

How to Submit a New Animal Care Research/Pilot Project Application

en i 🙉 ID

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	ID	Name	Туре	Owner	State	Last State Change	PAA Type
₽ PAA	B14-0007-A002	RISe Tutorial	Biosafety PAA	Epple, Prince	Pre Submission	5/15/2014 2:51 PM	
® PAA	H13-00044- A002	request for acknowl	Human-Post Approval Activities	Apple, Prinz	Pre Submission	3/28/2014 2:07 PM	Request for Acknowledgement
® PAA	H13-00044- A001	asdasd	Human-Post Approval Activities	Apple, Prinz	Pre Submission	1/9/2014 8:57 AM	Completion of Behavioural Study
®PAA	H12-00045-	Brain Study - Amendment	Human-Post Approval	Epple,	Pre	12/5/2012 11:00	Amendments to Study

Committees Studies Help

Page for Prince Epple

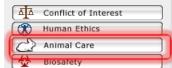
A PI and Staff

My Roles

PI & Staff

Committee Member REB Guest Reviewer

Create:





Committees

- & BC Cancer Agency
- Research Ethics Board

 & Biosafety Committee
- & Children's and Women's Research Ethics Board
- & Clinical Research Ethics Board
- & Conflict of Interest Committee
- Providence Health Care Research Ethics Board
- Lack UBC Behavioural Research Ethics Board
- UBC Okanagan
 Behavioural Research
 Ethics Board

Page for Prince Epple



Welcome to your personal RISe Home Page.

To view your ethics studies or declarations select the applicable grey tab below (Animal Care, Human Ethics, Conflict of Interest). Click here for FAQs.

Your 'Inbox' is a folder for table. Click on the name of the st Click to create a new Animal Care table. Click on the name of the st Click to create a new Animal Care table.

New Applications

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	ID	Name	Type	Owner	State	Last State Change
2	A14-0007	test	Animal Care	Epple, Prince	Pre Submission	5/15/2014 4:23 PM
3	H14-00036	PFM Kenya	Human Ethics	Epple, Prince	Pre Submission	4/15/2014 9:28 AM
3	H14-00031	Abdo pain NYD	Human Ethics	Epple, Prince	Pre Submission	4/9/2014 8:30 AM
3	H14-00028	construction waste	Human Ethics	Apple, Prinz	Pre Submission	4/7/2014 1:39 PM
3	H13-00106	Discrimination and activism	Human Ethics	Apple, Prinz	Pre Submission	12/6/2013 10:05 AM
(1)	H13-00105	Activism Study	Human Ethics	Epple, Prince	Pre Submission	12/6/2013 7:00 AM
3	H13-00092	Fibrosis	Human Ethics	Apple, Prinz	Pre Submission	9/3/2013 11:16 AM
(1)	H13-00054	BCCDC	Human Ethics	Epple, Prince	Pre Submission	4/17/2013 9:16 AM
(3)	H13-00050	test	Human Ethics	Epple, Prince	Pre Submission	4/12/2013 1:13 PM
(3)	H13-00049	Comment 111	Human Ethics	Epple, Prince	Pre Submission	4/10/2013 1:48 PM
			N	0 of 31 ▷ Ⅺ		10 / page

Post Approval Activities (In Progress)

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	ID	Name	Туре	Owner	State	Last State Change	PAA Type
₩PAA	B14-0007-A002	RISe Tutorial	Biosafety PAA	Epple, Prince	Pre Submission	5/15/2014 2:51 PM	
® PAA	H13-00044- A002	request for acknowl	Human-Post Approval Activities	Apple, Prinz	Pre Submission	3/28/2014 2:07 PM	Request for Acknowledgement
® PAA	H13-00044- A001	asdasd	Human-Post Approval Activities	Apple, Prinz	Pre Submission	1/9/2014 8:57 AM	Completion of Behavioural Study
®PAA	H12-00045-	Brain Study - Amendment	Human-Post Approval	Epple,	Pre	12/5/2012 11:00	Amendments to Study

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1. STUDY TEAM - ANIMAL CARE COMMITTEE

