|  |
| --- |
| **ANIMAL RESEARCH APPLICATION – TEACHING PROJECT** |
| **INSTRUCTIONS FOR SUBMISSION – DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION** |
| **New application*** This form must be completed and submitted electronically. Handwritten forms will not be accepted.
* Always download the most current version of the application form directly from the NSLHD Research website.
* Only complete applications (eg all signatures, **an electronic copy of ALL documents**) will be accepted for review by the AEC. Incomplete applications will be returned to the Chief Investigator and applications will not be accepted after the submission deadline.
* Researchers are reminded that correct spelling, grammar and notations are required. It is the responsibility of the Chief Investigator to ensure that the applications are correct on submission.
* Any guidance text **(in RED)** should be **deleted** prior to submission.
* Guidance displayed as **(code 2.4.8 xxi)** refers to the **Australian code for the care and use of animals for scientific purposes (eighth edition, 2013)**; relevant guidance from the Code should be referred to when completing the application.
* If your research only involves the production of antibodies, please use the separate Form for the Standard Production of Antibodies.
 |
| **Email** the complete application to nslhd-research@health.nsw.gov.au **Subject:** AEC\_NewApplication |

|  |
| --- |
| **ANIMAL RESEARCH APPLICATION FORM – TEACHING PROJECT** |
| **SECTION 1: ADMINSTRATION** |
| 1. **Project title**
 |
|  |

|  |
| --- |
| 1. **Title of Project in Lay Terms**
 |
| *This section MUST be able to be read and understood by ANY LAY PERSON. All biological and scientific terms must be described if they will be used further in the application. All abbreviations must be written in full and described in this section.* |

|  |
| --- |
| 1. **Subject Title/Subject Number/Course Code**
 |
|  |

|  |
| --- |
| 1. **Please indicate submission type**
 |
| [ ]  New Teaching Project [ ]  New Teaching Project – application form revised in response to request for additional information from AECSubmit a tracked copy, showing all revisions, and a clean copy of the revised form | [ ]  Amendment to approved project Submit a tracked copy, showing all revisions, and a clean copy of the revised form  |

|  |  |
| --- | --- |
| 1. **Proposed Start Date**
 |  |

|  |
| --- |
| 1. **Project Contact Details**
 |
| **Subject Coordinator Details** |
| **Name** |  |
| **Qualification** |  |
| **Institution** |  |
| **Telephone** | **Work** |  | **Home** |  | **Mobile** |  |
| **Fax** |  |
| **Email address** |  |
| **Department** |  |
| **Department Address**building code if applicable |  |

|  |
| --- |
| **Class Supervisor**(s) (If different to above) |
| **Name** |  |
| **Qualification** |  |
| **Institution** |  |
| **Telephone** | **Work** |  | **Home** |  | **Mobile** |  |
| **Fax** |  |
| **Email address** |  |
| **Department** |  |
| **Department Address**building code if applicable |  |

|  |
| --- |
| **Other Staff** (eg Technical Officers/Demonstrators/ Anaesthetist) duplicate if required |
| **Name** |  |
| **Qualification** |  |
| **Institution** |  |
| **Telephone** | **Work** |  | **Home** |  | **Mobile** |  |
| **Fax** |  |
| **Email address** |  |
| **Department** |  |
| **Department Address**building code if applicable |  |

|  |
| --- |
| Prior ethical review |
| **6.1** Has this project, or a substantially similar project, been submitted to this or another animal ethics committee previously (or simultaneously)? |
| [ ]  Yes provide details below*Provide reasons for re-submission or simultaneous submission and the name of the AEC(s). Attach relevant correspondence, for example, approval letters* | [ ]  No  |
| **6.2 Is this project a significantly revised current or previous protocol?** |
| [ ]  Yes *complete details below* | [ ]  No |
| Approval number |  |
| Species |  |
| No of animals used |  |
| Summary of results to-date |  |

|  |
| --- |
| How will the subject/course be funded? |
|  |
| **7.1. If a funding application is not successful, will the course still go ahead?** |
| [ ]  Yes | [ ]  No | [ ]  NA |

|  |
| --- |
| 1. How often will this subject/course run each year and over how many years?

