

Annual Protocol Renewal Form

Confidential

For Office use Only

PROTOCOL NUMBER:

YEARLY RENEWAL DATE:

EXPIRY DATE:

1

PRIMARY INFORMATION

Title of project

Investigator surname

First name

Initial

2

GENERAL PROTOCOL INFORMATION

Originally approved
dates of project

From:

To:

Protocol number:

3

ANNUAL REVIEW

Please answer all of the following questions

Is there a departure from the previously approved research plan?

Yes

No

If yes please provide the detailed
change(s)

Will these changes affect the endpoint?

Yes

No

If yes please provide the detailed
change(s)

Are there minor amendments proposed for the research plan?

Yes

No

If yes please provide the detailed
change(s)

Did you note any unexpected complications or findings in your animal experimentation?

Yes

No

If using lab animals, how many animals did you use over the last year?

If using wildlife, please estimate the number used over the last year?

Do you plan on using Transgenics at any time during the duration of the protocol?

Yes No

If yes please fill out a Transgenics Information Sheet available from: www.carleton.ca/neuroscience/forms

Please explain how the approved number of animals are being distributed over the length of the protocol. For example, if you used all of your approved animals in the first year, please explain.

Do you require more animals than were originally approved for your protocol?

Yes No

If yes, please explain

Do you wish to **add** any technical staff or individuals handling animals to this protocol at this time?

Yes No

If yes, please provide name(s)

Have all individuals above completed, or will have completed, the Animal Care Course?

Yes No

Have all individuals above completed, or will have completed, the CCAC training modules?

Yes No

If no, please provide training plan

Do you wish to **delete** any technical staff or individuals handling animals to this protocol at this time?

Yes No

If yes, please provide name(s)

4

IMPENDING EXPIRY OF PROTOCOL

Would you like an extension of time in which to complete this protocol?

Yes No

if yes, indicate the length of extension desired (not to exceed one year) and explain why an extension is required. Normally protocols are approved for a maximum of 3 years however, extensions for a fourth year will be considered if the circumstances warrant it.

In the space below provide:

- Any complications encountered relative to animal use (unpredicted outcomes, and any animal pain, distress or mortality), and any amendments to the original protocol, and any progress made with respect to the Three R's of replacement, reduction and refinement of animal use.
- A brief report on the adequacy of endpoints for the protocol, and of any complications encountered or refinements made relative to protecting animals from pain, distress or mortality.
- If appropriate, include a brief description of information appearing in the literature that might affect the committee's perception of the benefits of the study.
- Please feel free to report on positive outcomes such as graduate student completions and publications.

If necessary, attach an additional page

Principal investigator signature

(Click to add digital signature)

Date

This renewal has been reviewed by the Veterinarian, Community Representative and a Scientist/Teacher and discussed at the most recent Animal Care Committee meeting.

(Click to add digital signature)

Chair, ACC

Date