

REPORT OF THE UNIVERSITY COUNCIL ON ANIMAL CARE

FOR APPROVAL

1. **Policy and Procedures for the Use of Animals in Research and Teaching**

Recommended: That Senate approve for recommendation to the Board of Governors, through the Vice-Chancellor, the “Policy and Procedures for the Use of Animals in Research and Teaching” document attached as **Appendix 1**, which will replace the current “Procedures for the Use of Animals” document.

Background:

The revised policy outlines in more detail the process for submitting an Animal Use Protocol, how AUS reviews the Protocol, how it is approved if granted, and what happens if it is not approved. In addition, the policy sets out more clearly the powers of AUS to handle complaints and resolve problems relating to animal use and care, and defines more clearly the interim powers that are given to the Director of ACVS in emergency situations. The current policy is on the web at:

http://www.uwo.ca/univsec/senate/cteeterms/Procedures_for_the_Use_of_Animals.pdf

2. **Standardized Training in Animal Care and Use**

Recommended: That Senate approve for recommendation to the Board of Governors, through the Vice-Chancellor, revisions to the policy on Standardized Training and Animal Care and Use as shown in **Appendix 2**.

Background:

The Canadian Council on Animal Care (CCAC) issued a general guideline in 1999 that, as of January 2003, all personnel involved with the use of animals in research, teaching and testing must be adequately trained in the principles of laboratory animal science and the ethical issues involved in animal use. The policy has been revised to reflect the current practice.

The CCAC requires that such training be documented through a formal Institutional Animal User Training Program.

- Institutions must strive through their training programs to sustain an institutional culture of respect for animal life.
- The training program to be implemented by an institution must include all core areas to be delivered to all participants. In addition, modules should be designed which are species specific and procedure specific, targeted to the needs of the individual animal users within the institution.
- Institutions are responsible for assembling appropriate resource material to support the delivery of a comprehensive, current training program.
- The training program must be offered on a regular basis to ensure that all animal users receive adequate training prior to commencement of any animal-based work.
- Institutions are responsible for providing evidence that all personnel have been adequately trained in the required areas.
- The training offered must represent current state of knowledge.
- Individuals must update their training every five years.

FOR INFORMATION

1. **2003 Annual Report of the University Council on Animal Care**

There were four meetings of Council in 2003, on April 3, July 12, November 13 and December 9.

Items discussed at these meetings included, but were not limited to, the following issues:

- the positive assessment report from a special visit in March 2003 by Canadian Council on Animal Care (CCAC) to ensure UWO and the affiliated institutions were maintaining appropriate standards to remain on the five-year assessment cycle. The next formal inspection is scheduled for 2005.
- ongoing site visits by the inspector representing the Ontario Ministry of Agriculture and Food (OMAF).
- the introduction of new Standard Operating Procedures for the use and care of animals.
- reports on the disease status of all facilities where animals are kept.
- reports on the Course on Standardized Training in Animal Care and Use (mandatory for Principal Investigators in 2003). ACVS introduced web-based versions of the lectures.
- reports on renovations and construction of animal facilities, including fourteen sites, two under construction, for which the UCAC, Animal Use Subcommittee and Veterinary Services are responsible.

Copies of the 2003 Annual Report prepared by the Department of Animal Care and Veterinary Services are available from the University Secretariat. The report was received for information by the University Council on Animal Care at its November 29, 2004 meeting.

Earl Noble, Chair
University Council on Animal Care

2. **Revised Protocol Forms: Animal Use Protocol Form, Protocol Modification Form, Project Renewal Application**

UCAC has approved the protocol forms shown in [Appendix 3](#), which include the:

- 1) Animal Use Protocol Form
- 2) Protocol Modification Form, and
- 3) Project Renewal Application

These protocol forms have been developed over the last year and tested for the last three months. The forms themselves are not static documents. It is expected that they will be further streamlined and simplified over time. To date, the feedback has been positive. Any comments or suggestions for improvement should be directed to the Chair of the Animal Use Subcommittee, c/o the Department of Animal Care and Veterinary Services.

The UNIVERSITY of WESTERN ONTARIO
POLICIES and PROCEDURES

7.12 POLICY AND PROCEDURES FOR THE USE OF ANIMALS IN RESEARCH AND TEACHING

Classification: Research

Effective Date: 27JAN04

Supersedes: (NEW)

POLICY

- 1.00 The University Council on Animal Care (UCAC) is responsible to Senate for all aspects of procurement, maintenance, and the use of animals in research, teaching or testing and UCAC shall ensure adequate review according to the procedures in this document. A subcommittee of UCAC, the Animal Use Subcommittee, is responsible to UCAC for ensuring the appropriate care and use of animals in all stages of their life and in all experimental situations in compliance with the Animals for Research Act (Ontario) and the guidelines of the Canadian Council on Animal Care (CCAC).
- 2.00 All "Animal Use Protocol" applications will be reviewed by the Animal Use Subcommittee (AUS) which has the authority to approve or reject a protocol, require the alteration of an existing protocol, or stop or limit animal use if necessary. AUS is responsible for ensuring that the care and use of animals is in compliance with the Animals for Research Act (Ontario) and the Guidelines of the CCAC, and it may make such orders as may be necessary to ensure such compliance.
- 3.00 Review and assessment of protocols by AUS prior to the commencement of any research involving vertebrate animals will ensure that procedures are in accord with the regulations of the University, the Animals for Research Act (Ontario) and the guidelines and policy statements of the Canadian Council on Animal Care (CCAC), including those contained in the "Ethics of Animal Experimentation" document and the "Guide to the Care and Use of Experimental Animals", Volumes 1 and 2.
- 4.00 Studies may not commence nor can assurances be sent to granting agencies until the "Animal Use Protocol" is approved by AUS and signed by the Chair of AUS or a designate.
- 5.00 These procedures apply to all instances of research, teaching or testing involving vertebrate animals performed at The University of Western Ontario, its affiliated hospitals, university colleges and research institutes; to field research that involves more than simple observation (e.g., trapping, artificial provisioning, etc.); and to University faculty members carrying out research as principal investigators at another institution or field station.
- 6.00 Failure to comply with these procedures may prevent approval of pending protocols and may result in approval of current protocols being revoked by AUS. As warranted by the severity of circumstances, this may also include revoking University approval for research and teaching involving animals, and notification of this decision to Department Chairs, Institute Heads, and appropriate granting and licensing agencies.

PROCEDURES

Protocol Form Submission

- 7.00 The researcher or instructor, normally a faculty member, intending to use animals in any manner must complete and submit to the Chair of the Animal Use Subcommittee an "Animal Use Protocol" form. Only a researcher or Animal Care and Veterinary Services (ACVS) veterinarian may submit a Protocol form.