* 1.1. Please select the Principal Investigator (PI) for the study. The PI is responsible for all aspects of the work protocol. Once you hit "Select", you can enter the PI's name, or enter the first few letters of his or her protocol. Once you hit "Select", you can enter the PI's name, or enter the first few letters of his or her protocol. Once you hit "Select", you can enter the PI's name, or or or sort the returned list alphabetically by First name, Last name, or Organical Begin by selecting the Investigator. If you primary Appointment: Medicine, Faculty of Rank: Professor Animal Care Training (Online) Certificate Number: Animal Care Training (Practical) Certificate Numbers: Provide the name of ONE primary contact person in addition to the PI who will receive ALL correspondence application. This primary contact will have online access to read, amend, and track the application.	Assistant Professor, Professor (PT), Associate Professor (PT), Assistant Professor (PT), Associate Professor (PT), Assistant Professor Emeritus/a, Associate Professor (PT), Associate Professor Emeritus/a, Associate Professor (PT), Associate Professor Emeritus/a, Associate Professor Emeritu
Select	The certificate of approval and notifications regarding the application will be emailed to this primary contact in addition to the PI.
Complete sections 1.3, 1.4 and 1.5 to add Co-Investigators and study team members directly involved in animals in this study and designate their access for this study. To add Co-Investigators in 1.3 and study and Co-Investigators of the first few letters of right of the application form. They in 3. You can sort the returned list alphabetically by findetailed explanations of the quest and contained by the contained of the contained o	kes to the nclude tions, late heading.
1.4. Study Team Members - Online Access List all study team members who WILL HAVE online access to read, amend and track the application. All must list online training and study team members that have "hands on" contact with animals must list role in the study must be defined in section 4.10.	

If this is a Breeding application, please ensure the Colony

Save | | Print... Continue >> << Back Filter by last name and Select Person - Google Chrome 1. STUDY TEAM - ANIMAL CARE COMMITTEE include a "%" in front to andbox.rise.ubc.ca/sandbox/CommonAdmin maximize results. * 1.1. Select Person Faculty Appointment sistant Professor, Adjunct ssociate Professor, Clinical Please select the Principal Investigator (PI) for the study. The PI is responsible protocol. Once you hit "Select", you can enter the PI's name, or enter the first for Filter by Last Name ▼ %epple Go Clear Advanced sociate Professor (PT), sort the returned list alphabetically by First name, Last name, or Organization b eritus/a, Associate sor Emeritus/a). This Total Selected: 1 Select... in the Faculty of Medicine. If Last Name First Name Organization the Principal Supervisor. Primary Appointment: Medicine, Faculty of Administrator Webridge System Rank: Professor incipal Investigator list and Animal Care Training (Online) Certificate Number: ne study, please Medicine, Faculty of Apple Prinz Animal Care Training (Practical) Certificate Numbers: s at risesupport@ors.ubc.ca. Epple Prince Medicine, Faculty of 1.2. If a primary contact is not Nead partment of n to receive all Select the name of the Provide the name of ONE primary contact person in addition to the PI who will n Kirk epartment of application. This primary contact will have online access to read, amend, and tra Principal Investigator. partment of Smith tions regarding the Select... ary contact in addition to the Smith Jane K. Medicine, Department of □ □ 1-7 of 7 □ □ Total Selected: 1 Complete sections 1.3, 1.4 and 1.5 to add Co-Investigators and study team me animals in this study and designate their access for this study. OK Cancel To add Co-Investigators in 1.3 and study team members in 1.4: Click "Add". Click "OK" to add your 2. Enter the name or enter the first few letters of the person's name and click 3. You can sort the returned list alphabetically by First name, Last name, or Ord selection. 4. Select the boxes beside ALL applicable names and click "OK". To delete a person from the list, select the box next to his or her name and click 1.3 Co-Investigators: List all Co-Investigators of the study. These members WILL have online access Add Last Name First Name Institution/Department Rank There are no items to display hal Care (CCAC) requirements, the online animal care training program is compulsory. If you are involved with animals in research, teaching, or testing, you must be trained in animal care and ethical issues involved in animal use. If you have completed this training, please update your RISe profile. If you have not, please select here to register. If you have taken any practical courses offered through the Animal Care Centre, please ensure that you update your RISe profile (practical animal care training section). 1.4. Study Team Members - Online Access Certification of completed/passed practical training course is required for any individual that has "hands on" contact with List all study team members who WILL HAVE online access to read, amend and track the application. All study team members animals. The role of each study team member in the study must must list online training and study team members that have "hands on" contact with animals must list practical training and their be defined in section 4.10. role in the study must be defined in section 4.10.

