

How to Submit a New Animal Care Teaching Application

Post Approval Activities (In Progress)

en i 🙉 ID

Ethics Board

| Filt | er by 🖤 🔟 | | Go Clear | Advanced | | | |
|------------------------|--------------------|-------------------------|-----------------------------------|------------------|-------------------|----------------------|------------------------------------|
| | 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 |

Co Clear Advanced

Committees Studies Help

Page for Prince Epple

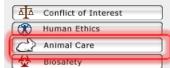
PI and Staff

My Roles

PI & Staff

Committee Member REB Guest Reviewer

Create:



Send Feedback

Committees

Name

& Animal Care Committee
 BC Cancer Agency

Research Ethics Board

Biosafety Committee
Children's and Women'

& Children's and Women's Research Ethics Board

2 Clinical Research Ethics Board

& Conflict of Interest Committee

Providence Health Care Research Ethics Board

Land Behavioural Research Ethics Board

UBC Okanagan
Behavioural Research
Ethics Board

Page for Prince Epple

Open notifications

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 Animal Care Click on the name of application for a brand new study.

Note that the name of the st Click to create a new Animal Care (PAA).

New Applications

| Filt | Filter by ID T Go Clear Advanced | | | | | | | |
|------|----------------------------------|-----------------------------|--------------|---------------|----------------|---------------------|--|--|
| | ID | Name | Туре | Owner | State | □ Last State Change | | |
| 2 | A14-0007 | test | Animal Care | Epple, Prince | Pre Submission | 5/15/2014 4:23 PM | | |
| | H14-00036 | PFM Kenya | Human Ethics | Epple, Prince | Pre Submission | 4/15/2014 9:28 AM | | |
| (1) | H14-00031 | Abdo pain NYD | Human Ethics | Epple, Prince | Pre Submission | 4/9/2014 8:30 AM | | |
| (1) | 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 | | |
| (1) | 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 | | | | | | | |

Post Approval Activities (In Progress)

| Filt | er by 🥨 🗵 | T | Go Clear | Advanced | | | |
|--------------|--------------------|-------------------------|-----------------------------------|------------------|-------------------|---|------------------------------------|
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| ₩PAA | B14-0007-A002 | RISe Tutorial | Biosafety PAA | Epple, Prince | Pre Submission | 5/15/2014 2:51 PM | |
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| ®PAA | H12-00045- | Brain Study - Amendment | Human-Post Approval | Epple, | Pre | 12/5/2012 11:00 | Amendments to Study |

Save | | Print...

Continue >>

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 consort the returned list alphabetically by First name, Last name, or Org. Begin by selecting the Principal Investigator. If you have primary Appointment: Medicine, Faculty of Rank: Professor Animal Care Training (Online) Certificate Number: Animal Care Training (Practical) Certificate Numbers: | an | 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), 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. |
|--|-----|---|
| Provide the name of ONE primary contact person in addition to the PI who will receive ALL correspondence regarding this application. This primary contact will have online access to read, amend, and track the application. Select | | 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 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 directly involved in the care and use of animals in this study and designate their access for this study. Guidance Notes are located in the boxes to the 1. Click "Add". 2. Enter the name or enter the first few letters of tright of the application form. They include any include and click "Add". 3. You can sort the returned list alphabetically by Fire detailed explanations of the questions; are heading. 4. Select the boxes beside ALL applicable names and click "On the form and the care and use of animals in this study. The production of the study of the study of the application of the questions; are heading. 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 | | |
| 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 study team members must list online training and study team members that have "hands on" contact with animals must list practical training and the role in the study must be defined in section 4.10. | air | To meet the Canadian Council on Animal 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). Certification of completed/passed practical training course is required for any individual that has "hands on" contact with animals. The role of each study team member in the study must be defined in section 4.10. If this is a Breeding application, please ensure the Colony |

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 ssistant 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 partment 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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1. STUDY TEAM - ANIMAL CARE COMMITTEE

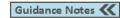
| * 1.1. Please select the Principal Investigator (PI) for the study. The PI is responsible for all aspects of the work conducted under this protocol. Once you hit "Select", you can enter the PI's name, or enter the first few letters of his or her name and hit "Go". You can sort the returned list alphabetically by First name, Last name, or Organization by clicking the appropriate heading. Primary Appointment: Medicine, Faculty of Rank: Professor Animal Care Training (Online Animal Care Training (Practical) Some questions are marked with a red asterisk. This indicates that the question is a required field. If you leave these questions unanswered, you will not be allowed to proceed to the next page application. This primary contact person in addition to the Primary Will receive A. Correspondence regarding thus nearly contact will have online access to read, a of the application. 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 (PT), Associate Professor (PT), Assistant Professor (PT), 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. |
|---|---|
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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

* 2.1 b

How long do you anticipate this study will continue?