- 7.01 Prior to being submitted for committee review, each “Animal Use Protocol” form is submitted to a pre-submission review by the administrative assistant and veterinary staff to ensure that it contains all of the required information in an appropriate format which serves to expedite the committee review. Submission of protocol forms to AUS may be deferred if a substantial amount of information is missing or if major questions arise during the review.
- 8.00 All complete “Animal Use Protocol” forms are reviewed at the monthly meetings of AUS held normally on the second Tuesday of the month. There are no meetings in July or August.
- 9.00 Applicants should allow 60 days prior to an AUS meeting for review of a new “Animal Use Protocol”. [AUS Meeting Schedule]

AUS Review

- 10.00 AUS will review and assess all Animal Use Protocols, with particular emphasis on the CCAC’s “Guide to the Care and Use of Experimental Animals”, the “Ethics of Animal Investigation” policy statement and the “guidelines on: animal use protocol review”, as well as on all other CCAC guidelines and policy statements, and the Animals for Research Act (Ontario). Where necessary, AUS may require further supportive information or meet with the researcher or instructor to ensure that all members of AUS understand the procedures to be used on the animal. The committee will ensure that all procedures comply with CCAC guidelines and, if at variance with those guidelines, require justification for the variance on scientific grounds.
- 11.00 AUS will examine animal use, care, procedures, etc., and for projects not supported by peer review, ensure the scientific rationale and contribution to knowledge of the proposed studies. Where applicable, it also will examine the pedagogical merit of proposed animal use in teaching.
 - 11.01 Such review should be restricted to the scientific issues relating to animal use, including number of animals requested, procedures to be carried out, and their relationship to the goals and objectives of the research or teaching program, and the application of the principles of Replacement, Reduction, and Refinement.
 - 11.02 Where a scientific peer review has not been performed by a peer review granting agency, two written peer reviews must be obtained from scientific peers within or outside AUS; the investigator may suggest reviewers. Qualified reviewers may be selected from outside the UWO community.
 - 11.03 AUS may request external peer review for an “Animal Use Protocol” that has existing peer reviewed funding when the animal use is categorized at a level E of invasiveness according to CCAC guidelines, or when a majority of AUS members indicate that the specifics of animal use have not been justified or explained adequately.
 - 11.04 Peer review for pedagogical merit shall consist of, at minimum, a review at a department level to be summarized in the Pedagogical Merit Review form and signed by the Chair of the Department.
- 12.00 AUS may accept or reject the “Animal Use Protocol”, or if necessary, it may refer the Protocol back to the researcher or instructor for alterations. Protocols will be approved by consensus, or by formal vote if consensus is not possible. The Chair has the deciding vote in the event of a tie. Decisions of AUS may be appealed to UCAC (see “Appeals” below).
- 13.00 Once approved, a Protocol is valid for a maximum of four years to the last day of the month of the initial approval, subject to yearly renewals. A Protocol number is issued that remains with the Protocol for that four year time period. A maximum of three one-year renewals may be obtained after which time a new and complete “Animal Use Protocol” must be submitted.

- 14.00 The individual researcher or instructor must inform AUS of any changes to an approved "Animal Use Protocol" by submitting a "Protocol Modification" form. The modifications cannot be implemented until approved by AUS. Where these involve significant changes in animal utilization or the direction of the research, new Protocol forms must be completed and will be reviewed according to the procedures outlined herein.
- 15.00 All animal users must report any unanticipated animal care or use problems or complications and the steps they have taken to address the problem(s) to AUS.
- 16.00 Pilot Studies require submission of an "Animal Use Protocol" to the Chair of AUS. Up to 5 animals of any species (or up to 10 animals for recipient/donor experiments) may be used. The pilot may proceed if it is approved by the Chair of AUS, an AUS community member, the Director ACVS, and an ACVS veterinarian. A subsequent complete Animal Use Protocol may not be submitted before the completion of the pilot study, the results of which must be included in the new Animal Use Protocol.
- 17.00 Pursuant to existing policy of the University and of the broader scientific community, the Protocol should be considered the intellectual property of the researcher, available only for CONFIDENTIAL use by authorized reviewers and not for distribution.
- 18.00 No studies may commence, nor will assurances to funding agencies be forthcoming, until the entire review process is complete. Approval of studies is indicated ONLY by written notification from the Chair of AUS or delegate.
- 19.00 Purchase of animals other than through the manager/office of the designated facility where animals will be housed is not permitted. Managers are permitted to order only animals approved to be housed in their facility, unless prior permission has been obtained from the Chair of AUS or delegate.

Problem Resolution

- 20.00 The University Veterinary Services staff are responsible for the ongoing assessment of animal handling and care. Concerns raised by ACVS staff, or by any other individual or group relating to the care of animals under the jurisdiction of UCAC, must be brought to the attention of the Director or Assistant Director of ACVS in the first instance.
- 21.00 In those situations where the Director of ACVS decides that an animal is in immediate unnecessary or unforeseen distress or pain, he or she is authorized to take interim action on behalf of AUS to (a) immediately stop any animal use that is not covered by, or deviates from, an approved Protocol, or that involves any procedure causing pain or distress to animals unforeseen at the time the relevant Protocol was approved, and provide appropriate therapy and relief; and (b) have an animal euthanized if it is experiencing pain or distress, unforeseen at the time of approval of a Protocol, that cannot be alleviated. Such action will be taken only after reasonable attempts to inform the researcher of the action to be taken and to minimize loss of experimental data and research progress.
 - 21.01 Any such order made by the Director of ACVS will be effective immediately and remain in place unless revoked by the Director or until the concerns are resolved through consultation or until a final decision is made by AUS.
- 22.00 Problems or concerns relating to animal handling or procedures normally will be resolved through consultation among the investigator, staff veterinarians, and Director or Assistant Director of ACVS.
- 23.00 If problems relating to animal handling or procedures are not resolved through consultation, the Director of ACVS and the AUS Chair will meet as soon as possible with the investigator to identify and discuss the specific problem(s). Any agreed plan to resolve the problem(s) will be documented at this meeting.
- 24.00 If a resolution is not achieved, or problems of animal handling or procedures continue, the matter will be referred to AUS and the investigator will be invited to an AUS meeting at which

- the matter will be discussed. The investigator will be provided with a copy of all relevant documentation provided to AUS, and will be given an opportunity to respond and provide relevant material to AUS. He or she may invite other individuals to the meeting to support his or her position.
- 25.00 AUS may make such order as it deems appropriate, including a decision to terminate animal use or withdraw approval for the project. Decisions of AUS will be approved by a formal vote. The Chair has the deciding vote in the event of a tie.
- 26.00 The investigator will be informed in writing of the decision of AUS and the reasons for the decision. The investigator and any other personnel involved must comply with the decision of AUS pending the outcome of any appeal.
- 27.00 If the decision is appealed by the investigator and AUS did not terminate animal use or procedures, the Director of ACVS will determine whether or not animal use may continue during any period of appeal. If the Director of ACVS decides that there is an immediate and serious threat to the health or safety of the animals he or she may suspend animal use until disposition of the appeal. Such a decision is not appealable.