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Make it a habit to hit "Save" before you "Continue" to the next page

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1. STUDY TEAM - ANIMAL CARE COMMITTEE

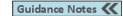
* 1.1. Please select the Principal Investigator (PI) for the study. The PI is responsible for all aspects of the work conducted under this protocol. Once you hit "Select", you can enter the PI's name, or enter the first few letters of his or her name and hit "Go". You can sort the returned list alphabetically by First name, Last name, or Organization by clicking the appropriate heading. Primary Appointment: Medicine, Faculty of Rank: Professor Animal Care Thaining (Online) Certificate Number: Animal Care Training (Practical) Some questions are marked with a red asterisk. This indicates 1.2. Provide the name of ONE primary contact person in addition to the PI who will receive AII. Correspondence regarding this application. This primary contact will have online access to read, sof the application attorn. Select	The Principal Investigator must have a Faculty Appointment (i.e. Professor, Associate Professor, Assistant Professor, Adjunct Professor, Clinical Professor, Clinical Associate Professor, Clinical Assistant Professor, Professor (PT), Associate Professor (PT), Assistant Professor Emeritus/a, Associate Professor Emeritus/a, Associate Professor Emeritus/a, Associate Professor Emeritus/a, Assistant Professor Emeritus/a). This includes Clinical Faculty appointments in the Faculty of Medicine. If this is a Teaching protocol, please list the Principal Supervisor. If you cannot see your name in the Principal Investigator list and you are the Principal Investigator of the study, please contact the Office of Research Services at risesupport@ors.ubc.ca. Selecting a primary contact is optional. If a primary contact is not selected, the PI will be the only person to receive all correspondence. The certificate of approval and notifications regarding the application will be emailed to this primary contact in addition to the PI.
Complete sections 1.3, 1.4 and 1.5 to add Co-Investigators and study team members directly involved in the care and use of animals in this study and designate their access for this study. To add Co-Investigators in 1.3 and study team members in 1.4: 1. Click "Add". 2. Enter the name or enter the first few letters of the person's name and click "Go". 3. You can sort the returned list alphabetically by First name, Last name, or Organization by clicking the appropriate heading. 4. Select the boxes beside ALL applicable names and click "OK". To delete a person from the list, select the box next to his or her name and click "Remove". 1.3 Co-Investigators: List all Co-Investigators of the study. These members WILL have online access to read, amend and track the application. Add Last Name First Name Institution/Department Rank Online Training Practical Training There are no items to display	
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Save | Exit | Hide/Show Errors | Print... | Jump To: 2. Study Dates and Funding +

Continue >>

2. STUDY DATES AND FUNDING - ANIMAL CARE COMMITTEE

2.1. What is the start date and proposed duration of this study? Use the calendar box to select the dates(Internet Explorer) or enter the dates manually using the format yyyy-mm-dd. The start date must be defined as a date after which the protocol is approved.



* 2.1.a

Start Date:

01 February 2016

* 2.1 b

How long do you anticipate this study will continue?

4 years

Whenever you encounter questions that require you to input a date, please use the calendar icon to select your dates as it will ensure the proper formatting of your entry.

Guidance Notes <<

Source of Funds

Please clearly identify the application for research funding associated with this ethics application. This will ensure that awarded research funds can be made available to you once this ethics application receives approval.

Section 2.2 lists the sources of all research funding applications that have been submitted by the PI and Co-Investigators on this study. To identify the research funding application/award associated with this study select the applicable box(es) below.

If the research funding application/award associated with this study is not listed below, please enter those details in question 2.3.

2.2.

Research Funding Application/Award Associated with the study:

UBC Number Title Funding PI Sponsor

2.3.

There are no items to display

Please click "Add" to enter the details for the research funding application/award associated with this study that is not listed in section 2.2.

Research Funding Application/Award Associated with the study not listed in section 2.2:

Add

Save | Exit | Hide/Show Errors | Print... | Jump To: 2. Study Dates and Funding •

Continue >>

2. STUDY DATES AND FUNDING - ANIMAL CARE COMMITTEE

2.1. What is the start date and proposed duration of this study? Use the calendar box to select the dates(Internet Explorer) or enter the dates manually using the format yyyy-mm-dd. The start date must be defined as a date after which the protocol is approved.

