

**UNIVERSITY OF WINDSOR ANIMAL CARE COMMITTEE**

**PROGRESS REPORT/RENEWAL**

Send **one electronic copy with all electronic signatures and dates** to the Animal Care Coordinator; [acc@uwindsor.ca](mailto:acc@uwindsor.ca).

**Today’s Date:** Click here to enter text. **AUPP #** Click here to enter text.

**Title of Research Project/Course:** Click here to enter text.

**Original Approval Date:** Click here to enter text. **Project Completion Date:** Click here.

**Emergency Contact Person:** Click here to enter text. **Emergency Number:** Click here.

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|  | **Name** | **Dept.** | **Emergency Phone** | **E-mail** |
| **Principal Investigator/ Instructor** | Click here | Click here | Click here | Click here |
| **Co-Investigator** | Click here | Click here | Click here | Click here |
| **Co-Investigator** | Click here | Click here | Click here | Click here |
| **Co-Investigator** | Click here | Click here | Click here | Click here |
| **Student Researcher** | Click here | Click here | Click here | Click here |
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**Please fill in all the questions. If a question is not applicable to your project, enter N/A.**

**1a.** Briefly describe (in lay language, 150-250 words) the progress/outcome of the ongoing research including any changes or amendments made to the original AUPP and effort, if any, to replace, reduce or refine the animal use protocol during the past year.

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**1b**. What were the endpoints of the protocol and were any problems encountered in achieving these? (Note: CCAC guidelines on choosing and administrating appropriate endpoints can be found at the following link [Appropriate Endpoint Guidelines](http://www.ccac.ca/Documents/Standards/Guidelines/Appropriate_endpoint.pdf))

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1. List all other persons (name, department, extension) currently or anticipated to be involved in this project in the **next** 12-month period. If necessary, attach separate sheet.

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| **Name** | **Department** | **Phone/Ext** |
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1. What was the total number of animals of each species requested under this AUPP for the last 12-month period?

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| --- | --- |
| **Number** | **Species** |
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1. What was the total number of animals of each species used under this AUPP during the last 12-month (renewal) period? If necessary, attach separate sheet.

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| --- | --- |
| **Number** | **Species** |
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1. If applicable, justify the reason for the difference in numbers reported in #3 and #4. The justification to change the number of animals within a study requires the submission and approval of a request to revise form.

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1. Did any of the animals used during the last 12-month period or during the duration of this project experience any anticipated or unanticipated adverse reactions?

Yes No

If **yes**, in the space below or on an attached sheet, provide a brief description of the adverse reaction(s) and the course of action taken to alleviate any pain/suffering in the animals.

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1. During this same period, did any animals die from circumstances other than planned euthanasia? Yes No

If **yes**, in the space below or on an attached sheet, state how many died and provide a brief description of the circumstances?

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1. Were any changes made to this protocol during the last 12-month period or during the duration of this project? Yes No

If **yes**, indicate below what these were and provide a detailed explanation of these changes below. Attach a separate sheet if necessary.

Species Total number of animals required

Type and/or dose of analgesic Procedure(s)\*

Type and/or dose of anaesthetic Euthanasia methods

Type and/or dose of other drugs Other

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1. What is the total number of animals for each species required for the **next** 12-month period?

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| **Number** | **Species** | **Sources** |
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1. In the space provided please justify the proposed number of animals for the upcoming year.

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**RESEARCHER’S/COURSE INSTRUCTOR’S DECLARATION**

1. I believe that the proposed animal use conforms to my stated objectives, will advance knowledge and will employ the best methods on the smallest number of animals to obtain valid information.

2. I believe that, wherever possible, all procedures having the potential to cause pain or stress have been refined and/or reduced to minimize animal discomfort.

3. I confirm that the experimental method accurately describes ALL the proposed animal use. I accept responsibility for procedures performed on animals in this project. All procedures will be carried out by, or under the guidance of, trained and competent personnel using recognized techniques.

4. All animals in this project will be used in compliance with the regulations of Ontario’s *Animals for Research Act*, the guidelines of the Canadian Council on Animal Care, and the policies and procedures of the University of Windsor.

5. I am aware that the data provided in this protocol will be entered into the Animal Research Protocol Management System and submitted to the Canadian Council on Animal Care.

6. I will ensure that any individual who will perform any procedure(s), as describe in this protocol, **will be** **familiar with the contents of this document**.



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**FINAL APPROVAL**

This AUPP has received ACC approval and is valid for a period of twelve months from the approval date. It is the responsibility of the Principal Investigator to ensure that all procedures are conducted in the manner described and approved in this application.

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ACC Chair Approval Date

Revised July 2018