Appeals

- 28.00 A meeting of the UCAC Appeals Subcommittee will be called if a member of faculty or an ACVS veterinarian formally appeals a decision by AUS.
- 29.00 Appeals of AUS decisions must be made to the Chair of UCAC, c/o the University Secretariat, in writing, within 30 days of a decision. The Letter of Appeal must set out, in detail, a full description of the matter under appeal, the grounds of appeal, a copy of the AUS decision, and all supporting documentation.

Appeals may be made on either, or both, of the following grounds:

- a) that the decision was inappropriate or unreasonable in light of the evidence (scientific or other) presented to AUS, and
 - b) that the review of AUS lacked procedural fairness.
- 30.00 Within two weeks of receipt of the notice of an appeal,
- a) the Appeals Subcommittee will be created, and
 - b) AUS will transmit to the Chair of UCAC, c/o the University Secretariat, full documentation pertaining to the appeal.
- 31.00 The Appeals Subcommittee will be composed of:
- a) the Chair of UCAC, who will chair the Subcommittee,
 - b) at least two members selected by the UCAC Chair, and,
 - c) the Secretary of Senate (or designate), who will be non-voting

The Appeals Subcommittee will establish its own procedures for hearing an appeal. The subcommittee will meet as soon as possible to determine if it will make its decision on the basis of written submissions or require an oral hearing. The Parties will be advised of this decision. If the appeal is against a decision not to approve animal use or to terminate a research or teaching activity, the Appeals Subcommittee must hold an oral hearing.

- 32.00 Parties to the appeal shall be given copies of all material filed with the Appeals Subcommittee, and given an opportunity to be heard. Opinions of external experts may be provided to the Appeals Subcommittee by the parties.
- 32.01 In the case of an appeal by an investigator or instructor, the parties to the appeal are the investigator and AUS. In the case of an appeal by an ACVS veterinarian, the parties to the appeal are the ACVS veterinarian, AUS, and the investigator.
- 32.02 The right to be represented by counsel will be accorded to the principal parties to the appeal. The UCAC Appeal Subcommittee also reserves the right to retain counsel.

- 33.00 Deliberations of the Appeals Subcommittee will be held in camera. The Subcommittee's decision will be based on a "balance of probabilities" standard. Each voting member of the Appeals Subcommittee must cast a vote; there will be no abstentions.
- 33.01 The Appeals Subcommittee may:
- a) Deny the appeal,
 - b) Grant the appeal and quash or vary the original decision, or
 - c) Direct AUS to re-hear the matter or reconsider some pertinent aspect of its decision.
- 34.00 The parties to the appeal will be informed in writing of the decision of the Appeals Subcommittee, and the reasons for the decision, within a reasonable time following the hearing. The decision, including reasons, will be reported to UCAC at its next regular meeting. Other individuals will be notified of the decision on a need to know basis only.
- 35.00 A party may appeal further to the Vice-President (Research) on the grounds that there was a serious procedural error made by the Appeals Subcommittee that was prejudicial to the party. The appeal must be filed within two weeks of the date of the decision of the Appeals Subcommittee. The Vice-President (Research) will invite written submissions from the other party(ies) and may grant the appeal and order that the matter be re-heard, may dismiss the appeal, or may make such other order as he/she deems appropriate, and will provide written reasons for his or her decision. The Vice-President (Research)'s decision is final.
- 36.00 Costs will not be awarded by the Appeals Subcommittee or by the Vice-President (Research).

The UNIVERSITY of WESTERN ONTARIO
POLICIES and PROCEDURES

7.10 STANDARDIZED TRAINING IN ANIMAL CARE AND USE

Classification: Research

Effective Date: 03JAN01

Supersedes: 01AUG03

POLICY

- 1.00 **Principal Investigators, scientists, graduate students, post-doctoral students, visiting fellows, residents, tutorial assistants, research technicians, and animal care technicians or others** (hereinafter referred to as "Animal Users") who use animals in academic endeavours, or through their employment at The University of Western Ontario (UWO) or its affiliated institutions, are required to **attend complete both a) the Animal Care and Use WebCT Course (½ day seminar) and, b) the appropriate 'hands-on' workshops and the associated WebCT prerequisites.** Evidence that an equivalent course or experience has been obtained elsewhere **will may** exempt the Animal User from this requirement.
- ~~2.00 — Ideally, attendance at the Animal Care and Use Course should occur prior to using animals; however, it is recognized that this could delay important research, so the next available session must be attended. As well, to facilitate their comfort and experience, trainees~~ **Animal Users** are encouraged to take **as many of the 'hands-on' any workshops they think may be of benefit, in addition to those that are required** ~~as they wish.~~
- ~~2.01 Animal Users training at UWO when this policy initially comes into effect (January 2001) will be required to take the course if they have not already done so.~~
- ~~3.00~~ **2.00** Documentation that the Animal Care and Use Web CT Course **and "hands-on"** workshops have ~~has~~ been successfully completed
- i) must be received prior to performing workshop-specific procedures on animals**
 - ii) must be completed within 30 days of approval of an Animal Use Protocol on which the Animal User is named**
 - iii) must be updated at least once every five years**
- 3.00 The Animal Use Subcommittee (AUS) may require further individual training where problems of animal use and care occur.

