| --- |
| 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 the humane treatment and care of animals in accordance with the standards and principles established by the Canadian Council on Animal Care and that I intent to comply fully with the letter and spirit of those policies, procedures and guidelines; that all the information I have included in this form is, to the best of my knowledge, true; and that I have not knowingly omitted any information from this form that is relevant to the task of the Yukon University Animal Care Committee.**

**Submission of this form indicates compliance with the preceding statement**.

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter a date. |
| Typed name of person completing this form  | Date |

|  |  |
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| Click here to enter text. | Click here to enter a date. |
| Typed name of Principal Investigator or Course Instructor | Date |

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter a date. |
| Typed name of animal facility manager (if applicable)  | Date |