



ANIMAL CARE PROTOCOL - ANNUAL RENEWAL
SFU ANIMAL CARE COMMITTEE

Phone: 778-782-4738 Fax: 604-778-782-8107

E-mail: sfu-uacc@sfu.ca <http://www.sfu.ca/vpresearch/acs>

Protocol approval is for one year at a time. Every Protocol must undergo an annual renewal.

Protocol Number:

Title:

This protocol's annual approval expires:

The end date for this protocol is:

IS YOUR PROJECT COMPLETED: Please indicate below

YES: or **NO:**

If your project is completed, it is necessary to sign and date this section for our records.

Name: _____ **Signature:** _____ **Date:** _____

IF NOT COMPLETED:

A) If you would like to continue the project, **please fill in the report on pages 2-4, and sign and date the attached signature box on page 4** and return it to:
UACC Coordinator, Rm. 230, Discovery 2

B) If there are any changes in your protocol, please additionally include the details on an amendment page (found at www.sfu.ca/vpresearch/acs). Please remember to sign and date. Send only originals.

For office use:

UACC Chair

Signature: _____ **Date:** _____

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Protocol #:

1) PROTOCOL

- 1A. Are protocols current, displayed and compliant? yes no
- 1B. Do the PI, research personnel and facility staff have access to the most recent version of this protocol and any amendments? yes no
- 1C. Has there been submission of amendments for any change in procedure? yes no
- 1D. Do the PI and personnel have accurate knowledge of the protocol? yes no
- 1E. Are all personnel who handle animals listed on the protocol? yes no
- 1F. Is all personnel training completed (online course and additional training)? yes no

2) STUDY PROCEDURES

- 2A. Are the procedures used the same as those described in the approved protocol? yes no
- 2B. Are researchers/staff trained and competent in the necessary injections, sampling and handling of animals? yes no

3) ANIMALS

- 3A. Are the species, strain, ages, and number of animals being used consistent with those in the approved protocol? yes no

➤ **A) HOUSING** N/A **If animal housing is NOT part of the protocol then proceed to section 3B**

- 3A.1. Do the animals appear to be in good condition? yes no
- 3A.2. Is an appropriate method of identification used? (e.g. Individual caging, ear punches) yes no
- 3A.3. Are animals appropriately caged? (e.g. #/gender per cage, size of cage, cage cleanliness) yes no
- 3A.4. Is appropriate bedding/nesting material provided? yes no
- 3A.5. Is environmental enrichment provided? yes no
- 3A.6. Are cage cards accurate and legible (e.g. Protocol #s match)? yes no
- 3A.7. Is there the required food quality and quantity? yes no
- 3A.8. Is water available, accessible and of sufficient quality? yes no
- 3A.9. Is there the necessary lighting, and humidity in the housing? yes no

➤ **B) MONITORING** N/A **If animal monitoring is NOT part of the protocol then proceed to section 3C**

- 3B.1. Are animal monitoring sheets up-to-date and readily available to staff? yes no
- 3B.2. Are SOPs available and have they been read by all researchers/ staff? (location:) yes no
- 3B.3. Are sentinel programs present (where applicable)? yes no N/A
- 3B.4. Are emergency contact numbers listed? yes no

➤ **C) BREEDING** N/A **If animal breeding is NOT part of the protocol then proceed to section 4**

- 3C.1. Is the ACS SOP breeding policy followed? yes no
- 3C.2. Are animals weaned at the appropriate time? yes no
- 3C.3. Are animals separated into appropriate size cages in a timely manner? yes no
- 3C.4. Are all mating, birth and weaning records kept up to date? (location:) yes no

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- 3C.5. Is an appropriate method of genotyping used? yes no N/A
- 3C.6. Is the mating system used according to approved protocol? (type: _____) yes no
- 3C.7. Do cage cards note breeding information?
(i.e. date of mating set up, date born, number born, date weaned, number weaned) yes no

4) ANESTHESIA N/A If anesthesia is NOT part of the protocol then proceed to section 5