PROCEDURE

- 4.00 Animal Care and Use WebCT courses are offered ~~at least two times per year in May and September~~ **on an ongoing basis.** Workshops associated with the Animal Care and Use course are offered ~~at least two times per year following each of the May and September lectures if numbers dictate the need~~ **throughout the year, with additional spaces made available in the Fall and Spring.** Special workshops may be provided based on need and resources.
- To register, Animal Users should access the website <http://www.uwo.ca/animal/>**
- 5.00 The Animal Use Subcommittee Administrator ~~in Research Development Services~~ will maintain a database of those who have taken the classes or otherwise qualified.
- 6.00 **Required workshops will be determined by the Animal Use Subcommittee (AUS) Administrator, the Animal Care and Veterinary Services (ACVS) Director, and the ACVS Training Coordinator, on behalf of AUS.**

- ~~6.00~~ 7.00 The Chair of AUS and Director of ACVS will evaluate whether the Animal User may be exempted from the requirement to take the course.
- 7.01 Exemptions from workshops may be provided to Principal Investigators and Research Technicians who have a documented history of expertise in a particular area and who can demonstrate the necessary skills to an ACVS Veterinarian. Exemptions may also be considered if written documentation is provided to the Director of ACVS to show that an equivalent workshop experience has been obtained elsewhere.
- 7.02 Individuals who have been exempted will receive a Certificate of Competence from the Director ACVS.
- 7.03 The AUS Chair may revoke a Certificate of Competence if evidence is presented that the individual is no longer competent in a defined procedure or specialty. The individual will be required to take training indicated by the Chair before resuming working with animals.
- ~~7.00~~ If Animal Users have begun using animals and the course has not been waived for them, they must take the course within the next two times that is it offered or their privileges for using animals will be discontinued.

**The UNIVERSITY of WESTERN ONTARIO – COUNCIL ON ANIMAL CARE
ANIMAL USE PROTOCOL**

For New, Full Renewal (5th Year) or Pilot Animal Use Projects

Please complete Sections A to G along with all related Addenda (Section H) using your computer.

Submit via email to aus@uwo.ca Send signed authorization pages (Section G & OHS Schedule 6, if required) with supporting documents to Rm. 510, MSB. For reference materials, see Animal Use Protocol Application Form Instructions document.

A. INVESTIGATOR/GRANT/PROJECT INFORMATION - Mandatory Completion Required

Investigator Contact Information

Investigator Name	Department	Institution
Office Address	Lab Address	Email Address
Office Telephone	Lab Telephone	

Protocol & Grant Titles/Support Documentation

Application Type: Pick One Only <input type="checkbox"/> New <input type="checkbox"/> Pilot <input type="checkbox"/> Full Renewal	If Full Renewal, Previous Protocol #	Proposed Start Date: mm/dd/yy / / Proposed End Date: mm/dd/yy / /
Project Title		
Grant Title (if different from above)		
Supporting Documentation Indicate 1 to 3 related publications supporting this proposed project. A website or attachment is acceptable.		

Funding Details

Funding Source Click Here Name:	Source Grant # OR Applied for <input type="checkbox"/>	Does this source conduct peer review? Pick One <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Granting agency requires submission confirmation <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Due Date: mm/dd/yy / /
---	---	---	---

Purpose of Animal Use Complete all related Section F. elements and addendums noted beside checked boxes below			
<p style="text-align: center;">Purpose of Animal Use Click Here</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>Project Purpose <i>Pick all that apply</i></p> <input type="checkbox"/> Research <input type="checkbox"/> Breeding for Research Addendum 1 <input type="checkbox"/> Teaching Addendum 2 <input type="checkbox"/> Wildlife Study Addendum 3 </td> <td style="width: 50%; border: none;"> <p>Application Type <i>Pick all that apply</i></p> <input type="checkbox"/> Acute <ul style="list-style-type: none"> <input type="checkbox"/> Non-recovery Surgery <input type="checkbox"/> Euthanasia for Tissue Collection Section F. 2. <input type="checkbox"/> Other <input type="checkbox"/> Chronic <ul style="list-style-type: none"> <input type="checkbox"/> Long Term (i.e. nutrition) Section F. 3. <input type="checkbox"/> Recovery Study (i.e. post surgery) Section F.4. <input type="checkbox"/> Other </td> </tr> </table>	<p>Project Purpose <i>Pick all that apply</i></p> <input type="checkbox"/> Research <input type="checkbox"/> Breeding for Research Addendum 1 <input type="checkbox"/> Teaching Addendum 2 <input type="checkbox"/> Wildlife Study Addendum 3	<p>Application Type <i>Pick all that apply</i></p> <input type="checkbox"/> Acute <ul style="list-style-type: none"> <input type="checkbox"/> Non-recovery Surgery <input type="checkbox"/> Euthanasia for Tissue Collection Section F. 2. <input type="checkbox"/> Other <input type="checkbox"/> Chronic <ul style="list-style-type: none"> <input type="checkbox"/> Long Term (i.e. nutrition) Section F. 3. <input type="checkbox"/> Recovery Study (i.e. post surgery) Section F.4. <input type="checkbox"/> Other
<p>Project Purpose <i>Pick all that apply</i></p> <input type="checkbox"/> Research <input type="checkbox"/> Breeding for Research Addendum 1 <input type="checkbox"/> Teaching Addendum 2 <input type="checkbox"/> Wildlife Study Addendum 3	<p>Application Type <i>Pick all that apply</i></p> <input type="checkbox"/> Acute <ul style="list-style-type: none"> <input type="checkbox"/> Non-recovery Surgery <input type="checkbox"/> Euthanasia for Tissue Collection Section F. 2. <input type="checkbox"/> Other <input type="checkbox"/> Chronic <ul style="list-style-type: none"> <input type="checkbox"/> Long Term (i.e. nutrition) Section F. 3. <input type="checkbox"/> Recovery Study (i.e. post surgery) Section F.4. <input type="checkbox"/> Other 		
<p>Major Study Elements: <i>Pick all that apply</i></p> <input type="checkbox"/> Surgery Section F. 4. <input type="checkbox"/> Euthanasia Section F. 2. <input type="checkbox"/> Agents - <input type="checkbox"/> Drugs <input type="checkbox"/> Other Section F. 1. <input type="checkbox"/> Hazardous <input type="checkbox"/> Cell Line(s) Section F. 1. & Addendum 4	<p>CCAC Category of Invasiveness Choose maximum level within your study Click Here</p>		

B. PROJECT LAY SUMMARY - Mandatory Completion Required

PROJECT LAY SUMMARY

Describe concisely in lay terms at a **Grade 9 level using 40 words or less**– Avoid technical and scientific terms –.

1. Project's Purpose	
2. Expected Benefit	
3. Animal Use Justification	
4. Species Use Justification	

D. ANIMAL REQUIREMENTS - Mandatory Completion Required

Animals Required for Upcoming Year Only: Mandatory completion required

Note: Animals will not be ordered until UCAC approval is obtained.

