|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Werkprotocol nummer:*Work protocol number* | WP nr | Welzijnsevaluatie volgnummer:*Welfare evaluation serial number* | Volgnr/serial nr | Datum:*Date* | Date. |
| 2 | Verantwoordelijk uitvoerende:*Responsible scientist* | Naam/name. | E-mail |
| 3 | Werkzaam bij (afdeling, faculteit):*Employee of (department, faculty)* | Department/faculty | OWE nummer: | Kies/Choose |
| 4 | Titel werkprotocol:*Title work protocol*  | Titel/title. |
| 5 | Datum start experiment:*Date start of experiment:* | Date. | Datum einde experiment:*End date experiment:* | Date |
| 6a | Is het WP gepreregistreerd?*Is the WP preregistered?* | [ ]  Ja, bij [Preclinicaltrials.eu](https://preclinicaltrials.eu/) [ ]  Ja, bij een andere preregistratie website1 [ ]  Nee2  |
| 6b | Vul je preregistratiegegevens (ID), datum en eventueel website in.*Enter the preregistration details, date and website.* | Preregistration details |
| 7 | Is het experiment verlopen in overeenstemming met de in het werkprotocol beschreven handelingen en gevolgen voor het welzijn?*Was the experiment conducted in accordance with the proceedings and welfare implications described in the work protocol?* | Kies/choose |
| 8 | Beschrijf (met redenen) eventuele **(be)handelingen die in afwijking van het werkprotocol** werden uitgevoerd met de bijbehorende gevolgen voor het ongerief van individu of groep*Describe (with reasons) possible* ***treatments and procedures*** *that were performed* ***deviant from the description in the work protocol,*** *including the consequences for the discomfort of individual or group of animals.* |
| Afwijkende behandelingen/deviant treatments or procedures. |
| 9 | Beschrijf eventuele **onverwachte effecten of incidenten** met de bijbehorende gevolgen voor het ongerief van individu of groep. Welke maatregelen heeft u getroffen om vergelijkbare situaties in de toekomst te voorkomen? (Bijvoorbeeld bij ziekte of dood bijzonderheden beschrijven zoals infecties, bloedingen, enz.)*Describe possible* ***unexpected effects or incidents,*** *including possible consequences for the discomfort of individual or group of animals. Describe the measures taken to prevent these situations in the future (e.g. in case of illness or death, describe particulars such as infections., bleeding, etc.)* |
| Onverwachte effecten of incidenten/unexpected effects or incidents |
| 10 | Beschrijf in geval van **voortijdige sterfte of euthanasie (humaan eindpunt)** de toedracht met bijbehorende gevolgen voor het ongerief van individu of groep. Welke maatregelen heeft u getroffen om vergelijkbare situaties in de toekomst te voorkomen?*Describe in case of* ***premature death or euthanasia (humane end point)*** *the full facts, including possible consequences for the discomfort of individual or group of animals. Describe the measures taken to prevent these situations in the future* |
| Voortijdige sterfte of HEP/Premature death or HEP |

#### Gelieve een kopie van dit formulier te zenden aan de Instantie voor Dierenwelzijn Utrecht (info@ivd-utrecht.nl), de verantwoordelijk onderzoeker en aan de Proefdier­coördinator van uw afdeling

# 11. Table Code numbers according to EU-registration

De onderzoeker is verplicht **binnen twee weken na afsluiting** van het werkprotocol of **tussentijds bij het overgaan naar een nieuw kalenderjaar** binnen de looptijd het volledig ingevulde welzijnsevaluatie¬formulier (waarin onderstaande tabel is opgenomen met **het werkelijk ondervonden ongerief** (kolom 12)) naar de IvD (info@ivd-utrecht.nl) en aan de proefdiercoördinator van de eigen afdeling te sturen. Hieruit worden de gegevens voor de wettelijk verplichte jaarregistratie overgenomen.

