ANIMAL ETHICS COMMITTEE

FINAL REPORT

1. **IDENTIFICATION**

**1.1- Project title – CEUA Protocol nº Click here to type text.**

|  |
| --- |
| **Click here to type text.** |

1.2- Project team:

|  |  |
| --- | --- |
| **Responsible:** | **Click here to type text.** |
| **Department/Institution:** | **Click here to type text.** |

**Other participants:** (if necessary, add more lines)

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| **Name: Click here to type text.** |
| **Dept/Institution: Click here to type text.**  | **Phone: Click here to type text.**  |

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| **Name: Click here to type text.**  |
| **Dept/Institution: Click here to type text.**  | **Phone: Click here to type text.**  |

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| **Dept/Institution: Click here to type text.**  | **Phone: Click here to type text.**  |

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| **Name: Click here to type text.**  |
| **Dept/Institution: Click here to type text.**  | **Phone: Click here to type text.**  |

1.3- Place and/or laboratory where the experiment was carried out:

|  |
| --- |
| **Click here to type text.**  |

1.4- Financing body:

|  |  |
| --- | --- |
| **Click here to type text.**  | * **Not applicable**
 |

1.5- Inform the grant funding body to the executor:

|  |  |
| --- | --- |
| **Click here to type text.**  | * **Not applicable**
 |

1.6– Animal experimentation period:

|  |
| --- |
| **Start date: Click here to type text.**  |
| **End date: Click here to type text.**  |

1. **INFORMATION ABOUT EXPERIMENTAL PROCEDURES**

2.1- Description of the experimental model used:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Species** | **Lineage/Race** |  **Gender** | **Age (months)** | **Weight Approx.** | **Nº Groups** | **Nº Animals/****Group** |
| * Bovine
* Buffaline
* Caprine
* Rabbit
* Ovine
* Swine
* Other
 | **Click here to type text.**  | **Click here to type text.**  | **Click here to type text.**  | **Click here to type text.**  | **Click here to type text.**  | **Click here to type text.**  |

**Observation: If there is more than 01 group, list them below:**

|  |  |
| --- | --- |
| **Groups** | **Discrimination** |
| **Click here to type text.**  | **Click here to type text.**  |
| **Click here to type text.**  | **Click here to type text.**  |
| **Click here to type text.**  | **Click here to type text.**  |

2.2 – There have been changes to the items below:

|  |  |  |
| --- | --- | --- |
| a) Maintenance Conditions: | Yes ☐ | No ☐ |
| b) Water: | Yes ☐ | No ☐ |
| c) Alimentation: | Yes ☐ | No ☐ |
| d) Other changes: | Yes ☐ | No ☐ |

Which? Justify:

|  |
| --- |
| **Click here to type text.**  |

2.3- Describe the experimental procedures used:

|  |
| --- |
| **Click here to type text.**  |

2.4- Describe the type of analgesic used:

|  |
| --- |
| **Click here to type text.**  |
| **Click here to type text.**  |
| **Click here to type text.**  |
| **Click here to type text.**  |
| **Click here to type text.**  |
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2.4- Describe the type of anesthetic used:

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| --- |
| **Click here to type text.**  |
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2.5- Describe the post-surgical procedures, when applicable:

|  |
| --- |
| **Click here to type text.** |

2.6- Describe the euthanasia procedure performed:

|  |
| --- |
| **Click here to type text.**  |

2.7- Describe the fate of the animals used:

|  |
| --- |
| **Click here to type text.**  |

1. **MENTION THE PUBLICATIONS RESULTING FROM THE PROJECT:**

|  |
| --- |
| **Click here to type text.**  |

1. **OTHER OBSERVATIONS:**

|  |
| --- |
| **Click here to type text.**  |

1. **DECLARATION**

I declare that the information contained in this form is true.

 Local and Date: **Click here to type text.**, Click here to enter a date.

**Click here to type text.**

Principal Investigator signature