M.130/218

**THE UNIVERSITY OF HONG KONG**

**Committee on the Use of Live Animals in Teaching and Research**

**Annual Report on CULATR-approved Research / Teaching Protocol**

**for the period January 1 to December 31, 2017**

1. **Particulars**

|  |  |  |
| --- | --- | --- |
| **CULATR No.** | : |  |
| **Protocol Title** | : |  |
| **Principal Investigator** | : |  |
| **Department / School** | : |  |
| **Date of Approval** | : |  |
| **PI’s Portal Email** | : |  @hku.hk |

**B. Progress** (*Please check one appropriate box*)

|  |  |
| --- | --- |
| [ ]  a. | The above protocol has not commenced. **(*Go to section G*)*** *If your protocol has expired, please tick d instead.*
 |
| [ ]  b. | The above protocol commenced in \_\_\_\_\_\_\_\_\_\_ (mm) \_\_\_\_\_\_\_\_\_\_ (yyyy) and **is active as at December 31, 2017**. **(*Complete section C to G*)*** *No experiment should be conducted without a valid approval, therefore the commencement date should not be before the date of approval*
* *If the duration of your animal experiment extends beyond one year and three years from the commencement date for teaching and research protocols respectively, you are required to seek the Committee’s approval by providing the anticipated completion date and detailed justifications before the approval period expires*
 |
| [ ]  c. | The above protocol was completed in \_\_\_\_\_\_\_\_\_\_ (mm) 2017. **(*Complete section C to G*)** |
| [ ]  d. | The above protocol has been discontinued ***(Complete both (1) & (2) below)***1. with the following reason(s):

[ ]  Change in research direction / Superseded by a new project[ ]  Change in research laboratory location[ ]  In vivo study / animal model no longer required[ ]  Lack of funding[ ]  Lack of manpower / Staff departure[ ]  Lack/expiry of licence/approval (including CULATR approval expiry)[ ]  Other reason *(Please specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Has animal experiment commenced in the discontinued protocol?

[ ]  No, and it will not commence ***(Go to section G)***[ ]  Yes, but it terminated before completion and will not be resumed ***(Complete section C to G)*** |

1. **Source of Funding** (*Please check appropriate box*)

 The project was funded by:

 [ ]  University [ ]  Research Grants Council [ ]  Other External Grants [ ]  Donations

 [ ]  Others*(Please specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Type and Total Number of Animals Approved and Used for the Entire Protocol**

(*Please check appropriate box(es) and complete information in the checked section(s) where applicable)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  a. Animals bred and supplied by the **Laboratory Animal Unit** (i.e. the Specific Pathogen Free Central Breeding Area)

|  |  |  |  |
| --- | --- | --- | --- |
| **Species/Strain** | **Number Approved for the Entire Protocol** | **Number Used during 2017** | **Number Used Since Commencement of Project** |
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 |
|   *Please ensure all columns are completed and add “0” instead of blanks as appropriate*[ ]  b. Animals held for breeding and bred by the Principal Investigator ***(You must complete both MAU Form A & B available at*** [*http://www.med.hku.hk/images/document/04research/culatr/MAUform.pdf*](http://www.med.hku.hk/images/document/04research/culatr/MAUform.pdf)***)*** |
| [ ]  c. Animals purchased/obtained from sources other than (a) or (b) above ***(You must complete both MAU Form A & B available at*** [*http://www.med.hku.hk/images/document/04research/culatr/MAUform.pdf*](http://www.med.hku.hk/images/document/04research/culatr/MAUform.pdf)***)***  |

*For projects involving the use of “PI (principal investigator)-owned animal colonies”, please attach a copy of the following completed forms:*

* *“Monitoring of Animal Usage (MAU) Form – CULATR-approved Animal Quota (Form A)” for the reporting period.*
* *“Monitoring of Animal Usage (MAU) Form – Annual Report on Animal Colony Data and Actual Animal Usage (Form B)” for the reporting period.* One Form B can be used for each or more than one animal strain/line depending on the complexity of the breeding system required by individual protocols.
1. **Changes** *(Please check appropriate box*)

|  |  |
| --- | --- |
| [ ]  a.  | No change during 2017 *(This includes minor changes in experiment procedures and staff/student changes)* |
| [ ]  b.  | There was/werechange(s) in the above protocol during 2017 ***(Complete both (1) & (2) below)***1. Has **prior approval** been obtained from the CULATR before the change(s) took place?

[ ]  **No** (*Please provide reasons*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  **Yes,** with CULATR approval date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Please attach CULATR approval letter)*1. The change(s) was/werein the following aspect(s):

*(Please tick appropriate box(es) and provide detail – do not leave blank)*[ ]  Project title[ ]  Experimental procedures *(Please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Type and number of animal used *(Please specify)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*[ ]  Staff *(Please specify)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*[ ]  Project extension *(Please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Location of animal holding room *(Please specify and include name of building)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Location of animal research laboratory *(Please specify and include name of building)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Drugs *(Please specify)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Other changes *(Please specify)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

***Important Note****: You are required to seek CULATR’s prior approval for any changes in the protocol.*

1. **Unexpected Animal Suffering / Unexpected Outcome Affecting Animal Well-being**

a. Was unexpected animal suffering observed during 2017?

[ ]  No

[ ]  Yes, the following measure has been taken to minimize animal suffering *(Please specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Was unexpected outcome affecting animal well-being observed during 2017?

[ ]  No

[ ]  Yes, the following measure has been taken to minimize negative impact on animal well-being *(Please specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Signature**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Principal Investigator | : |  | Department / School | : |  |
| Signature | : |  | Date | : |  |

*Please return the completed annual report form (downloadable from the CULATR website:* [*https://www.med.hku.hk/research/research-ethics/animal-ethics-culatr*](https://www.med.hku.hk/research/research-ethics/animal-ethics-culatr) *(under Forms), together with other relevant documents as necessary, by internal mail (CULATR, 6/F William MW Block, 21 Sassoon Road) by March 30, 2018.*

*February 21, 2018*