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| **INSTRUCTIONS FOR SUBMISSION – DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION** |
| **New application*** This form must be completed 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 (e.g. all signatures, all supporting documents,…) will be accepted for review by the AEC. Incomplete applications will be returned to the Chief Investigator and 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, 8th edition, 2013 (Code)**; relevant guidance from the Code should be referred to when completing the application.
 |
| **Antibody Production:*** If your research only involves the production of antibodies, please use the separate form for the [AEC Application form for production of antibodies](https://www.nslhd.health.nsw.gov.au/AboutUs/Research/Office/Documents/ACEC_Production_of_Antibodies_Application_Form.doc) from the NSLHD Research Office website
 |
| **Response to request for additional information*** Follow the instructions on the response letter. Your letter will state whether the response is to be reviewed by the full AEC or the Executive Committee.
* Please consult the Research Office website for submission deadlines and meeting dates. Your revised application/response must be received by the deadline in order to be tabled for any meeting (full or Executive Committee).
* Signatures of the Animal House manager are not required on the revised application unless specified in the AEC letter.
 |
| **Please choose from the following titles to use in the subject lines of your AEC submissions:**RESP/XX/XXXX\_AEC\_ NewApplicationRESP/XX/XXXX\_AEC\_ NewApplicationRequestFurtherInformationRESP/XX/XXXX\_AEC\_ NewAmendmentRESP/XX/XXXX\_AEC\_ NewAmendmentRequestFurtherInformationRESP/XX/XXXX\_AEC\_ Annual/FinalProgressReportRESP/XX/XXXX\_AEC\_ ChangeInPersonnelRESP/XX/XXXX\_AEC\_ AdverseOrUnexpectedAdverseEvent |
| The NSLHD Animal Ethics Committee (AEC) are paperless. Researchers will no longer be required to submit paper copies of applications/amendments in addition to electronic copies. Send the complete application in pdf or word format to nslhd-research@health.nsw.gov.au |

## **NSLHD AEC Animal Research Application Form**

## **COVER SHEET**

*Attach this to the front of your application.*

|  |  |
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| **PROJECT SUPERVISOR** |  |
| **DEPARTMENT**  |  |

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| **TOTAL NUMBER OF ANIMALS** (delete/enter rows as required) |
| **Species** | **Strain** | **Number of Animals**  |
|  |  |  |
|  |  |  |
| **\*PRIMARY PURPOSE OF RESEARCH** |
|  | **Primary Purpose** | **Please select one option only** | **How many animals are to be used for this Purpose?** |
| **A1** | Stock Breeding |  |  |
| **A2** | Stock Maintenance |  |  |
| **A3** | Education |  |  |
| **A4** | Research: human or animal biology |  |  |
| **A5** | Research: human or animal health & welfare |  |  |
| **A6** | Research: animal management or production |  |  |
| **A7** | Research: environmental study  |  |  |
| **A8** | Production of biological products |  |  |
| **A9** | Diagnostic procedures |  |  |
| **A10** | Regulatory product testing |  |  |
| **\* PROCEDURES:** *Indicate from the list below which best describes the type of procedures carried out on the animals in the project. Please indicate if different types of procedures are used.* |
|  | **Procedure Type** | **Select those options which apply** | **How many animals are to undergo this procedure?** |
| **P1** | Observation involving minor interference |  |  |
| **P2** | Animal unconscious without recovery |  |  |
| **P3** | Minor conscious intervention |  |  |
| **P4** | Minor surgery with recover |  |  |
| **P5** | Major surgery with recovery |  |  |
| **P6** | Minor physiological challenge |  |  |
| **P7** | Major physiological challenge |  |  |
| **P8** | Death as an endpoint |  |  |
| **P9** | Genetically Modified Organism Production |  |  |

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| **ANIMAL RESEARCH APPLICATION FORM** |
| **SECTION 1: ADMINISTRATION** |

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| 1. **Project title**
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| 1. **Lay Title**
 |
| *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.* |

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| 1. **Please indicate submission type**
 |
| [ ]  Pilot StudyIf this application is for a **pilot study**:* justify animal numbers at Question 20 on achievable outcomes, not on a power analysis
* approval will be given for a maximum 6 months

continuation of the protocol will be by an amendment that demonstrates achievement of outcomes, and a statistically-based justification of animal numbers for the complete study | [ ]  New Study [ ]  New Study – 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 study – Submit a tracked copy, showing all revisions, and a clean copy of the revised form  |