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:

research running application/award associated with the study.

Add

UBC Number Title 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:

Add

Title Agency

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

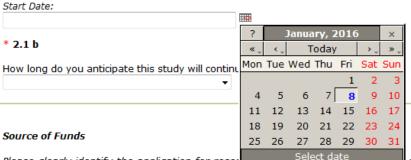
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2. STUDY DATES AND FUNDING - ANIMAL CARE COMMITTEE

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Guidance Notes <<

* 2.1.a



Guidance Notes <<

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

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

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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
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:

Add Title Agency

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

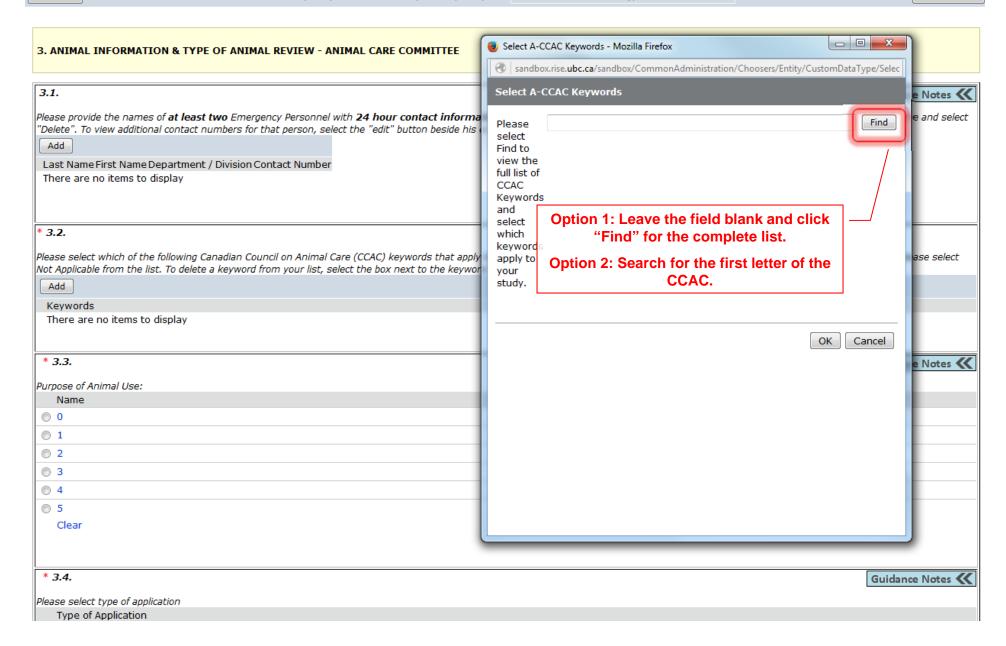
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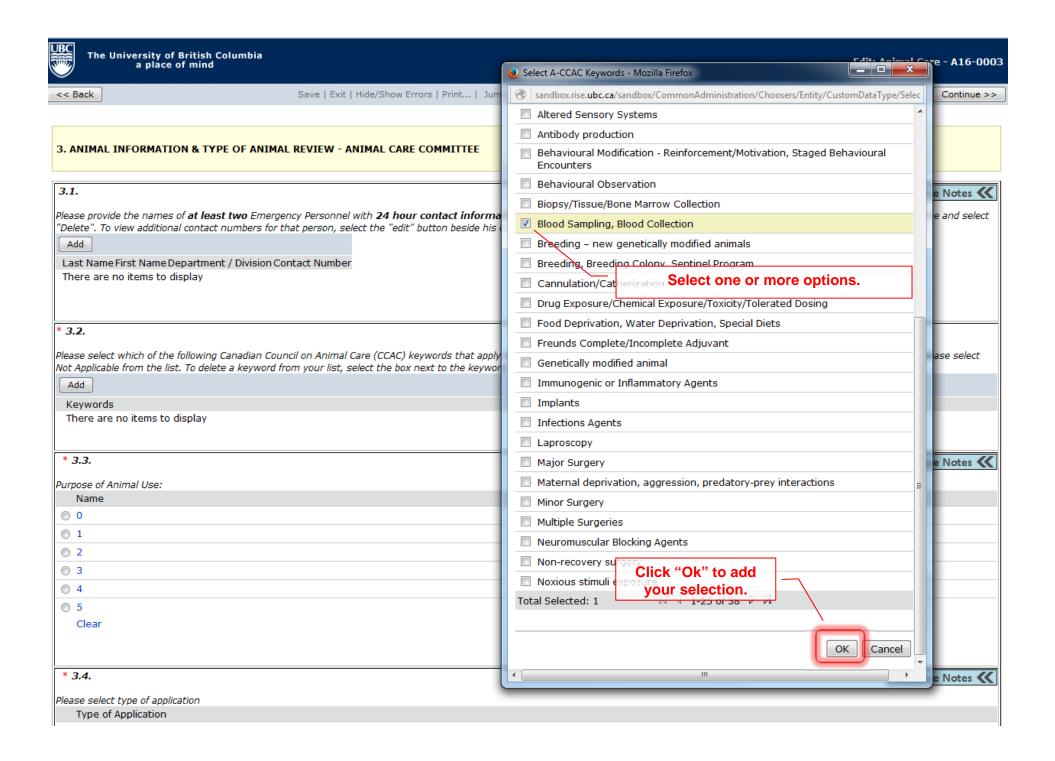
3. ANIMAL INFORMATION & TYPE OF ANIMAL REVIEW - ANIMAL CARE COMMITTEE