Please make clear the number of courses that will be run in a year. If the number of courses is dependent on participants, please make clear that the course will involve x number of animals/course/year, up to the maximum number of animals.  |
|  |
| 8.1. What is the minimum and maximum number of participants on each occasion and what is the ratio of the number of animals to be used per student/course participant on each occasion the course is run? |
| Min participants |  | Max participants |  |
| Ratio of animals to participants |  |
| **8.2. Please justify the number of animals requested including details of the number of different procedures that will be performed on each animal and the number of times each procedure will be performed on a single animal.** |
| Please provide a justification for the number of animals being requested and give details of all of the procedures that will be performed on each animal as well as the number of times each of these procedures will be performed on every animal. For example*, “Each animal will be subjected to the deployment and retrieval of stent, with each procedure being performed four times on a single animal, once as a demonstration by the instructor and once by each of three students.”* |

|  |
| --- |
|  Animals to be used |
|  | 1st year | 2nd year | 3rd year |
| **Species:** |  |  |  |
| **Strain:** |  |  |  |
| **Sex , Age, Weight:** |  |  |  |
| **Common Name:** |  |  |  |
| **Total Number:** |  |  |  |
| **Animal/Student Ratio** |  |  |  |
| **Source of Animals:** |  |  |  |
| **Location of Animals:** (including full street address if applicable) |  |  |  |
| **Classification of Project** **(A, B, C or D)\*** |  |  |  |
| **Classification of Procedure** **(See below)\*\*** |  |  |  |
| **Scale of pain** **(1, 2, 3 or 4)\*\*** |  |  |  |
| **Duration of Pain** **(1, 2, 3 or 4)\*\*\*** |  |  |  |

|  |
| --- |
| **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 Project* NB. For studies involving anaesthesia without recovery, the scale and duration of pain should be 1 and 1.**  |
| **A** | Projects requiring animals to be killed for preparation of whole animal or tissue specimens without prior experimentation | **C** | Anaesthesia with recovery |
| **B** | Procedures carried out under anaesthesia, the animals being killed without regaining consciousness | **D** | Antibody production |
| **\*\* *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 |  |

|  |
| --- |
| Why has this species (and strain, age, sex and weight if applicable) of animal been chosen? |
| Explain why the species, strain and sex have been chosen. Provide some details of any genetically modified strains that are to be used and what the modification is. DO NOT list the expense/price of the animal as a factor why they are used. MAX ½ page |

|  |
| --- |
| Please detail the involvement of students/course participants in the preparation of the animals and state who will monitor their involvement. |
|  |

|  |
| --- |
| How will you ensure that students/course participants are aware of the ethical issues surrounding the use of animals in teaching?  |
|  |
| **12.1.** **Please provide copies of resource materials relating to the ethical issues surrounding the use of animals in teaching that will be provided to students participating in this teaching course.**  |
| Please list the resource materials here and attach to the application |

|  |
| --- |
| Please detail what alternatives to the use of animals in teaching have been considered and why it is not possible to use these. |
|  |

|  |
| --- |
| **PROTOCOL DETAILS** |
| 1. **Please give a brief project description, in lay terms, including purpose and educational objectives (1/2 page max):**
 |
|  |

|  |
| --- |
| **LOCATION OF EXPERIMENTS** |
| 1. **Please explain where experiments will take place, and outline any transportation arrangements.**
 |
|  |

|  |
| --- |
| SEQUENCE OF EVENTS  |
| Give details (sequentially) on what happens to the animal(s) from the time you obtain them until the time the project is completed.A flow chart or sequence of events table may assist in making this information clear. Please provide details in lay terminology. |
|  |

|  |
| --- |
| **16.1 Please provide an outline of the anaesthetic regime or procedure, in lay terminology** |
| Please note that if Kearns Facility Standard Operating Procedures (SOPs) are being used for any of the above, it is sufficient to state this, for example:“IP injections will be carried out as per Kearns Facility SOP #4, Euthanasia will be conducted as per Kearns Facility SOP #2”Where there is ANY deviation from the SOPs for any standard procedures, this must be clearly described, and the rationale for not adhering to the SOP must be provided.  |