*The Study Director is obliged to send the fully completed welfare evaluation form (in which the table below is included with the* ***actual discomfort*** *experienced (column 12)) to the AWB (**info@ivd-utrecht.nl**) and to the animal welfare coordinator of his own department* ***within two weeks after the conclusion of the work protocol*** *or in the* ***interim when entering a new calendar year.*** *From this the data for the statutory required annual registration are taken.*

OWE afdeling/department: **Choose** (vul dit nummer ook in in de juiste kolom. *Also fill this number in in the appropriate column*.)

**VGH:**

Utrecht University: 10800

UMC Utrecht: 11500

HAS 's Hertogenbosch: 73200

Hogeschool Utrecht: 72100

Evidensia: 28700

STENTiT: 22900

Utrecht Premedical: 28800

If the correct licence holder is not listed here, the data should be submitted to the IvD of your own institute.

Vul alle blauwe kolommen in. De grijze kolommen alleen invullen indien van toepassing. *Fill in all blue columns. Only fill in the grey columns when appropriate.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EU Submission  | Nummer VGH | CCD nr | OWE | Animal Species  | Specify other (in Latin) | Number of Animals  | Reuse  | Place of birth | NHP Place of birth | NHP Colony type: Self-sustaining colony | NHP Generation | Genetic status  | Creation of a new GA line  | Purpose  | Specify other | Type of legislation | Specify other | Origin of legislation | Severity  | Custom Severity | Explanation of warnings | Comments (in English, optional) | Method of tissue sampling | Specify other method | Severity of genotyping | Anaesthesia | Analgesia | Kill without prior intervention | State after experiment | Work protocol number | Field 6 |
| Choose | Choose | AVD | Enter number | Choose |  | Enter number | Choose | Choose |  |  |  | Choose | Choose | Choose |  |  |  |  | Choose |  |  | Enter text |  |  |  | Choose | Choose | Choose | Choose | Enter text |  |
| Choose | Choose | AVD | Enter number | Choose |  | Enter number | Choose | Choose |  |  |  | Choose | Choose | Choose |  |  |  |  | Choose |  |  | Enter text |  |  |  | Choose | Choose | Choose | Choose | Enter text |  |
| Choose | Choose | AVD | Enter number | Choose |  | Enter number | Choose | Choose |  |  |  | Choose | Choose | Choose |  |  |  |  | Choose |  |  | Enter text |  |  |  | Choose | Choose | Choose | Choose | Enter text |  |
| Choose | Choose | AVD | Enter number | Choose |  | Enter number | Choose | Choose |  |  |  | Choose | Choose | Choose |  |  |  |  | Choose |  |  | Enter text |  |  |  | Choose | Choose | Choose | Choose  | Enter text |  |
| Choose | Choose | AVD | Enter number | Choose |  | Enter number | Choose | Choose |  |  |  | Choose | Choose | Choose |  |  |  |  | Choose |  |  | Enter text |  |  |  | Choose | Choose | Choose | Choose | Enter text |  |
| Choose | Choose | AVD | Enter number | Choose |  | Enter number | Choose | Choose |  |  |  | Choose | Choose | Choose |  |  |  |  | Choose |  |  | Enter text |  |  |  | Choose | Choose | Choose | Choose  | Enter text |  |
| Choose | Choose | AVD | Enter number | Choose |  | Enter number | Choose | Choose |  |  |  | Choose | Choose | Choose |  |  |  |  | Choose |  |  | Enter text |  |  |  | Choose | Choose | Choose | Choose | Enter text |  |
| Choose | Choose | AVD | Enter number | Choose |  | Enter number | Choose | Choose |  |  |  | Choose | Choose | Choose |  |  |  |  | Choose |  |  | Enter text |  |  |  | Choose | Choose | Choose | Choose | Enter text |  |
| Choose | Choose | AVD | Enter number | Choose |  | Enter number | Choose | Choose |  |  |  | Choose | Choose | Choose |  |  |  |  | Choose |  |  | Enter text |  |  |  | Choose | Choose | Choose | Choose | Enter text |  |
| Choose | Choose | AVD | Enter number | Choose |  | Enter number | Choose | Choose |  |  |  | Choose | Choose | Choose |  |  |  |  | Choose |  |  | Enter text |  |  |  | Choose | Choose | Choose | Choose | Enter text |  |