**Year End Reporting**

 **For Protocols Involving Animals**

**Animal Care Committee**

3000 College Dr. S

Lethbridge Alberta T1K 1L6

Tel. 403.320.3202 Ext. 5787

Email appliedresearch@lethbridgecollege.ca

**FOIP NOTIFICATION:**

THE PERSONAL INFORMATION REQUESTED ON THIS FORM IS COLLECTED AND PROTECTED UNDER THE AUTHORITY OF THE ALBERTA FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP) 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**,** LETHBRIDGE COLLEGE, 403.320.3202 EXT.5787.

## INSTRUCTIONS:

## COMPLETE THIS FORM AT YEAR END (FOR MULTI-YEAR PROJECTS) OR UPON PROJECT. ATTACH ALL SUPPORTING MATERIALS AND ANSWER ALL QUESTIONS, EVEN IF THE INFORMATION IS DUPLICATED ELSEWHERE IN THE FORM. SUBMIT THE COMPLETED FORM AS A SINGLE DOCUMENT (.DOC OR .PDF) TO THE ANIMAL CARE COMMITTEE COORDINATOR AT APPLIEDRESEARCH@LETHBRIDGECOLLEGE.CA. APPLICATIONS RECEIVED AS MULTIPLE ATTACHMENTS WILL NOT BE ACCEPTED. IF ELECTRONIC SUBMISSION IS NOT POSSIBLE PLEASE CONTACT THE ACC COORDINATOR.

**\*\*\* YOUR APPLICATION WILL NOT BE REVIEWED BY THE ACC UNTIL ALL NECESSARY DOCUMENTS (I.E. SURVEY QUESTIONS, CONSENT DOCUMENTS, INTERVIEW QUESTIONS) HAVE BEEN RECEIVED BY THE ACC COORIDNATOR\*\*\***

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| ANIMAL CARE COMMITTEE USE ONLY

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| --- | --- | --- | --- |
| DATE RECEIVED |  | PROTOCOL NUMBER |  |

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## GENERAL PROJECT INFORMATION

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| 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):       |
| Descriptive project title:       |
| Project start / end date: Start: Click here to enter a date. End: Click here to enter a date. |

## PERSONNEL INFORMATION

PRINCIPAL INVESTIGATOR / FACULTY MEMBER:

|  |
| --- |
| Last name, first name:       |
| Institutional affiliation: Choose an item. explain other:       |
| Department / school: Choose an item. |
| Employee / Student id #:       | Current EST on file [ ]  YES [ ]  NO [ ] UNSURE |
| Phone number:       | Email address:       |
| Address (If other than Lethbridge College):       |
| City:       | Province:       | Postal code:       |

## 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%3A%5CDocuments%20and%20Settings%5Cs0170406%5CDesktop%5CCCAC%20keywords%20for%20Protocol%20Descriptions.docx) is encouraged

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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 & ACTUAL USE |
|       |       |       |       |       |
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**PROTOCOL MODIFICATIONS**Explain any variation(s) from the original protocol:

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

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**ACCURACY OF INFORMATION**

I certify that I have read and understand the policies, procedures, and guidelines developed by Lethbridge 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 Lethbridge College 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 College policies, procedures, and guidelines, prior to implementing those changes.

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

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| Principal Investigator or Course Director:  |       |  | Click here to enter a date. |
| Typed Name |  | Date |