Guidance Notes <<

* 2.1.a

Start Date: 01 February 2016 February, 2016 * 2.1 b Today Mon Tue Wed Thu Fri Sat Sun How long do you anticipate this study will continu 5 4 years 10 11 12 13 14 17 18 19 20 21 15 16 22 23 24 25 26 27 28 Source of Funds 29

Guidance Notes <<

Please clearly identify the application for resea ethics application receives approval.

ethics application. This will ensure that awarded research funds can be made available to you once this

Section 2.2 lists the sources of all research funding applications that have been submitted by the PI and Co-Investigators on this study. To identify the research funding application/award associated with this study select the applicable box(es) below.

If the research funding application/award associated with this study is not listed below, please enter those details in question 2.3.

Select date

2.2.

Research Funding Application/Award Associated with the study:

Add Title **UBC Number** Funding PI Sponsor There are no items to display

2.3.

Please click "Add" to enter the details for the research funding application/award associated with this study that is not listed in section 2.2.

Research Funding Application/Award Associated with the study not listed in section 2.2:

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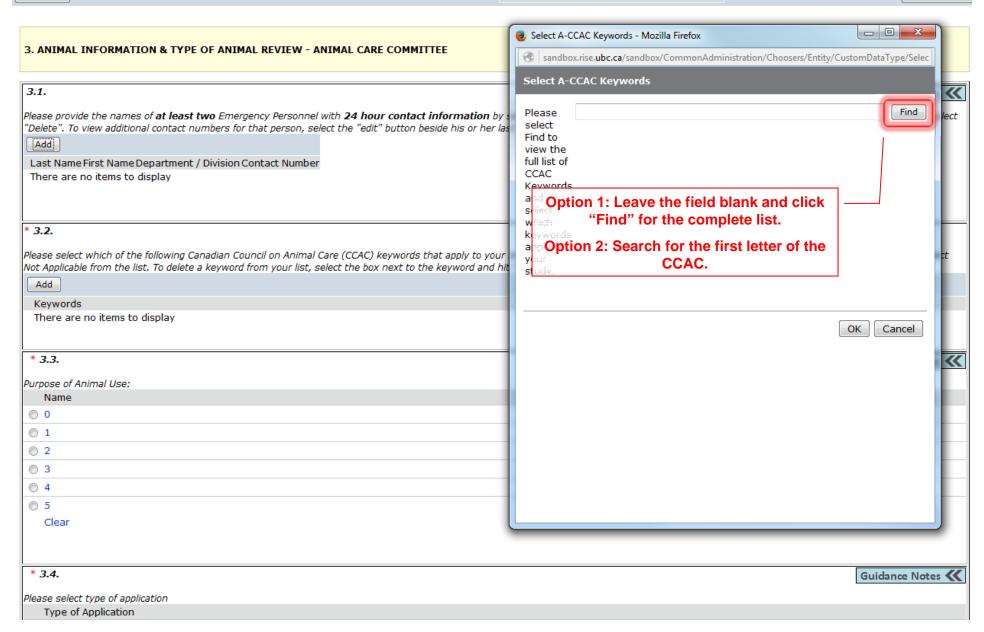
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3. ANIMAL INFORMATION & TYPE OF ANIMAL REVIEW - ANIMAL CARE COMMITTEE