Species	Strain &/or Other Species Detail	Age or Weight	Sex	Animal Housing				Special Dietary Details <i>Complete only if Standard diet is <u>not</u> acceptable</i>	1 Year Total Animal Numbers Required
				Housing Location	Use/Lab Location	Room #	If Field Study, Other or Specialized Housing Required, i.e. barrier, lab Provide Details		
				*Overnight animal housing in non-approved areas, i.e. labs, must provide scientific justification to the AUS – Use Section E. 5. <i>Abbreviations:</i> CBM=Centre for Brain & Mind HSACF=Health Sciences Animal Care Facility LHRI=Lawson Health Research Institute, St. Joe's LHSC-SS=South Street LHSC-VT=Victoria Tower LRCC=London Regional Cancer Centre RACF= Robarts Barrier Facility REB= Robarts Experimental Barrier See Drop-downs for more options					
Click Here			Click	Drop-down List	Same as Housing				
Click Here			Click	Same as above	Same as Housing				
Click Here			Click	Same as above	Same as Housing				
Click Here			Click	Same as above	Same as Housing				
Click Here			Click	Same as above	Same as Housing				
Click Here			Click	Same as above	Same as Housing				
Click Here			Click	Same as above	Same as Housing				
Click Here			Click	Same as above	Same as Housing				
Click Here			Click	Same as above	Same as Housing				
Click Here			Click	Same as above	Same as Housing				
Click Here			Click	Same as above	Same as Housing				
Click Here			Click	Same as above	Same as Housing				
Click Here			Click	Same as above	Same as Housing				

Senate Agenda - December 10, 2004

EXHIBIT V, Appendix 3, page 4

E. PROJECT OVERVIEW - Mandatory Completion Required

PROJECT SUMMARY

Provide a brief project summary outlining the following - Complete F. for Experimental **Details** -

1. Rationale

2. Hypothesis

3. Objective(s)

4. Approach/Research Plan

5. Animal Number Rationale – *Detail animal use per experimental group including controls, animal number per group, and number of repeats. Also, if applicable, provide justification for non-approved housing location.*

F. DESCRIPTION OF EXPERIMENTAL PROCEDURES –Mandatory Completion Required

Indicate Total Number of Experiments:

Provide animal use detail using Sections 1. To 6. for each experiment, one experiment at a time.
 For each additional experiment, reopen this form and reuse Section F, 1. – 6. as required.
 Save additional forms with a numeric suffix, such as: "Animal Use Protocol - 'title' 2" (for experiment #2 details).
 Send these extra forms along with the main form noting this in the email body.

Experiment #

1. Agent Use ONLY

Described previously in Experiment # (If not previously listed, complete Section 1.) or No Agent Use (Go to 2.)

Agent Type	Agent Name	Dose	Route	Volume	Frequency	Does this agent have potential to cause pain or pronounced debilitation?
Cell Lines or Biological Agents Complete OHS Biosafety Form Addendum 4	Has this cell line/biological agent been tested for murine pathogens? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please send documentation along with this form.					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Has this cell line/biological agent been tested for murine pathogens? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please send documentation along with this form.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Analgesics						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-Anaesthetic					<input type="checkbox"/> Yes <input type="checkbox"/> No	
General Anaesthetic					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Local Anaesthetic					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Non-Anaesthetic Agents i.e. Tranquilizers						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous See 'Category' for Hazardous Types Complete OHS Biosafety Form Addendum 4	Class Click Here Category Click Here Name					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Class Click Here Category Click Here Name					<input type="checkbox"/> Yes <input type="checkbox"/> No

	Class Click Here Category Click Here Name					<input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--	--	--	--	--

2. Animal Use Endpoints – Mandatory Completion for All Projects

For SOP detail go to <http://www.uwo.ca/animal/website/VS/Content/SOPs.htm>

Described previously in Experiment # (If not previously listed, complete Section 2.)

Animal Use Endpoint						
Euthanasia SOPs	<i>Pick all that will be followed</i> <input type="checkbox"/> #320 Euthanasia <input type="checkbox"/> #321-Criteria for Early Euthanasia-Rodents <input type="checkbox"/> #322-Criteria for Early Euthanasia-Non-Rodents <input type="checkbox"/> Other Criteria, <i>please explain</i>	If 'Other Criteria', explain:				
	Euthanasia Method	<i>Pick all that will be followed</i> <input type="checkbox"/> Animals Not Euthanized <input type="checkbox"/> Barbiturate Overdose <input type="checkbox"/> CO2 <input type="checkbox"/> Decapitation under Anaesthesia <input type="checkbox"/> *Decapitation with No Anaesthesia* <input type="checkbox"/> Cervical Dislocation with Anaesthesia <input type="checkbox"/> *Cervical Dislocation with No Anaesthesia* <input type="checkbox"/> Other Method(s), Anaesthetized - <i>please explain</i> <input type="checkbox"/> *Other Method(s), Awake* - <i>please explain</i>	If 'Other Method(s)', explain			
			Agent Name	Dose	Route	Volume
Scientific Justification	If Method Type Has An Asterisk *, Provide Scientific Justification					

3. Chronic Projects ONLY – i.e. Feed, Drug and/or Disease Induction Studies

Described Previously in Experiment # (If not, complete Section 3.) or **No Chronic Elements (Go to 4.)**

Monitoring Criteria	<i>Pick all that will be followed</i> <input type="checkbox"/> 100-Monitoring/Tumour Growth in Rodents <input type="checkbox"/> Other, <i>please explain</i>
Monitoring Type	<input type="checkbox"/> Weight <input type="checkbox"/> Food Intake <input type="checkbox"/> Behaviour <input type="checkbox"/> Urine Output <input type="checkbox"/> Other, explain

Monitoring Frequency	Pick all that apply to this project: <input type="checkbox"/> Hourly <input type="checkbox"/> Twice Daily <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other, <i>please explain</i>	If other, or multiple frequencies chosen, please provide detail:
Monitoring Personnel	Care Person(s)	Contact #
Monitoring Records	Will animal monitoring records be kept with the animal? <input type="checkbox"/> Yes or <input type="checkbox"/> No	If 'No', identify monitoring record location

4. Surgery and/or Anaesthesia Recovery Projects ONLY

Previously Described in Experiment # (If not, complete Section 4.) or **No Recovery Elements (Go to 5.)**

Post Op Care	Care Person(s)	Contact #	
SOPs	Pick all that will be followed		
	<input type="checkbox"/> 330-Post-operative Care-Rodent <input type="checkbox"/> 331-Post-operative/Post-Anaesthetic Care-Level 1 <input type="checkbox"/> 332-Post-operative/Post-Anaesthetic Care-Level 2 <input type="checkbox"/> 333-Post-operative/Post-Anaesthetic Care-Level 3	<input type="checkbox"/> 334-Post-operative/Post-Anaesthetic Care- Level 4 <input type="checkbox"/> 343-Surgical Prep/Rodent/Recovery Surgery <input type="checkbox"/> Other, please explain	
Surgery or Procedure Location	Institution	Room #	
Recovery Location	Institution	Room #	When will animals be returned to the main facility?

