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| **Northern Sydney Local Health District Animal Ethics Committee**Application Form for an Amendment to an Approved Animal Research Project |
| **Instruction for submission**1. **Please refer to the Research Office website for meeting dates and submission deadlines.**

Applications are tabled for the next upcoming scheduled meeting, per the submission deadline.1. This form must be completed and submitted electronically. Handwritten forms will not be accepted.
2. Provide a **clean and tracked copy (using ‘review’ function in Word)** of the revised Application Form with this form.
3. Delete red guidance text prior to submission.
4. Proposed amendments must not be implemented without prior written approval from the AEC.
5. Incomplete submissions may be rejected or delay their review.
6. Please email your completed application to NSLHD-research@health.nsw.gov.au with the subject line: RESP/XX/XXX\_AEC\_New Amendment
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| **Northern Sydney Local Health District Animal Ethics Committee****Application Form for an Amendment to an Approved Animal Research Project** |
| **NSLHD reference:** |  |
| **Project Supervisor/Co Investigator:** |  |
| **Project Title:** |  |
| Description of amendment:  | summarise the relevant details relating to the amendment and ongoing conduct ie safety update regarding xxx; change in sample size; amendment to drug dosing schedule etc |
| Reason/rationale for amendment: | *make clear why the amendment is required* |
| What are the ethical implications of the amendment? |  |
| If additional animals are required how many will be required?*Anticipated Animal Usage per procedure. Please detail all procedures that will be performed.* *Please also indicate if multiple groups of animals will be used or if multiple procedures will be performed on the on experimental group.* |
|  | **1st Animal Group \*** | **2nd Animal Group\***  | **3rd Animal Group\*** |
| **Species:** |  |  |  |
| **Strain:** |  |  |  |
| **Sex , Age, Weight:** |  |  |  |
| **Common Name:** |  |  |  |
| **Group name:** |  |  |  |
| **Total Number:** |  |  |  |
| **Source of Animals:** |  |  |  |
| **Classification of Procedure: \*\*** | *See below for guidance* | *See below for guidance* | *See below for guidance* |
| **Scale of pain: \*\*\*** | *See below for guidance* | *See below for guidance* | *See below for guidance* |
| **Duration of Pain: \*\*\*\*** | *See below for guidance* | *See below for guidance* | *See below for guidance* |

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| Guidance regarding classifications |
| ***\* More than one procedure may be performed on each animal group, please include the number of animals used in each group AND each procedure.*** |
| **\*\* *Classification of Procedure*** | **\*\*\* *Scale of Pain***  |
| **1** | Observation involving minor interference | **1** | Minimal eg. IP or IV injection |
| **2** | Animal Unconscious with no recovery | **2** | Mild eg. Incision |
| **3** | Minor conscious procedure | **3** | Moderate eg. Thoracotomy |
| **4** | Minor Surgery with recovery | **4** | Severe eg. Broken bone |
| **5** | Major Surgery with recovery | **\*\*\*\* *Duration of pain***  |
| **6** | Minor physiological challenge | **1**  | Seconds |
| **7** | Major physiological challenge | **2** | Minutes |
| **8** | Death as an end point | **3** | Hours |
| **9** | Genetically Modified Organism production | **4** | Days |
| **10** | Antibody production |  |

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| **Declaration by Animal House Manager**I have discussed this project with the applicant and have indicated that the required animals can be supplied and/or maintained (cross out if not applicable) |
| **Name** |  | **Facility** |  |
| **Signature** |  | **Date** |  |
| **Declaration by the Project Supervisor (this section must be signed by the project supervisor who has overall responsibility for the study)**I agree that the above information is accurate, and that the project will continue in accordance with the original AEC approved protocol and any approved amendments. |
| **Name**  |  |
| **Signature** |  |
| **Date** |  |