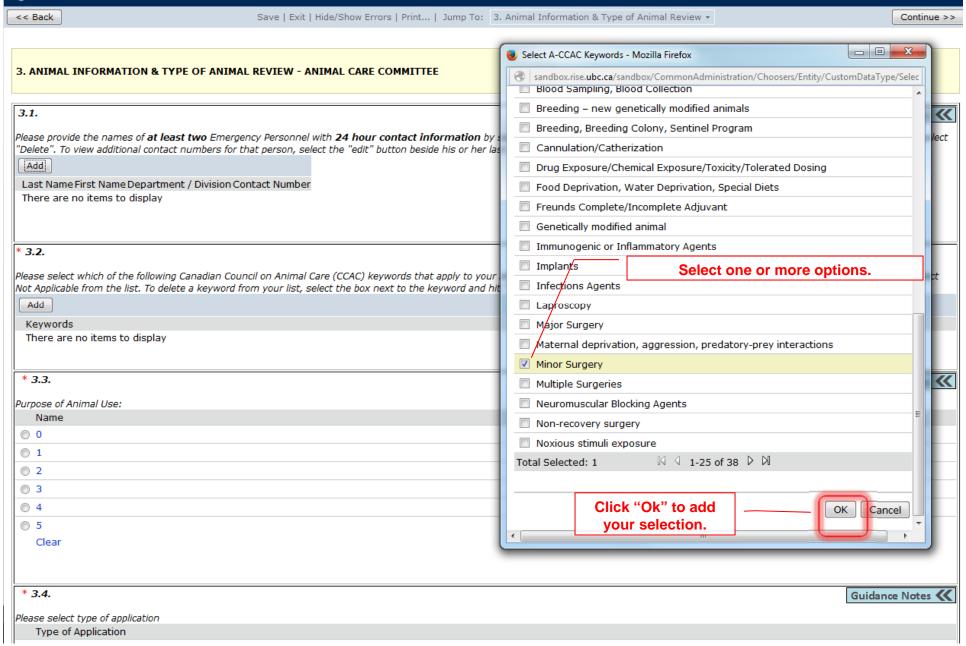
3.1.	Guidance Notes 🕊
"Delete". To view additional contact numbers for that person, select th	24 hour contact information by selecting "Add". To delete someone from the list, mark the box next to his or her name and select se "edit" button beside his or her last name.
Add	
Last Name First Name Department / Division Contact Number There are no items to display	
* 3.2.	
Please select which of the following Canadian Council on Animal Care (Not Applicable from the list. To delete a keyword from your list, select t	CCAC) keywords that apply to your study using the "Add" button to view the list. If these do not apply to your study, please select the box next to the keyword and hit "Remove".
Add	
Keywords	
There are no items to display	
* 3.3. Purpose of Animal Use:	Guidance Notes
Name You will encounter questions where	
you must click "Add" to select an item	
from an established list.	
© 2L	J
⊚ 3	
© 4 © 5	
Clear	
* 3.4.	Guidance Notes
Please select type of application	
Type of Application	

Save | Exit | Hide/Show Errors | Print... | Jump To: 3. Animal Information & Type of Animal Review >

Continue >>







Save | Exit | Hide/Show Errors | Print... | Jump To: 3. Animal Information & Type of Animal Review •

Continue >>

3. ANIMAL INFORMATION & TYPE OF ANIMAL REVIEW - ANIMAL CARE COMMITTEE

3.1.		Guidance Notes 🕊
Please provide the names of at least two Emergency Personnel with 24 hour contact inform		he box next to his or her name and select
"Delete". To view additional contact numbers for that person, select the "edit" button beside his	s or her last name.	
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Last Name First Name Department / Division Contact Number		
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* 3.2.		
Please select which of the following Canadian Council on Animal Care (CCAC) keywords that app Not Applicable from the list. To delete a keyword from your list, select the box next to the keywo		do not apply to your study, please select
Add		
Keywords		
Minor Surgery		Remove
* 3.3.	The selected options will be listed.	Guidance Notes 《
Purpose of Animal Use:		
Name		
◎ 0		
◎ 1		
◎ 2		
⊚ 3		
Clear		
* 3.4.		Guidance Notes
Please select type of application		
Type of Application		

Clear		
* 3.4.		Guidance Notes
Please select type of application		
Type of Application		
Research		
Breeding		
○ Teaching ○		
Pilot Project		
Clear		
		7
3 F If this application is a sensual/continuation	 Select the appropriate type of application by 	dy and attach a brief progress conset
3.3. It triis application is a renewal/continuation		dy and attach a brief progress report. Guidance Notes Guidance Notes
* 3.5.a	clicking the radio button to the left.	Guidance Notes C
* 3.5.a	clicking the radio button to the left.	Guidance Notes (
	clicking the radio button to the left.	Guidance Notes (C
* 3.5.a Is this application a renewal/continuation of a p Yes No Clear	clicking the radio button to the left.	Guidance Notes (
* 3.5.a Is this application a renewal/continuation of a p Yes No Clear 3.5.b	clicking the radio button to the left.	Guidance Notes (C
* 3.5.a Is this application a renewal/continuation of a p Yes No Clear	clicking the radio button to the left.	Guidance Notes (C
* 3.5.a Is this application a renewal/continuation of a p Yes No Clear 3.5.b	clicking the radio button to the left.	Guidance Notes (C
* 3.5.a Is this application a renewal/continuation of a p Yes No Clear 3.5.b	clicking the radio button to the left.	Guidance Notes (C
* 3.5.a Is this application a renewal/continuation of a p Yes No Clear 3.5.b Application number from previous study: 3.5.c	clicking the radio button to the left.	Guidance Notes (C
* 3.5.a Is this application a renewal/continuation of a p Yes No Clear 3.5.b Application number from previous study:	clicking the radio button to the left.	Guidance Notes (
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Continue >>

4. ANIMAL INFORMATION, PROCEDURES, JUSTIFICATION - ANIMAL CARVIEW 4 collects animal information, procedures and justification.

