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| **Application for the Use of the Royal North Shore Hospital Animal Ethics Committee by an External Entity and/or for Projects Funded in whole or part by an External Commercial Entity** |
| **Purpose of this form**  The purpose of this form is to ensure that the appropriate governance, intellectual property arrangements and external user fees are in place prior to the commencement of any research at the Kolling Institute /Royal North Shore Hospital (RNSH) campus.  Animal Ethics Committee (AEC) approval will not be issued for any project involving external users until this form is completed and has been signed by the Chief Operating Officer, Research. |
| **Use of this form**  This form must be completed for each New AEC Application where the / Project Supervisor or any named persons on the AEC application are from an external academic or not-for-profit institution, or a commercial entity;  **and/or**  The Project Supervisor, Co-Investigator and named persons are based at the Kolling Institute/RNSH campus but the research is being funded in whole or part by an external commercial entity.  For the purpose of this form, a researcher supported by an external academic or not-for-profit institution is defined as a person whose **primary place of work is not based at the Kolling Institute/RNSH campus.** |
| **Submitting this form**  Please ensure that you complete all sections of this form and obtain all relevant signatures and approvals at section 5. Please be advised that the Research Office will assist with gaining the signature of the Chief Operating Officer, Research.  This form should be submitted to the Research Office at the same time as the submission of the AEC Application. The review of these documents and authorisation will occur in parallel. |
| **One (1) electronic copy of this form, with original signatures, is to be emailed to:**  [NSLHD-Research@health.nsw.gov.au](mailto:NSLHD-Research@health.nsw.gov.au) |

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| **Application for the Use of the Royal North Shore Hospital Animal Ethics Committee by an External Entity and/or for Projects Funded in whole or part by an External Academic or Commercial Entity** |

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| **SECTION 1: EXTERNAL USERS AND/OR FUNDING ENTITY** |

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| * 1. **Name of External Organisation either employing researchers engaged on the project or funding the research** | | | | | | |
| Organisation Name |  | | | | | |
| Organisation Address |  | | | | | |
| ABN |  | | | | | |
| Contact Person |  | | | | | |
| Contact Details | T |  | F |  | E |  |

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| * 1. **Details of external researchers that will require access to the facility, training & criminal record checks** | | | | | | |
| Name | Address | Role in Project | Contact Number | Email | Criminal Record Check Attached | Introduction to Animal Research Course Certificate of Completion Attached |
|  |  |  |  |  | Y/N | Y/N |
|  |  |  |  |  | Y/N | Y/N |
|  |  |  |  |  | Y/N | Y/N |

\* Evidence for all researchers of the appropriate ethical and animal handling training, completed criminal record checks and sign off from the Kearns Facility manager on minimal animal handling skills is required before work can commence.

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| **1.3 Affiliated Internal Group: Is the project supported by or being done in collaboration with an affiliated Internal researcher or research group?** | | | | | | | |
| Yes please provide the details of the individual and/or group below: | | | | | | | No |
| Internal Researcher or Group Name |  | | | | | | |
| Address |  | | | | | | |
| Head of Department |  | | | | | | |
| Contact Person |  | | | | | | |
| Contact Details | T |  | F |  | E |  | |

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| **SECTION 2: OVERVIEW OF RESEARCH PROJECT & SCOPE OF WORK** |

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| **2.1 Project Title:** |
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| **2.2 What is the period of time for which the facilities will be required?** | | | |
| **From** | Click here to enter a date. | **To** | Click here to enter a date. |

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| **2.3 Briefly outline/summarize the scope of the work including the following:** | | | |
| 1. **Species, strain, number and source of animals** | | | |
| Species | Strain | Number | Source |
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| 1. **Facilities needed and frequency of use (e.g. observation rooms, surgery suite, anaesthesia and operating microscope, in-vivo imaging etc. for xx hours /week xx weeks)** | | |
| Description of Facilities | Number of Hours | Number of Weeks |
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| **2.4 Please attach a copy of the Animal Ethics Application which has been signed off by the Kearns Facility Manager.** | |
| Yes **Description: MC900441311[1]** | No |