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| 1. **Project Contact Details and Experience**
 |
| **Project Supervisor** |
| Name |  |
| Qualifications | Include all degrees and diplomas |
| Institution | Specify institution of full time employment |
| Telephone | Work |  | Mobile |  |
| Email address |  |
| Department (including building code if applicable) |  |
| Department Address(and building code if applicable) |  |
| Date or expected date of USYD/UNSW/UTS animal ethics course completion | Must be completed for all persons named in the application. |
| Experience with species and any specific strains being used. | Must be completed for all persons named in the application. Even if the persons are not handling the animals, they must be aware of any problems associated with the particular strains being used and how these might affect the results of the experiment. If no experience, describe how relevant experience will be obtained. |
| Experience with the procedures being used | This section must be completed by all persons who will touch the animals. Experience in all of the procedures that the person will be undertaking must be listed. If no experience, describe how relevant experience will be obtained. |

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| **Co-Investigator (duplicate if required)** |
| Name |  |
| Qualifications | Include all degrees and diplomas |
| Institution | Specify institution of full time employment |
| Telephone | Work |  | Mobile |  |
| Email address |  |
| Department |  |
| Department Address(and building code if applicable) |  |
| Date or expected date of USYD/UNSW/UTS animal ethics course completion | Must be completed for all persons named in the application. |
| Experience with species and any specific strains being used. | Must be completed for all persons named in the application. Even if the persons are not handling the animals, they must be aware of any problems associated with the particular strains being used and how these might affect the results of the experiment. If no experience, describe how relevant experience will be obtained. |
| Experience with the procedures being used | This section must be completed by all persons who will touch the animals. Experience in all of the procedures that the person will be undertaking must be listed. If no experience, describe how relevant experience will be obtained. |

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| **Animal Handler Details (duplicate if required**) *All persons who will touch animals must be listed here* |
| Name |  |
| Qualifications | Include all degrees and diplomas |
| Institution | Specify institution of full time employment |
| Telephone | Work |  | Mobile |  |
| Email address |  |
| Department |  |
| Department Address(and building code if applicable) |  |
| Date or expected date of USYD/UNSW/UTS animal ethics course completion | Must be completed for all persons named in the application. |
| Experience with species and any specific strains being used. | Must be completed for all persons named in the application. Even if the persons are not handling the animals, they must be aware of any problems associated with the particular strains being used and how these might affect the results of the experiment. If no experience, describe how relevant experience will be obtained. |
| Experience with the procedures being used | This section must be completed by all persons who will touch the animals. Experience in all of the procedures that the person will be undertaking must be listed. If no experience, describe how relevant experience will be obtained. |

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| 1. **Describe the relationship of the Project Supervisor with the institution**
 |
| *Kolling Institute, Royal North Shore Hospital (RNSH), Northern Sydney Local Health District (NSLHD) or University of Sydney e.g. Employee, collaborative research etc.* |

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| **5.1 Is the Chief Investigator/Project Supervisor based full time at Royal North Shore Hospital campus AND an employee of the Royal North Shore Hospital (RNSH), Northern Sydney Local Health District (NSLHD) or University of Sydney?**  |
| [ ]  Yes go to Q5.2 | [ ]  No This application MUST be accompanied by the competed “External Users Form” signed by the Project Supervisor and Kearns Facility Manager. **Approval to commence the research will NOT be given by the AEC until this form is provided.** |

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| **5.2 Are ALL Supervisors, Co-Investigators and named persons on the application based full time at the RNSH campus and employees of RNSH, NSLHD, or University of Sydney?** |
| [ ]  Yes go to Q6  | [ ]  No This application MUST be accompanied by the competed “External Users Form” signed by the Project Supervisor and Kearns Facility Manager. **Approval to commence the research will NOT be given by the AEC until this form is provided.** |

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| Project duration  |
| Expected Commencement: *Must be AFTER the date of the AEC meeting for which the application is submitted.* | Expected Completion: *AEC approval is for a maximum of 3 years* |

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| **7. Is the project being supported in any way by an external organisation?** *e.g. supply of investigational product, in-kind support or funding* |
| [ ]  Yes go to Q9 | [ ]  No  |

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| 8. Has an application been lodged for external support?  |
| [ ]  Yes go to Q9 | [ ]  No |

