**Annual Reporting**

**For Animal Use Protocols**



**Animal Care Committee**

500 University Dr.

Whitehorse, YT Y1A 5K4

[acc@yukonu.ca](mailto:acc@yukonu.ca)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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](mailto:vwalker@yukonu.ca) or call 867-668-8857.

## Instructions:

## Complete this form at year end (For multi-year projects) or upon project completion. Attach all supporting materials and answer all questions, even if the information is duplicated elsewhere in the form. Submit the completed form to the Animal Care Committee Coordinator at [vwalker@yukonu.ca](mailto:vwalker@yukonu.ca).

## GENERAL PROJECT INFORMATION

|  |
| --- |
| Is this a multi-year project?  Yes  No |
| If YES, has your renewal application been submitted and approved?  Submitted  Approved  Both |
| Protocol number (if known): Click here to enter text. |
| Descriptive project title: Click here to enter text. |
| Project start / end date: Start: Click here to enter a date. End: Click here to enter a date. |

## PERSONNEL INFORMATION

**PRINCIPAL INVESTIGATOR / FACULTY MEMBER:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: Click here to enter text. | | | |
| Institutional affiliation: Choose an item. explain other: Click here to enter text. | | | |
| Department / school: Choose an item. | | | |
| Employee / Student id #: Click here to enter text. | | | |
| 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 describe, 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 or tap 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** | **Approved #/Year** | **Actual #/Year** | **Please explain any difference between anticipated and actual use** |
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**PROTOCOL MODIFICATIONS**

Explain any variation(s) from the original protocol:

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

**INCIDENTS AND MORTALITIES**

Describe any unexpected occurrences during the course of your project and how they were dealt with:

|  |
| --- |
| Click or tap 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 these 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 YukonU 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 policies, procedures, and guidelines, prior to implementing those changes.

Submission of this form and 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 |