| 3.1. | Guidance Notes 🕊 |
|--|---|
| Please provide the names of at least two Emergency Personnel with 2 "Delete". To view additional contact numbers for that person, select the | 4 hour contact information by selecting "Add". To delete someone from the list, mark the box next to his or her name and select |
| Add | a data batteri beside nis di nei last name. |
| Last Name First Name Department / Division Contact Number | |
| There are no items to display | |
| | |
| * 3.2. | |
| Blazes coloct which of the following Canadian Council on Animal Care (C | 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 |
| Not Applicable from the list. To delete a keyword from your list, select to | |
| Add | |
| Keywords | |
| There are no items to display | |
| | |
| * 3.3. | Guidance Notes (|
| Purpose of Animal Use: | |
| O O You will encounter questions where | |
| o 1 you must click "Add" to select an item | |
| o 2 from an established list. | |
| | |
| ◎ 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 🕊 |
|--|--|---|---------------------------|
| | at two Emergency Personnel with 24 hour contact information numbers for that person, select the "edit" button beside his or here to be a province of the person of the per | meone from the list, mark the box next to h | is or her name and select |
| * 3.2. | | | |
| Please select which of the following Not Applicable from the list. To delet | Canadian Council on Animal Care (CCAC) keywords that apply to yo e a keyword from your list, select the box next to the keyword and | n to view the list. If these do not apply to yo | our study, please select |
| Add | | | |
| Keywords | | | |
| Blood Sampling, Blood Collection | | | Remove |
| | | | |
| * 3.3. | The selected options will be listed. | | Guidance Notes |
| Purpose of Animal Use: | | | |
| Name | | | |
| ○ 0 | | | |
| | | | |
| ⊚ 2 | | | |
| ⊚ 3 | | | |
| ◎ 4 | | | |
| ⊚ 5 | | | |
| Clear | | | |
| | | | |
| * 3.4. | | | Guidance Notes << |
| Please select type of application | | | |
| Type of Application | | | |