5. Other Referenced SOPs

Previously Described in Experiment # (If not, complete Section 5.) or **No Other SOP References (Go to 6.)**

SOPs	Pick all that will be followed		
	<input type="checkbox"/> 310-Holding Period Post Admission <input type="checkbox"/> 350-Rodent Anaesthesia/Halothane/Induction Chamber <input type="checkbox"/> 360-Blood Collection/Volumes/Multiple Species <input type="checkbox"/> 370-Antibody Production/Rabbits/Polyclonal <input type="checkbox"/> 372-Antibody Production/Mice/Ascites Model		

6. Procedural Description - Mandatory Completion for All Projects		
Previously Described in Experiment # <i>(If not, complete Section 6.)</i>		
Procedure Number	Procedural Description Per Experiment <i>Minus the details presented in Sections 1. to 5., provide a concise animal procedural description Per experiment</i>	Does this procedure have potential to cause pain or pronounced debilitation?
1		<input type="checkbox"/> Yes <input type="checkbox"/> No
2		<input type="checkbox"/> Yes <input type="checkbox"/> No
3		<input type="checkbox"/> Yes <input type="checkbox"/> No
4		<input type="checkbox"/> Yes <input type="checkbox"/> No
5		<input type="checkbox"/> Yes <input type="checkbox"/> No
6		<input type="checkbox"/> Yes <input type="checkbox"/> No
7		<input type="checkbox"/> Yes <input type="checkbox"/> No

G. 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 The Animals for Research Act of the province of Ontario, the guidelines of the Canadian Council on Animal Care and the policies and procedures of the University of Western Ontario Council on Animal Care.
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 described in this protocol, will complete all related mandatory training and will be familiar with the contents of this document.

Authorization - Please Sign & Date Below

Project Title - Please repeat title used on page 1

Print Name -	Date <i>mm/dd/yy</i>
Signature -	<i> / /</i>

AUS Office Use Only
APPROVAL OF ANIMAL USE SUBCOMMITTEE

Signature of Reviewing Veterinarian -	Date - <i>mm/dd/yy</i>	Signature of AUS Chair -	Date - <i>mm/dd/yy</i>
	<i> / /</i>		<i> / /</i>

H. ADDENDUMS

Addendum 1 – Breeding ONLY

I. Indicate Breeding Type	<input type="checkbox"/> Breeding for research within this protocol <input type="checkbox"/> Breeding for research NOT within this protocol		
Complete for All Breeding Elements			
II. Provide justification for maintaining a breeding colony			
III. Provide justification for breeding numbers			
IV. List procedures used in the breeding colony			
V. Number estimation and use of surplus animals (those not required for experimental programs, or retired breeders)	Surplus Number Estimate: Surplus Use:		
VI. Breeding colony location, if different from research housing.			
VII. Research associates directly involved in the care of animals in this breeding colony	Name:	Contact #:	Email:
	Name:	Contact #:	Email:
Breeding for External Protocols Only			
VIII. List External Protocol Researcher(s)			
IX. List External Protocol Numbers			

Addendum 2 – Teaching ONLY

Course Title	Course Date
Number of Students	Is an ethics lecture given by ACVS rep? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will students be handling animals? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list procedures to be performed
Detail recent efforts made to investigate alternates to animal use in this teaching protocol	

Addendum 3 – Wildlife Study ONLY

Permit Type(s)	Permit Number(s)
Date Permit(s) Issued mm/dd/yy / / / / / /	Date Permit(s) Expires mm/dd/yy / / / / / /

Addendum 4 Hazardous Agent Use ONLY – Occupational Health and Safety

University of Western Ontario

Animal Use Protocol Safety Form

Permit Number Issued _____

Approved: June 10, 2003

Schedule I

1.1 List microorganisms that will be used in an animal (provide Material Safety Data Sheets or equivalent):

Organism	Route of Administration	Primary Host	Other Suseptible Species	Zoonotic	Route of Transmission
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Handling of waste <input type="checkbox"/> Fomites <input type="checkbox"/> Body Excretions <input type="checkbox"/> Trauma <input type="checkbox"/> Aerosol <input type="checkbox"/> Other
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Handling of waste <input type="checkbox"/> Fomites <input type="checkbox"/> Body Excretions <input type="checkbox"/> Trauma <input type="checkbox"/> Aerosol <input type="checkbox"/> Other
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Handling of waste <input type="checkbox"/> Fomites <input type="checkbox"/> Body Excretions <input type="checkbox"/> Trauma <input type="checkbox"/> Aerosol <input type="checkbox"/> Other
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Handling of waste <input type="checkbox"/> Fomites <input type="checkbox"/> Body Excretions <input type="checkbox"/> Trauma <input type="checkbox"/> Aerosol <input type="checkbox"/> Other

1.2 Will any inoculated organism from question 1.1 remain viable in the animal model? If no, attach documentation for each.

YES NO

If yes, how long will infection persist?

1.3 Do infected animals require housing?

YES NO

If Yes:

Are cage/animal generated aerosols a concern?

YES NO

Do bedding and dirty caging pose a hazard?

YES NO

Do bites or scratches pose a hazard?

YES NO

If YES, do you have a bite protocol?

YES NO

1.4 How are the infected material(s) to be treated prior to disposal?

1.5 How are the carcasses to be disposed of?

1.6 Other?

Schedule 2 Hazard Assessment for Use of Recombinant DNA

2.1 Will proposed animal use involve genetically engineered organisms or cells containing engineered molecules?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, indicate what changes have been affected	
2.2 Is this expected to increase the invasiveness, toxicity or tumorigenicity of the agent in the animal?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2.3 Describe steps taken to mitigate the risks.	