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| 9. Please provide details of external support as noted in question 7 and/or 8. |
| Name of external organisation |  |
| Date of application |  |
| Has the application been successful |  |
| Type of support |  |
| Amount of funding provided |  |
| Is the grant/funding administered through Northern Clinical School/ Kolling Institute | [ ]  Yes – go to Q10[ ]  No - This application MUST be accompanied by the competed “External Users Application Form” signed by the Project Supervisor and Kearns Facility Manager.**Approval to commence the research will NOT be given by the AEC until this form is provided and the appropriate fees agreed.** |

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| **10.** **If a funding application is not successful, will the project still go ahead?** (Code 2.4.8xx) |
| [ ]  Yes | [ ]  No | [ ]  NA |

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| 11. Prior ethical review |
| 11.1 Have any of the people participating in the project had any Animal Research Authority or animal supplier’s licence suspended or cancelled? |
| [ ]  Yes provide details below | [ ]  No |
| Name of person: |  |
| Date Authority/Licence cancelled:  |  |
| Name of person who cancelled the Authority/Licence: |  |
| Reason for Cancellation: |
| **11.2** 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  |
| **11.3 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 |  |

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| Does the project involve any of the following; recombinant DNA technology *(this includes any transgenic animal requiring IBC notification/approval)*, infectious, toxic, radioactive or carcinogenic agents or exposure of staff to ionising radiation? (Code 2.4.8xxi) |
| [ ]  Yes go to Q12.1 - 12.4 | [ ]  No go to Q13 |
| **12.1** **Has an application been submitted to the Institutional Biosafety Committee (IBC)?**  |
| [ ]  Yes please attach copy of the approval letter. This is required before the AEC can review/approve the protocol. *The approval letter must be submitted with this application in order for it to be accepted by the Research Office* | [ ]  No *provide details below**Provide details on why IBC approval is not required.* | [ ]  N/A  |
| **12.2 Has an application been submitted to the relevant Radiation Safety Committee (RSC)?** |
| [ ]  Yes please attach copy of the approval letter. This is required before the AEC can approve the protocol.*The approval letter must be submitted with this application in order for it to be accepted by the Research Office* | [ ]  No *provide details below* *Provide details on why RSC approval is not required.**It is the expectation of the AEC that a Radiation Safety Report be provided when animals will be treated with radioactive agents, or staff will be exposed to ionising radiation.*  | [ ]  N/A |
| **12.3 Are any other precautions required to be undertaken in accordance with statutory requirements?** |
| [ ]  Yes *provide details below**Outline the precautions taken* | [ ]  No  |
| **12.4 If 12.3 if yes - have relevant personnel and /or authorities been informed?** |
| [ ]  Yes  | [ ]  No  |
| **12.5 For projects involving the use of infectious, toxic, radioactive or carcinogenic agents, please provide information regarding how the risk of exposure to these agents will be communicated to staff (researchers and animal facility personnel) regarding potential exposure, and how this will be documented.** |
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| Does the project involve native, protected species or the importation of animals? |
| [ ]  Yes go to Q 13.1 | [ ]  No go to Q14. |
| **Have the relevant licences been obtained from the National Parks and Wildlife Service, AQIS or other authorities?** |
| [ ]  Yes provide details below | [ ]  No *provide details below**State why these have not been obtained.* |
| Permit issued by: |  |
| Permit number: |  |

OFFICE USE ONLY

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| --- | --- |
| RESP NUMBER |   |
| APPLICATION VERSION NUMBER |  |
| DATE OF AEC APPROVAL |  |
| AEC EXPIRY DATE |  |

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| SECTION 2 JUSTIFICATION FOR ANIMAL USE  |
| To comply with *The Animal Research Act* (1985) and meet the requirements of the *Australian code for the care and use of animals for scientific purposes* (eighth edition, 2013) studies using animals may be performed only when the scientific or educational value of the study is weighed against potential effects on the welfare of the animals, and the use of animals is found to be justified.This section is crucial for the AEC’s assessment of scientific merit and the necessity of animal use. **Use LAY TERMS – everyday language that will be understood by a person without a scientific background**. Abbreviations must be explained and jargon should be avoided. The “Glossary of Scientific Terms in Lay Language” on the Research Office website may be a useful guide.  |

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| 1. **Comment on the significance of the research that you believe justifies the use of animals. (Code 1.1[i], 1.5-1.7, 2.7.4)**
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| 1. **Describe the aims of the project in lay terms. (Code 1.5 and 2.7.4[vi])**
 |
| This section asks for the aims of the project in observable or measureable outcomes. It should be a maximum of half a page. This section must be able to read by a lay person without any scientific background. All biological and scientific terms must be described if they are used elsewhere in the application. All abbreviations must be spelt out in full at their first use in the application. |