* 4.1.a. Objectives of Research Research Applications: Describe how you would explain to a non-scientist your study with respect to human or animal health, the advancement of relationship of the animal studies to the overall objectives of your researching Applications: State why animals must be used in the laboratory why they cannot be used in this instance.	knowledge or the good of society. Briefly describe the ch. Please DO NOT exceed 500 words.	the poten being add that some	on is meant for the general public and does have itial of being released to the public. Define the problem dressed in the proposed animal studies in a context eone in the general public would understand.
* 4.1.b. As well, please briefly describe in simple language the procedure(s) perfor section understand what is being done to the animals. Please do not subsummary should provide the requested information in lay terms, so that to appreciate what you do. Please do NOT exceed 500 words.	omit the abstract from your funding application. The	them und protocol. public. A	on is used by the lay members of the Committee to help erstand what is acutally being done to the animals under the This section also has the potential to be released to the general description of the animal work should be provided in a general audience.
Please attach documents if required for objectives of research by selecting Add Title There are no items to display	g "Add".		
4.2. Alternatives to animal use. What alternatives to the use of live animals rejecting them? If specific alternatives do not exist, this should be stated		indicate if animals a For sugge	ction, the user should explain why animals must be used and there are suitable alternatives available. If alternatives to re available, indicate why they cannot be used in this study. estions on alternatives please view: eers.ccac.ca/en/alternatives/replacement_remplacement.html

Save | Exit | Hide/Show Errors | Print... | Jump To: 5. Animal Monitoring 🔻

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5. ANIMAL MONITORING - ANIMAL CARE COMMITTEE

View 5 collects information about animal monitoring.

5.1.	Notes 🕊
Please specify FOR EACH STUDY/SURGERY/PROCEDURE:	
 what specific clinical signs or objective parameters will be monitored to assess animal health the frequency (number of times per day) and duration (number of days) that animals will be monitored 	
Please specify whether monitoring is conducted by study team members, facility staff or both. If monitoring is not necessary/applicable, this should be stated and explained.	
For Categories of Invasiveness D & E and a subset of C, monitoring records are required. Please attach monitoring/scoring records that are to be filled out during the study. These should include endpoints.	humane
Add	
name description	
There are no items to display	
5.2.	Notes 🕊
Describe each experimental endpoint for the studies described in this protocol. The explanation should incorporate time and/or condition (such as tumour size or time point following treatment). the animal is not an acceptable endpoint. Experimental endpoints need to be specified for each study or procedure. Please also indicate the MAXIMUM AGE of the animals at Experimental Endpoint (e.g. in weeks, months or years).	Death of

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6. DRUGS/CHEMICALS/HAZARDOUS MATERIALS - ANIMAL CARE COMMITTEE

6.1. ANAESTHETIC/SEDATIVES. Please select "Add" to ent and hit "Delete".		iew 6 collects drug	s/chemicals/haza	and there is considerable there is considerable there is considerable there may be
Name of Drug Other There are no items to display	Dosage	Volume	Route	Supplementary drugs for analgesia, control of infection etc. should be similarly detailed.
6.2. ANALGESICS and ANTI-INFLAMMATORY AGENTS. Pleanext to the drug and hit "Delete". Add	se select "Add" to enter.	To delete an item from the	list below, select the box	Give dosages, frequency, routes of administration, and duration. Name the person(s) who will administer the care for each category.
Name of Drug Other There are no items to display	Dosage	Volume	Route	
ANTIBIOTICS. Please select "Add" to enter. To delete	an item from the list belo	ow, select the box next to th	e drug and hit "Delete".	
Name of Drug Other There are no items to display	Dosage	Volume	Route	
6.4. OTHER DRUGS, CHEMICALS, BIOHAZARDOUS MATERI from the list below, select the box next to the drug ar		ES. Please select "Add" to en	ter. To delete an item	Give dosages, routes of administration, and duration. Name the person(s) who will administer the care. If experimental drug is proprietary, provide class of drug.
Name of Drug Other There are no items to display	Dosage	Volume	Route	
What are the expected side effects of the compounds been identified in the species being studied. If side eff however provide toxicity information that is known in will these animals require special care? If so, please i monitoring process.	fects in the animal specie other species if available	es that you are using is not i e. As a result of toxicities an	known then indicate this; d/or anticipated toxicities	