| ◎ 1 | |
|---|--|
| | |
| ◎ 3 | |
| © 4 | |
| © 5 | |
| Clear | |
| | |
| | |
| * 3.4. | Guidance Notes 🕊 |
| Please select type of application | |
| Type of Application | |
| © Research | |
| Breeding | |
| Teaching | |
| Pilot Project | |
| Clear | |
| | |
| 3.5. If this application is a renewal/continuation of a previous study, provide the application number of the previous study and | attach a brief progress report. Guidance Notes Guidance Notes |
| * 3.5.a Select the appropriate type of application by | |
| clicking the radio button to the left. | |
| T- this lineting | |
| Is this application a renewal/continuation of a previous study? | |
| S tris application a renewal/continuation of a previous study? ○ Yes ○ No Clear | |
| Is this application a renewal/continuation of a previous study? | |
| S tris application a renewal/continuation of a previous study? ○ Yes ○ No Clear | |
| © Yes ○ No Clear 3.5.b | |
| S this application a renewal/continuation of sprevious study? Yes No Clear 3.5.b Application number from previous study: | |
| S this application a renewal/continuation of sprevious study? O Yes O No Clear 3.5.b Application number from previous study: 3.5.c | |
| S this application a renewal/continuation of sprevious study? Yes No Clear 3.5.b Application number from previous study: | |
| S this application a renewal/continuation of sprevious study? O Yes O No Clear 3.5.b Application number from previous study: 3.5.c | |
| Stris application a renewal/continuation of sprevious study? Yes No Clear 3.5.b Application number from previous study: 3.5.c Please select "Add" button to attach a progress report for the previous study: Add Title | |
| Stris application a renewal/continuation of sprevious study? No Clear 3.5.b Application number from previous study: 3.5.c Please select "Add" button to attach a progress report for the previous study: Add | |
| Stris application a renewal/continuation of sprevious study? Yes No Clear 3.5.b Application number from previous study: 3.5.c Please select "Add" button to attach a progress report for the previous study: Add Title | |
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| Stris application a renewal/continuation of sprevious study? No Clear 3.5.b Application number from previous study: 3.5.c Please select "Add" button to attach a progress report for the previous study: Add Title | button located at the top OR bottom of the view in the blue bar. Your work on each |

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Save | Exit | Hide/Show Errors | Print... | Jump To: 4. Animal Information, Procedures, Justification 🔻

Continue >>

| 4. ANIMAL INFORMATION, PROCEDURES, JUSTIFICATION - A | ANIMAL CARE COMMITTEE | |
|---|---|---|
| | View 4 collects animal information, | |
| * 4.1.a. | procedures and justification. | Guidance Notes 🕊 |
| Objectives of Research | procedures and justimoditorii | |
| Research Applications: Describe how you would explain to a non-scie knowledge or the good of society. Briefly describe the relationship of | entist, the aim, specific objective(s) and potential value of your stud | y with respect to human or animal health, the advancement of |
| | | |
| Teaching Applications: State why animals must be used in the labora | atory/project. If alternatives to animals are available, indicate why t | they cannot be used in this instance. |
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| * 4.1.b. | | |
| As well, please briefly describe in simple language the procedure(s) p | performed so that the Community Members reviewing this section (| understand what is being done to the animals. Please do not submit |
| the abstract from your funding application. The summary should pro | | |
| do. DO NOT exceed 500 words. | | |
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| | | |
| 4.2. | | Cuidenes Netes |
| | | Guidance Notes |
| Alternatives to animal use. What alternatives to the use of live anin justified appropriately. | mals have been considered? What reasons did you have for rejecting | g them? If specific alternatives do not exist, this should be stated or |
| | | |
| I | | |

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. | | Guidance Notes 🕊 |
|---|--|------------------------|
| Please specify FOR EACH STUDY/SURGER | RY/PROCEDURE: | |
| | e parameters will be monitored to assess animal health ay) and duration (number of days) that animals will be monitored | |
| Please specify whether monitoring is cond | nducted by study team members, facility staff or both. If monitoring is not necessary/applicable, this should be stated and explained. | |
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| | | |
| For Categories of Invasiveness D & E and | d a subset of C, monitoring records are required. Please attach monitoring/scoring records that are to be filled out during the study. These s | hould include humane |
| endpoints. | | |
| | | |
| Add | | |
| name | description | |
| There are no items to display | | |
| | | |
| 5.2. | | Guidance Notes |
| 5.2. | | Guidance Notes |
| Describe each experimental endpoint for t | the studies described in this protocol. The explanation should incorporate time and/or condition (such as tumour size or time point following | g treatment). Death of |
| 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 | of the animals at Experimental Endpoint (e.g. in weeks, months or years). | |
| | | |
| | | |
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Save | Exit | Hide/Show Errors | Print... | Jump To: 6. Drugs and Chemicals •

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

View 6 collects drugs/chemicals/hazardous materials information.