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| ANIMAL USAGE |
| **16.1. Why have animals of a particular species, strain, sex and age been chosen? (Code 2.7.4[vii])** |
| Explain why the species, strain and sex have been chosen. Provide some details of any genetically modified strains that are to be used and information about the particular modification.The cost of one strain rather than another is not a valid justification for choosing a particular strain.This section should be a maximum of half a page. |
| **16.2 What alternatives to animals have been considered and why is it not possible to use any of these alternatives? (Code 2.7.4[iii] and 2.7.4[viii])** |
| List the alternatives which have been considered and why these cannot be used in this application.This section should be a maximum of half a page. |

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| 1. **Outline in plain language what will happen to the animals.**
 |
| Outline step by step what will happen to the animals from the time you receive them in plain language. This section does not require specific details as it is an overview of the project. Full details must be provided in question twenty one. |

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| 1. **If this project repeats previously reported experiments, give the reasons and justification for the experiments to be repeated.**
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| **19. How many animals will be required in total?** |
| *If a different series of procedures are being performed on different groups of animals, please use separate columns for each group, and give each group a simple name which reflects the main procedure and will allow easy reference in the answers to subsequent questions.* |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1st Animal Group \*** | **2nd Animal Group\***  | **3rd Animal Group\*** |
| **Group Name:** |  |  |  |
| **Species:** |  |  |  |
| **Strain:** |  |  |  |
| **Sex , Age, Weight:** |  |  |  |
| **Common Name:** |  |  |  |
| **Group Treatment** |  |  |  |
| **Total Number:** |  |  |  |
| **Source of Animals:** |  |  |  |
| **Classification of Procedure\*\*** (See below) |  |  |  |
| **Scale of pain** **(1, 2, 3 or 4)\*\*\*** |  |  |  |
| **Duration of Pain** **(1, 2, 3 or 4)\*\*\*\*** |  |  |  |

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| ***\* 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 (to include euthanasia) | **2** | Mild eg. Incision |
| **3** | Moderate eg. Thoracotomy |
| **3** | Minor conscious procedure | **4** | Severe eg. Broken bone |
| **4** | Minor Surgery with recovery |  |  |
| **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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| 20. Describe the experimental design, including how the number of animals requested will provide statistically significant data. (eg. on the basis of statistical tests to be used and power analysis) (Code 2.7.4ix) |
| This section must provide the statistical base for the numbers being requested including power analysis/sample size calculation ½ page MAX |

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| **SECTION 3: ETHICAL CONSIDERATIONS** |
| **ASSESSMENT OF THE IMPACT ON ANIMAL WELLBEING** |

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| **SEQUENCE OF EVENTS** |
| 21. Give details (sequentially) of what happens to the animal(s) from the time you obtain them until the time the project is completed. (Code 2.7.4 xiv-xv) |
| List each event that happens to the animals from the time you receive them. This includes any acclimatisation time, ANY procedure either non-invasive (eg weighing) or invasive (eg injections, surgery), monitoring periods and euthanasia. A flow chart or sequence of events table may assist in making this information clear.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.  |

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| **IMPACT** |
| 22. Identify the factors and events that may have an impact on the animal’s well-being, including housing, handling and any experimental procedures or interventions. (Code 2.7.4xi-xiii) |
| * Include ALL impacts on the animals including acclimatisation and all treatments, monitoring and euthanasia etc.
* Describe how you will monitor and minimise the adverse impact of each of the factors. Please provide details of each procedure and intervention including complete details of any anaesthesia or analgesia provided. This includes drug information such as drug dose, the route of administration and the rate or frequency of administration. Details of methods of euthanasia, if applicable should be included here.
* Drugs must be described in full including their dose, rates and delivery methods and timing. Ensure that each impact is described as well as the method of reducing the impact on the animal’s wellbeing. Impacts should be described sequentially and listed in the same order as listed in question 21.