Save | Exit | Hide/Show Errors | Print... | Jump To: 7. Peer Review Required >

Continue >>

7. PEER REVIEW REQUIRED - ANIMAL CARE COMMITTEE

View 7 collects documents to be peer reviewed.

This application will require Peer Review as the study is a Research or Pilot Project application and also unfunded, internally funded, or industry funded. Please select "Add" to attach a short scientific summary below to send for Peer Review. Please read guidance notes on the right hand side for specific instructions.

Add

7.1.

Name Version

There are no items to display

or Pilot Project application that is unfunded, internally funded, or industry funded. Please select "Add" to attach a detailed scientific summary that will be sent for External Peer Review assessing scientific merit. This abstract should be independent of the animal protocol; which will be assessed by UBC's ACC. This summary must, therefore, provide a good idea of the research problem being addressed, the hypothesis being tested, the experimental goals and the experimental approach, with specific emphasis on those studies requiring the use of animals.

require Peer Review as the study is a Research

To save information on each view as you are working, especially if you are working on the view for a long period of time, select the "Save" button located at the top OR bottom of the view in the blue bar. Your work on each view will automatically be saved once you hit the "Continue" button.

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Save | Exit | Hide/Show Errors | Print... | Jump To: 8. Signatures and Final Page ▼

Continue >>

8. SIGNATURES AND FINAL PAGE - ANIMAL CARE COMMITTEE

Help

- * Please confirm that all associates listed on this study have read and agreed to comply with this study.
- * If SOPs have been attached or referenced in this application, please confirm that all team members listed in sections 1.3, 1.4, and 1.5 have read the SOPs and they understand, accept and agree to follow the methodological procedures described in those SOPs.
- * Please confirm that all study team members are aware that Post-Approval Monitoring, including laboratory visits/viewings, are an important regulatory requirement that the University of British Columbia must meet. Continued protocol approval and renewal are subject to full cooperation with the PAM process and achieving compliance in a timely manner.

You have reached the end of the Animal Care Application.

OPTIONS

- 1) submit application (PI only) click the "Continue" button and "Submit application" on the next page. NOTE: the "Submit application" button is only visible to the PI.
- 2) work on this application later click the "Continue" button. Your application will be in "Pre Submission" and saved in your inbox.