|  |
| --- |
| Post-operative care (complete only if applicable) |
| Length of time between operation and termination of each animal/group of animals: |
|  |
| Describe the analgesia to be used and administration regime; if no analgesia explain why: |
|  |
| Please describe any methods of restraint to be used (eg slings for sheep): |
|  |
| Describe special housing and/or any special feed details |
|  |
| **Describe method of euthanasia:** |
| Please note that if Kearns Facility Standard Operating Procedures (SOPs) are being used for any of the above, it is sufficient to state this, for example:“IP injections will be carried out as per Kearns Facility SOP #4, Euthanasia will be conducted as per Kearns Facility SOP #2”Where there is ANY deviation from the SOPs for any standard procedures, this must be clearly described, and the rationale for not adhering to the SOP must be provided.  |

|  |
| --- |
| **IMPACT** |
| 1. **Identify all factors and procedures that may have an impact on an animal’s well-being. This may include handling, housing etc as well as specific procedures.**  (Refer to the CHECKLIST to ensure all details have been considered).
 |
|  |

|  |
| --- |
| 1. **Describe each factor or procedure and detail how any adverse impact will be minimised. Details should include treatment substances, dose rates, routes of administration, anaesthetic and analgesic regimes etc. if applicable.**

(Refer to the CHECKLIST to ensure that all details have been considered) |
| Please note that if Kearns Facility Standard Operating Procedures (SOPs) are being used for any of the above, it is sufficient to state this, for example:“IP injections will be carried out as per Kearns Facility SOP #4, Euthanasia will be conducted as per Kearns Facility SOP #2”Where there is ANY deviation from the SOPs for any standard procedures, this must be clearly described, and the rationale for not adhering to the SOP must be provided.  |

|  |
| --- |
| **ANIMAL MONITORING**  |
| 1. **Who will monitor the animals?** Include names, qualifications and experience with the species being used. Delete any blank tables.
 |
| **During weekdays** |
| NAME: |  |
| QUALIFICATIONS: |  |
| EXPERIENCE (with the species being used): |  |
| TELEPHONE: |  |

|  |  |
| --- | --- |
| NAME: |  |
| QUALIFICATIONS: |  |
| EXPERIENCE (with the species being used): |  |
| TELEPHONE: |  |

|  |
| --- |
| **At night (if applicable)** |
| NAME: |  |
| QUALIFICATION: |  |
| EXPERIENCE (with the species being used): |  |
| TELEPHONE: |  |

|  |  |
| --- | --- |
| NAME: |  |
| QUALIFICATION: |  |
| EXPERIENCE (with the species being used): |  |
| TELEPHONE: |  |

|  |
| --- |
| **During weekends and holidays** |
| NAME: |  |
| QUALIFICATION: |  |
| EXPERIENCE (with the species being used): |  |
| TELEPHONE: |  |

|  |  |
| --- | --- |
| NAME: |  |
| QUALIFICATION: |  |
| EXPERIENCE (with the species being used): |  |
| TELEPHONE: |  |

|  |
| --- |
| 1. **How will animals be monitored while the procedures are carried out? Include frequency and methods used.**
 |
|  |

|  |
| --- |
| How will animals be monitored for the duration of the project? Include frequency and methods used. Please attach the animal monitoring form which will be used for this project. A sample template can be found on the Research Office websitePlease also list the standard operating procedures for monitoring these animals. |
|  |

|  |
| --- |
| **ANIMAL HOUSING AND MANAGEMENT** |
| 1. **Where will animals be housed?**
 |
|  |

|  |
| --- |
| 1. **Describe the type of housing to be provided.**
 |
| All **mice** are housed in Allentown IVC cages and provided with environmental enrichment, nesting material and houses. The facility is constant temperature and has a day/night cycle with HEPA filtered air throughout.All **rats** are housed in Allentown IVC cages and provided with environmental enrichment, nesting material and houses. The facility is constant temperature and has a day/night cycle with HEPA filtered air throughout.**Rabbits** are provided with double wire cages with daily changes in environmental enrichment items. Chewing blocks and hiding tunnels are provided as standard cage items. The facility is constant temperature and has a day/night cycle with HEPA filtered air throughout. All animals are within sight of another animal and are not left alone. **Sheep** are held in communal raised pens unless required by specific protocols. Pens include a resting area with shavings provided. Enrichment is provided daily. **Pigs** are held in communal raised pens unless required by specific protocols. Pens include a resting area with straw provided. Enrichment is provided several times daily. |