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.  |

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| **ANIMAL MONITORING** |
| 23. Who will monitor the animals? All persons named in this section must be listed as an animal handler in question four with all details in question four completed.If Kearns Facility staff are monitoring the animals please indicate that monitoring is by Kearns Facility staff. |
| **23.1 During weekdays** |

|  |  |
| --- | --- |
| NAME: |  |

|  |  |
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| NAME: |  |

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| **23.2 At night (if applicable)**  |

|  |  |
| --- | --- |
| NAME: |  |

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| NAME: |  |

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| **23.3 During weekends and holidays**  |

|  |  |
| --- | --- |
| NAME: |  |

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| NAME: |  |

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| **24. How will animals be monitored during the experimental procedures? Detail methods used and frequency of monitoring.** |
| This includes drug administration, anaesthesia, surgical procedures and recovery |

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| **25. How will the animals be monitored for the rest of the time? Include details of post-procedure monitoring. Detail methods used and frequency of monitoring.** |
| This section indicates how often the animals will be monitored and for how long and all researchers must be prepared to follow this after the application is approved.This includes monitoring BEFORE any experimental procedures and AFTER any procedures until the time of euthanasia. Ensure that a CORRECT and RELEVANT monitoring sheet is supplied. An animal monitoring form, specific to this project, must be submitted with the application. A sample is available on the Research Office website. The monitoring form is not attached to the application form – you must submit one in addition to the application form. The monitoring sheet should reflect the procedures undertaken, and species used in the protocol.  |

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| **ANIMAL HOUSING AND MANAGEMENT** |
| **26. What will happen to animals at the completion of the project?** |
| E.g. reused, euthanized etc.? |

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| 27. Will factors affecting animals determine the endpoint of the project (eg tumor size, maximum weight loss)? |
| [ ]  Yes provide details below  | [ ]  No provide details below, and specify endpoint |
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| **28. 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.  |

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| **29. What will be the maximum and minimum number of animals per cage/pen?** |
| 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) |

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| **30. What will be the maximum number of cages to be held at one time?** |
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| **31. Where will procedures be performed?** |
| List locations of all procedures e.g. Kearns treatment rooms, laboratories |

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| **32. What will animals be fed, and how often will they be fed?** |
| Mice, Rats and Rabbits are fed ad libitum unless specified in the protocolSheep and Pigs are fed twice per dayWater is provided at all times for all animals unless specified in the protocol. |

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| **33. Who will be responsible for the management of emergencies and how will you ensure that the nominee(s) can be contacted?**A minimum of two people must be specified. The details for these people in question 4 must include a work and mobile number. |
| Name: | Contact 1 |
| Telephone: | Work |  | Mobile |  | Home |  |
| When contactable: | State day(s) and time(s), for example Monday 9:00 a.m. to 11:30 a.m. |
| Name: | Contact 2 |
| Telephone: | Work |  | Mobile |  | Home |  |
| When contactable: | State day(s) and time(s), for example Monday 9:00 a.m. to 11:30 a.m. |

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| **DURATION** |
| **34. What will be the maximum time an individual animal is held?** |
| Allow for acclimatising time of a minimum 1 week PLUS experimental period. Allow for at least a week for unforseen difficulties. |

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| **RE-USE** |
| 35. Does this project involve the use of any animals that have been the subject of previous research? |
| [ ] Yesprovide details below | [ ] No |
| Project Number/s |  |
| Project title/s |  |
| What has previously been done to these animals?  |

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| **FATE OF ANIMALS** |
| 36. If animals are to be euthanised: 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:“ 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.  |
| **36.1 How will this be done?**  |
|  |

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| **36.2 Where will euthanasia be carried out?** |
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| **36.3 Who will do it, and what is their experience in the technique to be used?** |
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| **36.4 Could animal tissue be shared with other investigators?** |
| [ ] Yes | [ ] No |
| *Yes = please detail how this will be managed**No = why not* |

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| **DECLARATIONS** |
| **Declaration by the 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** |  |

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| **DECLARATION BY CO/ASSOCIATE INVESTIGATORS**This section must be signed by ALL named personnel in the project before being submitted to the Research Office. |
| I certify that I have read this application and am aware of my role in respect to this protocol and my responsibility to the AEC. I am aware of my responsibilities under the Animal Research Act (1985) and the Australian code for the care and use of animals for scientific purposes. I agree to abide by all applicable laws and guidelines.  |
| Co-Investigators |
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| Animal Handlers |
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|  |  |  |
| Name | Signature | Date |

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| **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 |  |

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| **Declaration by Animal House Manager** This section must be signed by the Kearns Facility Manager BEFORE the application is submitted to the Research Office.  |
| I have discussed this project with the applicant and have indicated that the required animals can be supplied and/or maintained  |
| Facility |  |
| Name  |  |
| Signature |  |
| Date |  |

**SUBMISSION CHECKLIST**

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