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|  | 41 Victoria Parade Fitzroy VIC 3065 PO Box 2900 Fitzroy VIC 3065  Telephone 03 9288 2211 Facsimile 03 9288 3399 www.svhm.org.au |

**St Vincent’s Hospital (Melbourne)**

**Animal Ethics Committee (AEC)**

**Annual Progress Report**

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| 1. **Protocol Details** | |
| **AEC Protocol No** |  |
| **AEC Protocol Title** |  |
| **Principal Investigator** |  |
| **Approval Date** |  |
| **Expiry Date** |  |
| **Reporting Period** |  |

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| 1. **Current Status of Protocol** (Select one option only) | |
|  | **Continuing** |
|  | **Completed IF COMPLETED SUBMIT FINAL PROGRESS REPORT FORM ONLY** |

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| 1. **Describe your progress to date** |
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| 1. **Animal Use** (Complete table below) | | | |
| **Species** | **Number approved** | **Number reported in 2017 BAW return** | **Total used to date** |
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| 1. **Have any ethical or animal welfare issues arisen in the past 12 months which have affected the ethical acceptability of the project?** |
| **Yes\*  No** |
| \*If yes; Please describe: |

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| 1. **Adverse Incidents** | |
| **Have there been any adverse incidents in the last 12 months?** | **Yes**  **No** |
| **If Yes; Have these adverse incidents been reported to AEC?** | **Yes  No** |

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| 1. **Research Team** | |
| **Research Team List (currently on file)**  If any team members are no longer involved in this project please strikethrough the appropriate name | |
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| 1. **Have there been any changes to the protocol in line with the 3R’s?** |
| **Yes\*  No** |
| \*If yes; Please describe: |

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| 1. **Have any technological advances assisted you in reducing your animal numbers or refining your techniques?** |
| **Yes\*  No** |
| \*If yes; Please describe: |

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| 1. **Principal Investigator Declaration** | | | |
| I declare that the experimental procedures in this project have been performed in accordance with the principles of the *Prevention of Cruelty to Animals Act 1986,* the *NHMRC Australian code for the care and use of animals for scientific purposes 8th Edition 2013* and with any conditions stipulated by the Animal Ethics Committee of St Vincent’s Hospital (Melbourne). | | | |
| **Signature** |  | **Date** |  |