- 4A. Are the methods of anesthesia in compliance with what is written in the protocol? yes no
- 4B. Are animals fasted appropriately for the species used? yes no
- 4C. Are anesthetized animals being monitored according to what is written in the protocol? yes no
- 4D. Are pharmaceutical-grade compounds being used for anesthesia? yes no
- 4E. Is an anesthetic log maintained and is it up to date? yes no
- 4F. Is anesthesia monitored during the procedure? (i.e. body temp, depth anesthesia, pedal/palpebral reflexes) yes no
- 4G. If using inhalants, are they scavenged properly? yes no N/A
- 4H. Are the animals maintained at an appropriate depth of anesthesia for the procedure being performed yes no

5) ANALGESIA N/A If analgesia is NOT part of the protocol then proceed to section 6

- 5A. Is the analgesia used consistent with that described in the protocol? yes no
- 5B. Are analgesics used for painful procedures and/or surgeries? yes no
- 5C. Are analgesic dosages, frequency, and routes of administration accurately recorded? yes no
- 5D. Is the level of analgesia provided sufficient? yes no

6) SURGERY/ASEPSIS N/A If surgery/asepsis is NOT part of the protocol then proceed to section 8

- 6A. Is there a clean, uncluttered, dedicated area for surgeries? yes no
- 6B. Is the surgeon properly trained in anesthetic, surgical and post operative monitoring procedures? yes no
- 6C. Is appropriate surgical attire worn? yes no
- 6D. Is there an appropriate method used for re-sterilization of instruments between surgeries? yes no
- 6E. Is the operative field shaved? yes no N/A
- 6F. Is the surgical site appropriately prepped? yes no N/A
- 6G. Are appropriate suture/staples being used? yes no N/A
- 6H. Are sterilized instruments being used? yes no
- 6I. Are implanted devices sterilized before use? yes no N/A
- 6J. Is a surgical log maintained and is it up to date? yes no
- 6K. Is the animal's body temp maintained adequately throughout surgery/recovery with approved devices? yes no N/A

7) POST SURGICAL CARE N/A If post surgical care is NOT part of the protocol then proceed to section 8

- 7A. Is the frequency of monitoring adequate? Are animals monitored until conscious and sternal? yes no N/A
- 7B. Is there an appropriate recovery area for this species? yes no
- 7C. Is appropriate post-operative support given (i.e. fluids, analgesics, soft food, warmth)? yes no
- 7D. Is post surgical care in compliance with CCAC guidelines and with the protocol? yes no
- 7E. Are surgical sutures or staples removed at an appropriate interval, no later than 14 days? yes no N/A

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7F. Have post-operative problems been reported to the ACS Manager? yes no N/A

7G. Are all treatments recorded (i.e. dosages, frequency, route, date, time, initials)? yes no N/A

8) ENDPOINTS N/A **If endpoint monitoring is NOT part of the protocol then proceed to section 9**

8A. Are all researchers and staff aware of endpoints? yes no

8B. Are endpoints appropriate for the protocol? yes no

9) EUTHANASIA N/A **If euthanasia is NOT part of the protocol then proceed to section 10**

9A. Does the method of euthanasia correspond with what is written in the protocol? yes no

9B. Are animal carcasses/tissues disposed of promptly and correctly? yes no

9C. Is the final disposition of the animal recorded? yes no

10) CONTROLLED DRUG/DRUGS N/A **If controlled drugs NOT part of the protocol then proceed to Additional Information**

10A. Are controlled drugs kept double locked? yes no

10B. Is the controlled drug log maintained and up to date? yes no

10C. Are expiry dates routinely checked? yes no

ADDITIONAL INFORMATION: provide justification for every "No" response above (additional pages can be used, where necessary)

NAME (Principal Investigator): _____

DEPARTMENT: _____ E-mail: _____

SIGNATURE (Principal Investigator): _____ Date: _____

**To ensure speedy renewal and continuation of approval, please return this form to the
UACC Coordinator, Room 230, Discovery 2**

By:

Day: _____ Month: _____ Year: _____