

**Lab Protocol – Renewal or Closure**

**Please direct all questions regarding the completion of this form to the ACC Coordinator in the Carleton University Research Ethics Office at:** [**nora.large@carleton.ca**](about:blank)**. Submit this form as an attachment to the Event form for the approved protocol in** [**cuResearch**](about:blank)**.**

Top of Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Protocol Information | | | | |
| 1.1. | **Romeo Protocol #:** | | |  | | --- | |  | | | |
| 12. | **Title #:** | | |  | | --- | |  | | | |
| 1.3. | **Original Start Date of the Protocol** | | Click or tap to enter a date. | | |
| 1.4. | **Are you submitting a renewal, renewal with extension, or closure?**  Choose an item. | | | | |
| 1.5. | **If renewal, for what year are you reporting?**  Choose an item. | | | | |
| 2. | Annual Reporting and Study Closure | | | | |
| 2.1. | **If you indicated “renewal with extension”, please indicate the length of the extension requested and the reason for the request.**   |  | | --- | |  | | | | | |
| 2.2. | **Briefly describe progress towards achieving the scientific or educational objective of the study.**   |  | | --- | |  | | | | | |
| 2.3. | **List the thesis titles and publication titles that have come out of this research project.**   |  | | --- | |  | | | | | |
| 3. | Animal Numbers – Experiment Protocol | | | | |
| **3.1.** | | **How many animals were used, in the past project year by species/strain?**   |  | | --- | |  | | | |
| **3.2.** | | **Are additional animals being requested? If yes, complete remainder of section.**  **Yes**  **No**  **Note. If genetically engineered animals are being requested, also complete Section 5 on Genetically Engineered Animals.** | | |
|  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Species/Strain** | **Age/Size** | **Sex** | **Source** | **Total# required full aup** | |  |  |  |  |  | |  |  |  |  |  | | | |
|  | | *To add a row, hover your mouse cursor to the bottom-left corner and click on the “+” button. OR right click the cell and insert a row below.* | | |
| **3.4.** | | **Provide a justification for additional numbers requested.**   |  | | --- | |  | | | |
| **4.** | | **Breeding Colony** | | |
| **4.1.** | | **If this is a breeding colony protocol, please justify the utilization rate for the last year based on projected use as describe in your AUP.**   |  | | --- | |  | | | |
| **5.** | | **Genetically Engineered Animals – (complete only if applicable for new animals requested)** | | |
| **5.1.** | | **What is the background strain for the species you are using?**   |  | | --- | |  | | |
| **5.2.** | | **Describe the genotype.**   |  | | --- | |  | | | |
| **5.3.** | | **Describe the phenotype.**   |  | | --- | |  | | | |
| **5.4.** | | **What abnormities are known to exist (or do you expect) in these animals and/or will these affect lifespan and/or breeding?**   |  | | --- | |  | | | |
| 6. | Adverse Event Reporting | | | | |
| 6.1. | **During this reporting period, did you encounter any unexpected complications relative to animal use or other events that adversely affect animal welfare? If yes complete remainder of section.**   |  | | --- | |  | | | | | |
| 6.2. | **Describe unexpected adverse events and impact upon animal welfare.**   |  | | --- | |  | | | | | |
| 6.3. | **Describe measures that were taken to alleviate, minimize or prevent recurrences of adverse events.**   |  | | --- | |  | | | | | |
| 7. | **The Three Rs** | | | | |
| 7.1. | **Give a brief report on the adequacy of endpoints for the protocol and on any complications encountered or refinements made.**   |  | | --- | |  | | | | | |
| 7.2. | **Has any progress been made with respect to the three Rs and animal use?**   |  | | --- | |  | | | | | |
| 7.3. | **If this is a teaching protocol, have you considered alternatives to the use of animals in teaching? Please provide details.**   |  | | --- | |  | | | | | |
| 8. | **New Project Team Members – must have completed CCAC modules, Facility Tour, General Animal Handling and CL2 when applicable.** | | | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name** | **Position** | **Phone** | **Procedures for which training is completed** | [**CCAC TRAINING COMPLETE**](about:blank)  Yes / No | |  |  |  |  |  | |  |  |  |  |  | | | | | |
|  | *To add a row, hover your mouse cursor to the bottom-left corner and click on the “+” button. OR right click the cell and insert a row below.* | | | | |
| 8.1. | **Provide the name of person(s) that are being removed as project team members.**   |  | | --- | |  | | | | | |
| 8.2. | **Due to changes above are there any changes with regards to emergency contacts? If there are, please describe.**   |  | | --- | |  | | | | | |
| 9. | **Other** | | | | |
| 9.1 | **Have any other changes, from the original protocol, been made that have not been captured in the previous sections?**   |  | | --- | |  | | | | | |
| 9.1 | **Are there any changes to your Award information? If yes, provide cuResearch/Romeo Award Number, Award type and title.**   |  | | --- | |  | | | | | |
| 10. | **Declaration** | | | | |
| 10.1 | **The principal investigator has approved the submission of this Amendment form.**  **I Agree** | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  |  | | | | |