

Brandon University Animal Care (BUACC)  
QUALITY ASSURANCE REPORT

**Date of Assessment:**

**Location of Assessment:**

**Animal Use Protocol No.:**

**Project Title:**

**Principal Investigator:**

**Lab Members (or Others) Present:**

# Animal Use Data:

*Please complete the following table: (note: for field studies projects, the “# of animals used” is equivalent to the number of animals captured or trapped.) Please note: to amend/unlock this form for the purposes of adding more table rows, please contact Shannon Downey, Administrative Officer to the Vice-President (Academic & Provost) and Research Ethics Officer, at (204) 727-9712 or* [*downeys@brandonu.ca*](mailto:downeys@brandonu.ca)*.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Species | # of Animals Approved | # of Animals Used | # of Animals Re-used\* | Protocol # of First Use | Animals  Re-used from Previous Year\*\* | Other Information |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***\* If animals are re-used within the same calendar year, indicate the number of animals that were re-used, then in the next column indicate the original protocol number the animals were re-used from.***

***\*\* In some situations, individual animals are used a number of times over a period of several years in either single or multiple protocols. If this is the case, please provide a short descriptive that includes the number of years the animal has been used and the type of research.***

# Quality Assurance Information:

*Please provide a response to each question below.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **NO** | **N/A** |
| 1. **Are the approved endpoints satisfactory for this protocol?** |  |  |  |
| 1. **Were there any mortalities?** |  |  |  |
| **If yes, please provide details:** |  | | |
| 1. **Does the research being done reflect the approved protocol?** |  |  |  |
| 1. **Were there health and safety issues for the animals?** |  |  |  |
| **If yes, please provide details:** |  | | |
| 1. **Did all personnel listed on the AUP complete all training as appropriate?** |  |  |  |
| 1. **Were personnel working with the animals competent in their handling skills?** |  |  |  |
| 1. **What SOPs were referenced for this protocol?** |  | | |
| 1. **Were SOPs followed accordingly for procedures specified in the protocol?** |  |  |  |
| 1. **Did the number of animal used exceed the number of animals approved?** |  |  |  |
| 1. **Were there complications with surgical procedures or post-operative care (if applicable)?** |  |  |  |
| 1. **Were anesthesia and analgesia properly and effectively used?** |  |  |  |
| 1. **Describe observations made during the procedure(s) on the animal (e.g. behavioural).** |  | | |

**Additional Comments:**

**Concerns:**

**For Follow-up:**

**Progress Report Completed by:**