| 6.1. | | | Guidance Notes 🕊 |
|--|--------------------------|---|--|
| ANAESTHETIC/SEDATIVES. Please select "Add" to enter. To delete an item from the list below, | select the box next to | the drug and hit "Delete". | |
| Add | | | |
| Name of Drug Other | Dosage | Volume | Route |
| There are no items to display | | | |
| 6.2. | | | Guidance Notes 🕊 |
| ANALGESICS and ANTI-INFLAMMATORY AGENTS. Please select "Add" to enter. To delete an ite | m from the list below, | select the box next to the drug and hit "Delete". | |
| Add | | | |
| Name of Drug Other | Dosage | Volume | Route |
| There are no items to display | | | |
| | | | |
| 6.3. | | | |
| ANTIBIOTICS. Please select "Add" to enter. To delete an item from the list below, select the bo. | x next to the drug and | f hit "Delete". | |
| Add | | | |
| Name of Drug Other | Dosage | Volume | Route |
| There are no items to display | | | |
| | | | |
| 6.4. | | | Guidance Notes |
| OTHER DRUGS, CHEMICALS, BIOHAZARDOUS MATERIALS AND RADIOISOTOPES. Please select | "Add" to enter. To de | lete an item from the list below, select the box nex | t to the drug and hit "Delete". |
| Add | | | |
| Name of Drug Other | Dosage | Volume | Route |
| There are no items to display | | | |
| | | | |
| 6.5. | | | Guidance Notes << |
| What are the expected side effects of the compounds listed in 6.4 when given at the doses ind | dicated? Identify toxici | ities that have been identified in the species being s | studied. If side effects in the animal |
| species that you are using are not known then indicate this; however provide toxicity informat | | ther species if available. As a result of toxicities an | |



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<< Back

Save | Exit | Hide/Show Errors | Print... | Jump To: 7. Course Information ▼

Continue >>

Continue >>

| 7. COURSE INFORMATION - ANIMAL CARE COMMITTEE | View 7 collec | ts course information. | | |
|--|--|--|----------------------------------|------------------------|
| | | | | |
| * 7.1. | | | | |
| Title of Course (Provide Course Number). | | | | |
| * 7.2. | | | | |
| Title of Lab Exercise or Teaching Project. | | | | |
| | | | | |
| 7.3. | | | | |
| What will the ratio of instructors to students be in this laboratory/proje | ect? | | | |
| | | | | |
| 7.4. | | | | Guidance Notes 🕊 |
| For directed studies, please list all faculty involved in the course and the person below, select the box next to his or her last name and hit "Dele | | ated with the research studies in which the st | udents may become involved. | To delete a |
| Add | | | | |
| Last Name First Name | Department | Application Number(s) | | |
| There are no items to display | | | | |
| To save information on each view as you are working, especially if you are working at the continue of the cont | orking on the view for a long period of ti | ime, select the "Save" button located at the top C | R bottom of the view in the blue | bar. Your work on each |

Save | Exit | Hide/Show Errors | Print... | Jump To: 7. Course Information •

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.

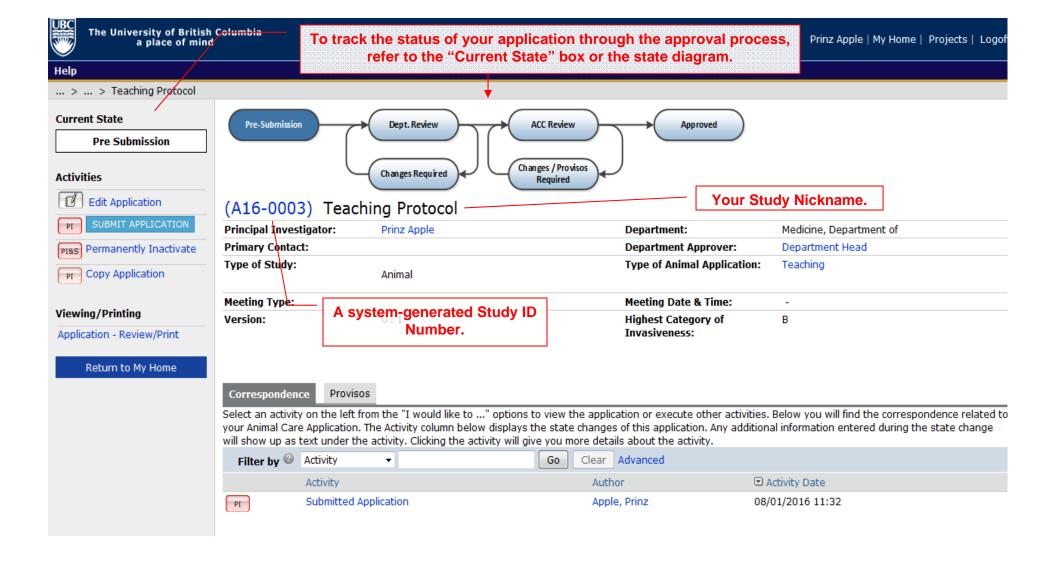
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Save | Exit | Hide/Show Errors | Print... | Jump To: 8. Signatures and Final Page ▼