#

|  |
| --- |
| 1. **What will be the maximum and minimum number of animals per cage/pen? If animal is single-housed, please justify.**
 |
| Mice Min 1 Max 5 per cageRats Min 1 Max 3 per cageRabbits Min 1 Max 1 per cageSheep Min 2 Max 9 per room (communal pens)Pigs Min 2 Max 9 per room (communal pens) |

|  |
| --- |
| 1. **What will be the maximum number of cages/pens to be held at one time?**
 |
|  |

|  |
| --- |
| 1. **Where will procedures be performed?**
 |
|  |

|  |
| --- |
| 1. **What will animals be fed, and how often will they be fed?**
 |
|  |

|  |
| --- |
| 1. **Who will be responsible for the management of emergencies and how will you ensure that the nominee(s) can be contacted?**
 |
|  |

|  |
| --- |
| **DURATION** |
| 1. **What will be the maximum time an individual animal is held?**
 |
|  |

|  |
| --- |
| **RE-USE** |
| Does this project involve the use of any animals that have been the subject of previous research? | [ ]  Yes what has previously been done to these animals? Include project name(s) and identification number(s)[ ]  No  |
| Details:  |
| Will any animals/parts of animals be suitable for reuse?  | [ ]  Yes Please give details below: [ ]  No If no, why not |
| Details: |

|  |
| --- |
| **FATE OF ANIMALS** |
| 1. **What will happen to animals at the completion of the project?**
 |
| Please note that if Kearns Facility Standard Operating Procedures (SOPs) are being used for any of the above, it is sufficient to state this, for example:“IP injections will be carried out as per Kearns Facility SOP #4, Euthanasia will be conducted as per Kearns Facility SOP #2”Where there is ANY deviation from the SOPs for any standard procedures, this must be clearly described, and the rationale for not adhering to the SOP must be provided.  |

|  |
| --- |
| If animals are to be euthanased: |
| How will this be done? |  |
| Where will euthanasia be carried out? |  |
| Who will do it, and what is their experience in the technique to be used? |  |
| **Method of disposal of terminated animals.** |  |

|  |
| --- |
| List the qualifications and experience of all personnel who will be participating in the animal components of the project. Detail whether the experience is with the species being used, as well as whether the experience is with the procedures being undertaken. |
|  | **Name and Qualifications** | **Experience in procedures to be undertaken and the species being used.** |
| **Project Supervisor** |  |  |
| **Co-Investigators** |  |  |
| **Animal Handlers** |  |  |
| **Anaesthetist/ Demonstrators** |  |  |
| **Others** |  |  |

|  |
| --- |
| **REGULATORY** |
| **SAFETY REQUIREMENTS** It is the Subject Coordinator’s responsibility to ensure that Institutional requirements with regard to Radiation Safety and Biosafety are met eg. via application to relevant committee or possession of appropriate licence. |
| 1. **Does the project involve radioactive isotopes, recombinant DNA technology or carcinogenic, toxic or infectious agents which may be harmful to people or animals? Please explain fully.**
 |
|  |
| 1. **Please give details of the proposed method of disposal of such agents.**
 |
|  |

|  |
| --- |
| CONDUCT |
| Have any of the people participating in the project had any animal research authority or animal supplier’s licence cancelled? | [ ]  Yes see below [ ]  No  |
| **If Yes, please provide details including the name of the person, the date on which the authority or licence was cancelled, who cancelled the authority or licence and the reason for the cancellation.** |
|  |

