 **Animal Research Ethics Committee**

**AREC-F2**

**Animal Use Protocol Renewal Request**

Office of Research – Research Ethics Unit – GM 900 – 514-848-2424 ext. 7481 – oor.ethics@concordia.ca – www.concordia.ca/offices/oor.html

This form must be completed and submitted to the AREC to request **the renewal of an approved Animal Use Protocol (AUP).**  After 3 consecutive renewals, a full AUP must be submitted (i.e. every 4 years). This form must be submitted at least 4 weeks before the current approval expires. AUPs are approved for one year; n**o research activities including recruitment and data collection may take place after ethics approval has expired.**

**Renewal Type:**

🗆 Annual renewal with no modification

🗆 Annual renewal with modification

1. **Principal Investigator and AUP Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUP Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUP Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUP Renewal: [ ]  1st or [ ]  2nd or [ ]  3rd

**2. AUP Progress over the course of last year**

1. Describe any progress made with respect to the Three Rs of replacement, reduction, and refinement of animal use.
2. Using lay terms, describe any complications encountered relative to animal use (unpredicted outcomes, and any animal pain, distress, or mortality). Indicate the cause(s) and how these events were resolved.
3. Describe how the experimental and humane endpoints for this work helped to prevent animal pain and distress. Were the endpoints appropriate in practice? If not, what modifications will be made moving forward?
4. Indicate the total number of animals per species used over the course of last year. For breeding, specify how many adults were used and number of offspring produced.
5. Indicate the number of animals you expect to use by species in the year to come, with a justification. Only animal number related information is to be included here.

**3. Modification to last year AUP**

If no modification is required, go to section 4.

1. Type(s) of modification:

 Yes No

Animal numbers [ ]  [ ]

Animal strains/lines [ ]  [ ]

Animal procedures [ ]  [ ]

Housing and/or procedure rooms [ ]  [ ]

Funding sources [ ]  [ ]

Administrative [ ]  [ ]

Other modification [ ]  [ ]

1. Provide details on the modification(s) requested as well as justification for these changes.

Incorporate and highlight these changes in the last version of your approved AUP and submit it with this AUP Renewal Request.

**4. Declaration and Signature**

I declare that the information provided in this form is accurate and complete. I will ensure that all animals used under this protocol will be cared for in accordance with the Canadian Council on Animal Care (CCAC) policies and guidelines and the Concordia University Policy on the Ethical Use of Animals in Research and Teaching (VPRGS-13), AREC procedures and ACF SOPs. I will only use animals in accordance with the present protocol once approved by the AREC and I will make sure that all animal users are aware of the present protocol. If a modification becomes necessary during the coming year, I will submit an amendment for approval to the AREC before implementing the new procedure.

Signature of Principal Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_