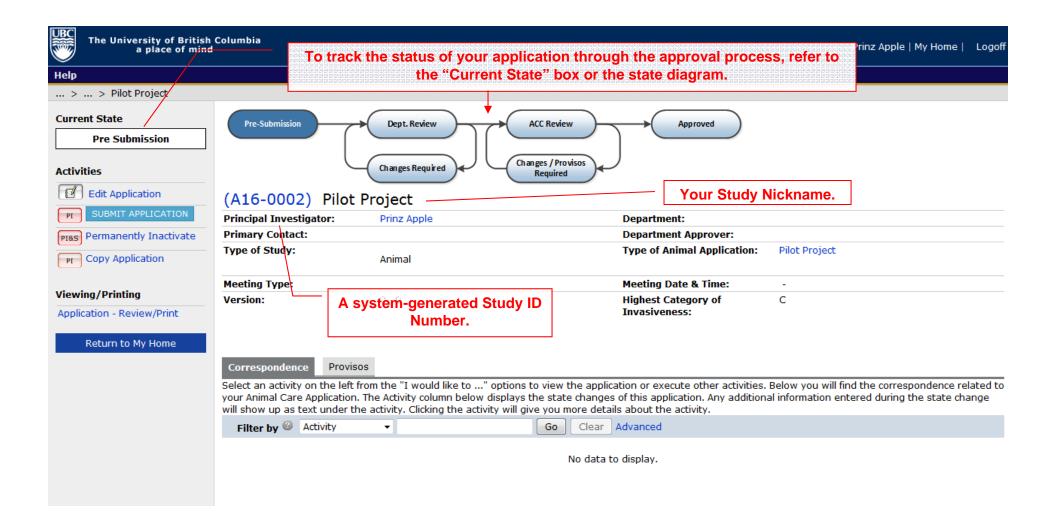
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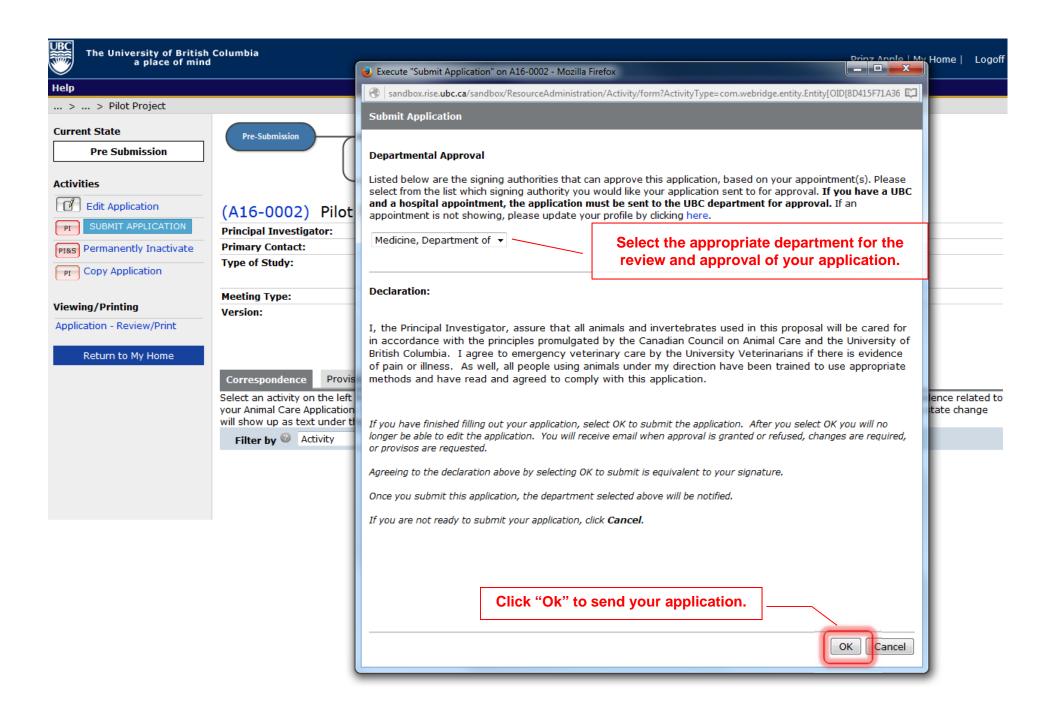
Save | Exit | Hide/Show Errors | Print... | Jump To: 8. Signatures and Final Page ▼

Continue >>

Hit "Continue" to save and close the application – You will automatically be taken to the Study Homepage.



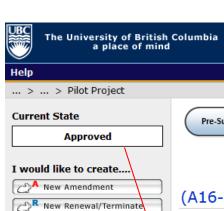
want to make – click on the "Edit Application" button to go back into the application.



your Animal Care application. The Activity column below displays the state changes of this application. Any additional information entered during the state change will show up as text under the activity. Clicking the activity will give you more details about the activity.



PI

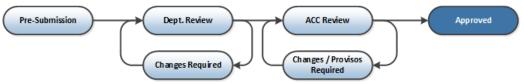


Activities



Viewing/Printing

Application - Full
Application - Review/Print



(A16-0002) Pilot Project

Principal Investigator: Prinz Apple	_		
P After the review , the application might be approved.	Department/Division:	Medicine, Department of Pilot Project	
Type of Study: Animal	Type of Animal Application:		
Original Date Approved:	Start Date:	01 February 2016	
Last Date Approved:	Expiration Date:		
Current Approval Certificate:	Version:	0.1	

Highest Category of C **Invasiveness:**

Correspondence Amendments Renewals Activities Log

Select an activity on the left from the "I would like to ..." options to execute various activities. Below you will find the correspondence related to your Animal Care Application. The Activity below displays the state changes of this application. Any additional information entered during the state change will show up as text under the activity. Clicking the activity will give you more details about the activity.

Filter by 🎱	Activity ▼	Go Clear Advanced	
	Activity	Author	
PI	Submitted Application	Apple, Prinz	08/01/2016 14:35