|  |
| --- |
| **REPORTING REQUIREMENTS** |
| The Subject Coordinator will be required to report annually to the AEC, this report will include the number of animals used and any adverse events that may have occurred. Teaching applications are also subject to reporting requirements as set out by NSW Department of Primary Industries for Form L (Animal use statistics).  |

|  |
| --- |
| **SUPERVISION** |
| The Subject Coordinator will adequately instruct and supervise all students and technical staff involved in the handling of animals, for the duration of the project/course |

|  |
| --- |
| **DECLARATIONS** |
| **ALL LISTED INVESTIGATORS** |
| I certify that the use of animals in this project will conform with relevant Australian and NSW legislation and the general principles of the Australian code for the care and use of animals for scientific purposes / Guidelines on the use of animals for training interventional medical practitioners and demonstrating medical equipment and techniques. I accept responsibility for the conduct of all procedures detailed in this application and for the supervision of all personnel delegated to perform any such procedures. |
| **Name** | **Signature** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **PROJECT SUPERVISOR** |
| I certify that the use of animals in this project will conform with relevant Australian and NSW legislation and the general principles of the Australian code for the care and use of animals for scientific purposes / Guidelines on the use of animals for training interventional medical practitioners and demonstrating medical equipment and techniques. I accept responsibility for the conduct of all procedures detailed in this application and for the supervision of all personnel delegated to perform any such procedures.I confirm that all personnel have read this application and agree to comply with the procedures described and any conditions imposed by the AEC. |
| **Name** | **Signature** | **Date** |
|  |  |  |

|  |
| --- |
| **DECLARATION BY HEAD OF DEPARTMENT (IF APPLICABLE)** |
| I have read this application and am satisfied that the use of animals is justified on scientific, educational or diagnostic grounds. |
| **Name**  | **Department** | **Signature** | **Date** |
|  |  |  |  |

|  |
| --- |
| **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** |
|  |  |  |  |

SUBMISSION CHECKLIST

|  |  |  |  |
| --- | --- | --- | --- |
| * What is happening to the animals?
 | * What will be the effects?
 | * How will the effects be minimised?
 | * How will the effects be monitored?
 |

|  |  |
| --- | --- |
| **Anaesthesia*** Fasting
* Induction – drug, dose, route
* Maintenance – drug, dose, route
* Methods of monitoring anaesthesia and recovery
* Additional support during anaesthesia and recovery (eg, heat, intravenous fluids)
* Location of induction and recovery areas

**Behaviour Modification*** Stimulus (type, duration, frequency)

**Blood/Body Fluid Collection*** Volume
* Route
* Frequency
* Anaesthesia or analgesia
* Restraint
* Animal monitoring (methods, frequency)

**Diet/Water Modifications*** Type
* Amount
* Effects
* Measurement of intake
* Animal monitoring

**Drug Treatments**SubstanceVolumeRoute frequency/total number per animalLocal and systemic effects Anaesthesia or analgesia possible side effects Restraint**Euthanasia**MethodLocation (where procedure will be performed)Expertise of personnel**Tumor/neoplasia** MethodSiteEndpointAnimal monitoring (methods, frequency)**Transport**TypeDurationConfinementNumbers of animalsAir-conditioning**Teaching**Source of animals HousingDuration heldMethod of disposal | **Genetic Manipulation**MethodsPotential effects**Housing** LocationIsolationGroup housing (stocking rates, sexes)ShelterBedding Hiding areasEnvironmental enrichmentDuration heldConditioning period**In-vitro studies**Source of animals Duration heldEuthanasia**Surgery**AnaesthesiaLocation of pre-operative preparation areaPre-operative preparationSurgical procedure (site, technique)Sterile technique (instruments, drapes, surgeon)Location of and housing in post-operative recovery areaPost-operative managementPost-operative monitoring (methods, frequency, duration)Use of analgesics (type, dose, route, frequency, means of determining necessity for use)Expertise**Toxicology**SubstanceVolumeRoute frequency of treatments/total number per animalLocal and systemic effectsAnaesthesia or analgesiaRestraintAnimal monitoring (methods, frequency)Endpoint/duration**Wildlife Studies**LocationMethodsCapture methodsHandling/restraintHousingMonitoringReleaseEffects on population |