Schedule 3 Hazard Assessments for Work with Chemicals

3.1 Will potentially toxic chemicals be used with live animals?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Chemical Name:
3.2 Will potentially carcinogenic chemicals be used with live animals?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Chemical Name:
<i>Please attach a Material Safety Data Sheet for any TOXIC or CARCINOGENIC chemical to be used in the protocol.</i>		
3.3 How will the chemical(s) be administered into the animal?		
3.4 Will chemical or metabolite be excreted (faeces, urine, through skin, tears, sperm, etc.)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.5 State preventative measure that must be taken to minimize the risk of exposure for research staff.		
3.6 State preventative measure that must be taken to minimize the risk of exposure for animal facility staff.		
3.7 Training Requirements	Personnel working with these products directly or indirectly require the following training – Go to the Website: http://www.uwo.ca/humanresources/facultystaff/h_and_s/training/training_idx.htm	* WHMIS * Laboratory Safety * Waste Management

Schedule 4 Hazard Assessment and WHMIS Inventory for Work with Radioisotopes

4.1 Will radioisotopes be administered in live animals? <i>If No, please continue to Schedule 5</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES	1. Laboratory Location	
	2. Radioisotope	Chemical Form
	3. Dose to the animal	<input type="checkbox"/> uCj/kg or <input type="checkbox"/> kBq/kg
4.2 Will the radioisotope-contaminated animal be returning alive for housing in the Animal Quarters?		<input type="checkbox"/> YES <input type="checkbox"/> NO

If YES	1. Identify the primary route of excretion for the radioisotope		
	2. Animal quarters location	Building	Room #
	3. Duration of excretion		
	4. Storage locations of animal carcass	Building	Room #
If NO	Storage locations of animal carcass	Building	Room #
4.3 Internal Permit Holder		Name	Permit #
4.4 State preventative measures that must be taken to minimize the risk of exposure for staff.			
4.5 Training Requirements	Personnel named on the schedule require the following training, See Website http://www.uwo.ca/humanresources/facultystaff/h_and_s/training/training_idx.htm		* Radiation Safety

Schedule 5 Hazard Assessment and WHMIS Inventory for Work with Radiation

5.1 Will the animals undergo gamma irradiation at any time?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES	1. Name(s) of personnel who will perform animal irradiation		
	2. Has registration & training on the Gammacell-20 irradiator been completed?		<input type="checkbox"/> YES <input type="checkbox"/> NO
5.2 Will the animals undergo x-rays at any time?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES	1. Have personnel had training taking images with the X-ray machine?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	2. Location of X-ray machine	Building	Room
5.3 Other –Will animals undergo any other imaging MRI, CT Scan –?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES	1. Have personnel received specific training (MRI, CT scan)?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	2. Specify type and location.	Type	Building
5.4 Is the machine in a human space?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES	Has permission been obtained?		<input type="checkbox"/> YES <input type="checkbox"/> NO
5.5 State preventative measures that must be taken to minimize the risk of exposure for staff.			
5.6 Training Requirements	Personnel working with these products directly or indirectly require the following training – Go to the Website: http://www.uwo.ca/humanresources/facultystaff/h_and_s/training/training_idx.htm		* Radiation Safety * Gamma Cell Training * X-ray Safety

Schedule 6 Approvals

Please Sign & Date Below

Principal Investigator		Protocol Title	Date mm/dd/yy / /
Print Name			
Signature			
Occupational Health and Safety Approval - Office Use Only			
Signature of OHS Officer	Date mm/dd/yy / /	Institution (UWO, RRI, LHRI, CPRI, Other)	

The UNIVERSITY of WESTERN ONTARIO – COUNCIL ON ANIMAL CARE

PROTOCOL MODIFICATION FORM

Please complete the following using your computer. Submit via email to aus@uwo.ca
 Send signed original for Section H (Authorization) with supporting documents to Rm. 510, MSB

A. PROJECT/GRANT/INVESTIGATOR INFORMATION - Mandatory Completion Required

Investigator Name:	Department:	Institution:	
Office Address: Office Telephone:	Lab Address: Lab Telephone:	Email Address:	
Project Title: <i>This is a new title:</i> Yes <input type="checkbox"/>			
Grant Title (if different from project title): <i>This is a new title:</i> Yes <input type="checkbox"/>			
Funding Source: Corporate/Contract Name:	Source Grant #	OR Applied for: <input type="checkbox"/>	Protocol #:
Previous Project or Grant Title (if above project/grant title is new):			

B. MODIFICATION PURPOSE - Mandatory Completion Required

Use the drop-down lists to indicate all overall change types requested by this modification form		
	Major Area of Change	Provide Justification & Other Details Not Added to Related Sections
A change in...	Click Here	
	Click Here	

C. ANIMALS REQUIRED

Animals Required (Include Modifications ONLY):						
<i>Add or Remove</i>	<i>Species</i>	<i>Strain &/or Other Species Detail</i>	<i>Age or Weight</i>	<i>Sex</i>	<i>Pain Level</i>	<i>Additional #s Required</i>
Click Here	Click Here			Click Here	Click Here	
Click Here	Click Here			Click Here	Click Here	
Click Here	Click Here			Click Here	Click Here	
Click Here	Click Here			Click Here	Click Here	
Click Here	Click Here			Click Here	Click Here	
Click Here	Click Here			Click Here	Click Here	
Click Here	Click Here			Click Here	Click Here	
Click Here	Click Here			Click Here	Click Here	
Click Here	Click Here			Click Here	Click Here	
If animal numbers have increased, provide justification details, i.e. #/group X treatment #, timelines -						

D. RESEARCH STAFF - REMOVALS

Research Staff Removals	
Please remove the following personnel from this protocol -	
First Name	Last Name

If no new staff or further staff training required, skip to Section F.

E. RESEARCH STAFF – NEW & TRAINING UPGRADE FOR CURRENT STAFF

New & Current Staff Requiring Further Training																								
Complete for all NEW staff and for current staff requiring further animal training																								
Complete All						If Yes to Animal Work, complete this section																		
First Name	Last Name	Position <i>Researcher Staff Student</i>	If Emergency Contact Person, Enter After Hours Contact Number	Email Address	Hands On Animal Work? Yes Or No	Species										Procedures								
						M=Mouse, R=Rat, RB=Rabbit, P=Pig, SG=Sheep/Goat, C=Canine, NP=Primate, OR=Other Rodent, O=Other <i>If Other, provide detail below</i>										1=Basic Handling 2=Health Monitoring 3=Blood Collection 4=Injections 5=Anaesthesia 6=Surgery-Recovery 7=Surgery-Non-Recovery 8=Euthanasia/Post Mortem 9=Other, <i>provide detail below</i>								
						M	R	RB	P	SG	C	NP	OR	O	1	2	3	4	5	6	7	8	9	
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		Click Here			N/A	<input type="checkbox"/>																		

F. BREEDING

The AUS has authorized the integration of breeding with related research protocols.	
I. Is breeding being added to this protocol?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete II. To VII. in <i>lay terms</i> :
II. Provide justification for maintaining a breeding colony	
III. Provide justification for breeding numbers	
IV. List procedures used in the breeding colony	
V. Number estimation and use of surplus animals (those not required for experimental programs, or retired breeders)	Surplus Number Estimate: Surplus Use:
VI. Breeding colony location, if different from research housing.	
VII. Research associates directly involved in the care of animals in this breeding colony	Name: Contact #: Email: Name: Contact #: Email:

G. EXPERIMENTAL DESIGN MODIFICATION

1. Modification to Experimental Design - Major Changes Require the submission of a new "Application for the Use of Animals in Research and Teaching"	
Change Type:	Provide Change Justification & Other Details:
Click Here	

G. EXPERIMENTAL DESIGN MODIFICATION *continued...*

<p>2. New SOPs Required by Experimental Design Changes Described in G. 1. <i>Indicate SOPs not previously documented, but involving the above mentioned experimental changes. For more detailed information, go to the following web page: http://www.uwo.ca/animal/website/VS/Content/SOPs.htm By listing these SOPs you are indicating willingness to comply with their contents in this project.</i></p>
Click Here

H. DECLARATION - Mandatory Completion Required

All animals used in this research project will be cared for in accordance with the recommendations of the Canadian Council on Animal Care and the requirements of the provincial legislation entitled, "The Animals for Research Act," of the Province of Ontario.