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| **SECTION 3: INTELLECTUAL PROPERTY, INSURANCE, INDEMNITY & LIABILITY COVERAGE** |

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| **3.1 Who is understood to own the information resulting from the research?** |
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| **3.2 Does the owner of the information or any other party have the right to impose limitations or conditions on the publication of the results for the project?** | |
| Yes please provide details | No |
| Details: | |

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| **3.3 Has an intellectual property agreement associated with the research project been negotiated to date? If so please provide a copy of the agreement for review.** | |
| Yes **Description: MC900441311[1]** please attach a copy of the agreement to this form and submit for review. | No |

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| **3.4 Is a Material Transfer Agreement in place to support the research work being completed during the course of this study?** | |
| Yes **Description: MC900441311[1]** please attach a copy of the agreement to this form and submit for review. | No |

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| **3.5 Please provide evidence to confirm that the External Organisation nominated at section 1.1 has a valid Insurance policy which would provide liability coverage for all researchers listed at section 1.2** | |
| Yes **Description: MC900441311[1]** please attach Certificate of Currency or other evidence of Insurance | No |

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| **SECTION 4: FUNDING/RESEARCH AGREEMENTS & BUDGET** |

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| **4.1** Please detail the organisation responsible for funding the Research Project? | | |
| Name of funding organisation/ source of funding: |  | |
| Amount of Funding: |  | |
| Please provide a copy of the proposed/agreed research budget if the project is being funded in whole or part by an external commercial entity | | |
| Yes **Description: MC900441311[1]** | | No |
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| **4.2 Has the Researcher entered into any Research Agreements to support the conduct of the study?** | |
| Yes **Description: MC900441311[1]** attach a copy of the agreement to this form and submit for review | No |

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| **SECTION 5: Kearns Facility Fee Structure** |
| **5.1 Is the funding held by a CIA who is a Member of Northern Clinical School (NCS)/Kolling, and is the grant administered through NCS/Kolling?**  □ Yes = Internal fee structure applies.  □ No = go to 5.2 |
| **5.2 Does the funding supporting the research provide infrastructure returns to a NCS/Kolling Member?**  □ Yes = Internal Fee Structure applies – a copy of the funding agreement including the returns arrangement and/or University of Sydney RPCF form must be provided.  □ No = Go to 5.3 |
| **5.3 Is the funding from a commercial company and for commercial gain?**  □ Yes = External Commercial fee structure applies.  □ No = External Academic fee structure applies. |
| **SECTION 6: SIGN OFF & APPROVALS** |

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| **6.1 Declaration by the Project Supervisor:** | | |
| * I understand by signing off on this form that I am unable to commence any research work until written notification from the Animal Ethics & Care Committee along with sign off from the Chief Operating Officer for Research has provided authorisation to commence research work on site at Royal North Shore Hospital. * I understand that I am unable to obtain access to the Research Facilities until appropriate evidence of animal ethics training and relevant criminal record checks have been provided and sighted by the Chief Operating Officer, Research. * I have been advised of the additional costs that will be invoiced to the external group listed in section one (1) and agree to make payment for all invoices issued in relation to this research project. | | |
| Name | Signature | Date |
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| **6.2 Declaration by– Kearns Facility Manager** | | | |
| * I can confirm that the external group have been advised of any costs associated with the conduct of this research. * I can confirm that all researchers from the external organisation have completed the necessary research training to commence work within the animal house. * I can confirm that there are suitable and adequate facilities and resources available for the research project to the conducted within the Kearns Facility. | | | |
| Name of Kearns Facility Manager | Name of Facility | Signature | Date |
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| **6.3 Declaration by the Chief Operating Officer, Research** | | |
| * My signature indicates that I authorise/do not authorise this research project to commence within the Kearns Facility. | | |
| Chief Operating Officer, Research | Signature | Date |
|  |  |  |