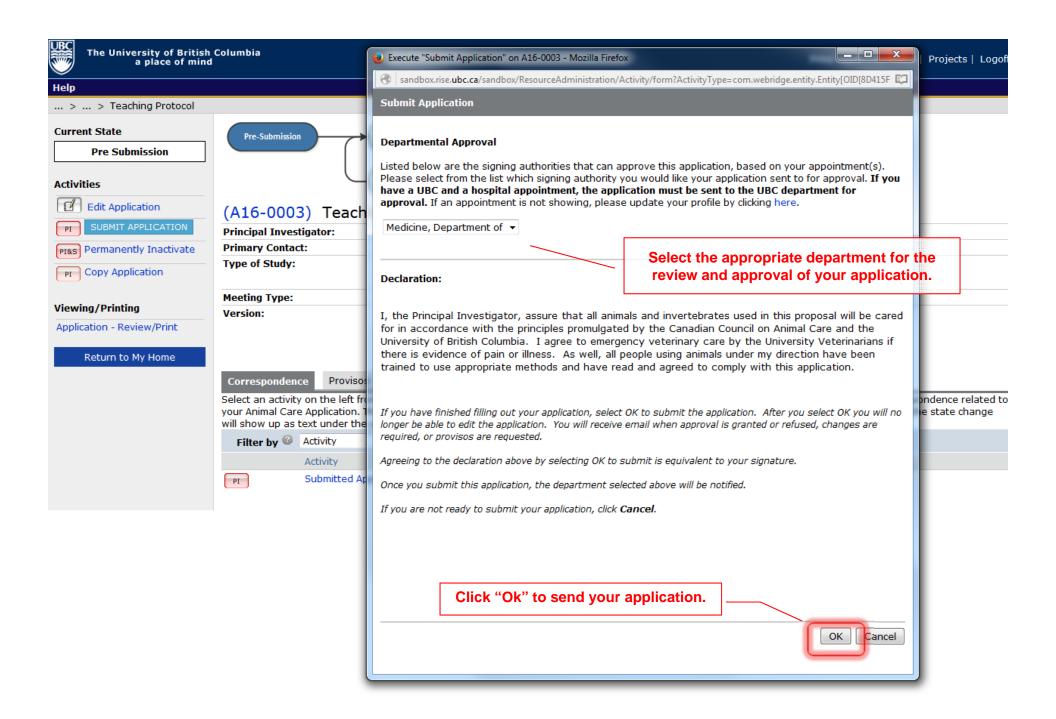
Continue >>

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



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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.

| Filter by W | Activity ▼ | Go Clear Advanced | |
|-------------|-----------------------|-------------------|------------------|
| | Activity | Author | □ Activity Date |
| PI | Submitted Application | Apple, Prinz | 08/01/2016 11:52 |
| PI | Submitted Application | Apple, Prinz | 08/01/2016 11:32 |

Medicine, Department of

В

ent Head

Correspondence Requested Changes

Select an activity on the left from the "I would like to ..." options to view the application or execute other activities. Below you will find the correspondence related to 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.

Approved

Department:

Meeting Date & Time:

Highest Category of

Invasiveness:

| Filter by Acti | ivity ▼ Go | Clear Advanced | |
|-----------------|---------------------|----------------|------------------|
| Acti | tivity | Author | |
| PI Sub | bmitted Application | Apple, Prinz | 08/01/2016 11:52 |
| PI Sub | bmitted Application | Apple, Prinz | 08/01/2016 11:32 |

■ Activity Date

08/01/2016 11:32

Help ... > ... > Teaching Protocol **Current State** Pre-Submission Dept. Review ACC Review Approved Approved Changes / Provisos Changes Required I would like to create.. Required △ New Amendment (A16-0003) Teaching Protocol New Renewal/Terminate **Principal Investigator:** Prinz Apple **Primary Contact:** Department/Division: pe of Animal Application: **Activities** After the review, the application might be approved. art Date: Origi PI Copy Application Last Date Approved: **Expiration Date: Current Approval Certificate:** Version: Viewing/Printing В Application - Full **Highest Category of** Invasiveness: Application - Review/Print 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 Clear Advanced

Activity

ΡI

Submitted Application

Author

Apple, Prinz