

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**.*

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