Please Sign & Date Below

Protocol #: <i>(Same as Section A)</i>			
Principal Investigator or Course Director		Date	
Print Name:			
Signature:			
<i>AUS Office Use Only</i>			
APPROVAL OF ANIMAL USE SUBCOMMITTEE			
Signature of Reviewing Veterinarian:	Date: <i>mm/dd/yy</i> / /	Signature of AUS Chair	Date: <i>mm/dd/yy</i> / /

The UNIVERSITY of WESTERN ONTARIO - COUNCIL ON ANIMAL CARE

PROJECT RENEWAL APPLICATION

Please complete the following using your computer. Submit via email to aus@uwo.ca
Send signed original Section I. (Authorization) with supporting documents to Rm. 510, MSB

A. PROJECT/GRANT/INVESTIGATOR INFORMATION - Mandatory Completion Required

Investigator Name:		Department:		Institution:	
Office Address:		Lab Address:		Email Address:	
Office Telephone:		Lab Telephone:			
Project Title: <i>This is a new title-</i> Yes <input type="checkbox"/>					
Grant Title (if different from Project title): <i>This is a new title-</i> Yes <input type="checkbox"/>				Current Protocol #:	
Previous Project or Grant Title (if above project/grant title is <i>new</i>):					
Funding Source: Corporate/Contract Name:			Source Grant #		OR Applied for: <input type="checkbox"/>
Renewal to take effect immediately	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	If no, please specify date:	mm / dd / yy / /	

B. MAJOR CHANGES AT RENEWAL - Mandatory Completion Required

Use the drop-down lists to indicate all overall change types requested within this renewal form

	Major Area of Change	Provide Justification & Other Details Not Added to Related Sections
A change in...	Click Here	
	Click Here	

C. PROGRESS - Mandatory Completion Required

DESCRIBE PROGRESS TO DATE <i>Use as much space as necessary</i>

D. ANIMAL STATUS – Mandatory Completion Required

Animal Status <i>Please respond to all ...</i>	Yes OR No	If yes, please provide An explanation...	If yes, please indicate measures which can or are being taken to resolve this...
1. Did animals in this project die (not euthanized), or were animals euthanized prior to expected survival time?	N/A		
2. Did animals exhibit signs of more severe pain or stress than outlined in the protocol?	N/A		
3. Did animals develop conditions or diseases unrelated to your research?	N/A		
4. If analgesics were indicated therapeutically in the protocol, please answer the following:			
i. Were the analgesics administered?			N/A
ii. Was the frequency as indicated?			N/A
iii. Were any problems encountered with the administration of the analgesic?			N/A
THE PROVISION OF ADEQUATE ANALGESIA TO RESEARCH ANIMALS IS OF VITAL CONCERN. PLEASE CONTACT ACVS IF YOU HAVE QUESTIONS OR CONCERNS REGARDING CLINICAL SITUATIONS.			

F. EXPERIMENTAL CHANGES - Mandatory Completion Required

1. Changes in Experimental Design <i>Major changes require the submission of a new "Application for the Use of Animals in Research and Teaching"</i>	
Change Type: <i>List all applicable changes</i>	Provide Justification and Other Change Details Not Added to Related Sections:
Click Here	

2. New SOPs Required by Experimental Design Changes Described in E. 1. <i>Indicate SOPs not previously documented, but involving the above mentioned experimental changes. For more detailed information, go to the following web page: http://www.uwo.ca/animal/website/VS/Content/SOPs.htm By listing these SOPs you are indicating willingness to comply with their contents in this project.</i>
Click Here

G. BREEDING

The AUS has authorized the integration of breeding with related research protocols.			
I. Is breeding involved within this protocol?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete II. To VII. in <i>lay terms</i> :		
II. Provide justification for maintaining a breeding colony			
III. Provide justification for breeding numbers			
IV. List procedures used in the breeding colony			
V. Number estimation and use of surplus animals (those not required for experimental programs, or retired breeders)	Surplus Number Estimate: Surplus Use:		
VI. Breeding colony location, if different from research housing.			
VII. Research associates directly involved in the care of animals in this breeding colony	Name: Name:	Contact #: Contact #:	Email: Email:

H. ANIMAL REQUIREMENTS - Mandatory Completion Required

Animals Required for Upcoming Year Only: Mandatory completion required						
<i>Species</i>	<i>Strain &/or Other Species Detail</i>	<i>Age/ Weight</i>	<i>Sex</i>	<i>Pain Level</i>	<i>Used in Breeding?</i>	<i>Total Animal #s</i>
Click Here			Click Here	Click Here	Click Here	
Click Here			Click Here	Click Here	Click Here	
Click Here			Click Here	Click Here	Click Here	
Click Here			Click Here	Click Here	Click Here	
Click Here			Click Here	Click Here	Click Here	
Click Here			Click Here	Click Here	Click Here	
Click Here			Click Here	Click Here	Click Here	
Click Here			Click Here	Click Here	Click Here	
Click Here			Click Here	Click Here	Click Here	
If animal numbers have increased, provide justification details, i.e. #/group X treatment #, timelines -						

I. DECLARATION *Mandatory Completion Required*

All animals used in this research project will be cared for in accordance with the recommendations of the Canadian Council on Animal Care and the requirements of the provincial legislation entitled, "The Animals for Research Act," of the Province of Ontario.

Please Sign & Date Below

Protocol #: <i>(Same as Section A)</i>			
Principal Investigator or Course Director			Date
Print Name:			
Signature:			
<i>AUS Office Use Only</i>			
APPROVAL OF ANIMAL USE SUBCOMMITTEE			
Signature of Reviewing Veterinarian	Date <i>mm/dd/yy</i> 	Signature of AUS Chair	Date <i>mm/dd/yy</i>