**St Vincent’s Hospital (Melbourne)**

**Animal Ethics Committee (AEC)**

**PROJECT APPLICATION FORM**

*All research and teaching that involves the use of animals for scientific purposes must comply with ‘The Prevention of Cruelty to Animals Act’ (1986), the associated Regulations and the NHMRC ‘Australian code for the care and use of animals for scientific purposes’ (8th Edition 2013).*

**THIS PROJECT APPLICATION FORM SEEKS INFORMATION FROM APPLICANTS IN ORDER TO MEET THE REQUIREMENTS OF THE *‘AUSTRALIAN CODE FOR THE CARE AND USE OF ANIMALS FOR SCIENTIFIC PURPOSES’ (8TH EDITION 2013).***

**APPLICANTS MUST BE FAMILIAR WITH THE REQUIREMENTS OF THE CODE BEFORE COMPLETING THIS FORM.**

**This entire application form must be written in plain English using lay language, answers should be clear and concise and where the use of scientific language is unavoidable it must be supported by a suitable lay description in the glossary.**

**An answer must be provided for every question, write ‘Not Applicable’ if necessary.**

**A maximum of three (3) years approval can be given for the project**

**AEC Reference Number** (assigned by AEC Secretary)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **/** |  |  | **-** | **r** |  |

|  |
| --- |
| **Project Title**  *Should be concise and expressed in lay language; where possible avoid abbreviations and scientific terms.* |
|  |

|  |  |
| --- | --- |
| **Scientific Procedure Premises Licence (SPPL) Number** | |
| SPPL | Choose an item. |

|  |  |
| --- | --- |
| **Principal Investigator**  *Identification of the person with ultimate responsibility for the conduct of the project and/or the care of the animals* | |
| Name:  (Title, First, Surname) |  |
| Qualifications |  |
| Position |  |
| Department |  |
| Institution |  |
| Phone |  |
| Email |  |

|  |  |
| --- | --- |
| **BAW Purpose and Benefit Codes** | |
| Overall Purpose of the Project | Choose an item. |
| BAW Benefit Code | Choose an item. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Research Team**  *Please ensure Research Team Member Forms (in Question 10 Researcher Roles and Competency) are completed for every researcher listed.* | | | |
| Name | Phone | Email | Qualifications |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Which researcher(s) will have responsibility for the day to day running of the project and emergency care of animals? | | |
| Name | Telephone (Work hours) | Telephone (After hours) |
|  |  |  |
|  |  |  |

**GLOSSARY**

|  |  |
| --- | --- |
| **Scientific terms or abbreviations should not be used in this application unless unavoidable and if so a suitable lay explanation must be provided.** | |
| Scientific Term or Abbreviation | Lay Explanation |
|  |  |
|  |  |
|  |  |
|  |  |

**QUESTION 1: Lay Explanation (Maximum 200 words for each question)**

|  |
| --- |
| 1. **Using plain English provide a summary of the proposed project** |
|  |

|  |
| --- |
| 1. **Using plain English briefly state the aim/s of the project** |
|  |

|  |
| --- |
| 1. **Using plain English briefly state the potential benefits of the project** |
|  |

|  |
| --- |
| 1. **Is this application a continuation of an existing project?**   **If yes provide a summary of the results from the previous project and include scientific results and any other information that the Committee should be aware of.** |
|  |

**QUESTION 2: The 3Rs; Replacement, Reduction and Refinement**

|  |
| --- |
| * 1. ***REPLACEMENT:*** *Methods that replace or partially replace the use of animals*  1. **Justify why animals are required to achieve the aims of this project.** |
|  |
| 1. **List alternatives to animals that have been considered and describe how they are to be used in this project or why they are unsuitable.**   [I.e. historical data, computer simulations, in vitro techniques etc.] |
|  |
| 1. **Explain why this research cannot be conducted in vitro or using human alternatives.** |
|  |
| 1. **Provide justification for the species/strain of animals requested for this project.** |
|  |

|  |
| --- |
| * 1. ***REDUCTION****: The number of animals used in a project must be the minimum necessary to achieve the proposed aim(s) and to satisfy good statistical design.*  1. **Describe any efforts made to minimise the total animal numbers requested in this project.** |
|  |
| 1. **Provide justification for the total number of animals that have been requested.**   **Include a power calculation and/or description of the statistical method used to calculate the total animal number.** |
|  |

|  |
| --- |
| * 1. ***REFINEMENT****: Steps must be taken at all times to support and safeguard animal wellbeing.*   **a) Identify known and potential impact on the wellbeing of an animal in this project.**  [e.g. number of injections, route of injections, accumulated impact of procedures, surgical procedures, long term housing, singly housed animals] |
|  |
| **b) How will such impacts will be avoided or minimised?**  [e.g. rotate injection site, use of analgesia, environmental enrichment] |
|  |

**QUESTION 3: SOPs, Experimental Procedures and Monitoring**

|  |  |  |
| --- | --- | --- |
| 1. **Will AEC approved Clinical Standard Operating Procedures be utilised during the project?**   **List of AEC approved Clinical SOP’s can be found at:**  [**https://svhm.org.au/home/research/researchers/animal-ethics-committee**](https://svhm.org.au/home/research/researchers/animal-ethics-committee) | | |
|  | No | |
|  | Yes**\*** | |
| **\***List SOPs to be used  (state SOP number and title) |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Experimental Procedure Form**   ***This form must be completed for EVERY experiment/procedure in the proposed project***  **If SOPs will be used (and have been listed above) you can state as per SOP in this section.**  e.g. *‘…..will be administered by intraperitoneal injection as per SOP.’* | | | | | | |
| Procedure No. |  | | Species |  | No. Animals |  |
| Will any of these animals undergo another procedure? If yes provide details. | | | |  | | |
| Location: | | EMSU  BRC  Other (please specify): | | | | |
| Procedure Title | |  | | | | |
| BAW Impact | | Select an option | | | | |
| BAW Part. Procedure | | Select an option | | | | |
| Level of Discomfort | | Select an option | | | | |

|  |
| --- |
| **Provide a clear step by step description of procedure to be carried out on each animal or group of animals, in relation to the aims, in this project.**  Include the following information:   * Dose rate, volume and route of administration of any substance or treatment administered * Volume, frequency and method of collection of any samples * Surgical and related procedures, including analgesia and anaesthesia * Post-operative or post-procedure care * Experimental endpoints * Methods of euthanasia |
|  |
| **Provide details of how the wellbeing of animals will be monitored and assessed.**  Describe the:   * Frequency of monitoring and assessment * Actions to be taken if problems are identified * Criteria for intervention points and humane endpoints**.**   **Attach relevant monitoring sheets or checklists.** |
|  |

**COPY AND PASTE QUESTION 3b FOR EACH PROCEDURE IN THIS PROJECT**

**QUESTION 4**

|  |  |  |
| --- | --- | --- |
| **Who will monitor the animals during the proposed project?** | | |
| Weekdays |  | |
| After hours (including weekends and public holidays) | |  |

**QUESTION 5**

|  |
| --- |
| **Provide a flow chart showing the sequence of events, from start to finish, for individuals or groups of animal.** |
|  |

**QUESTION 6**

|  |  |  |  |
| --- | --- | --- | --- |
| **List all agents that will be administered to animals in the proposed project.**  Include anaesthetics, analgesics, disease induction agents, antibiotics etc. | | | |
| **Agent** | **Route** | **Dose** | **Duration** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**QUESTION 7: Animal Use**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Animals Requested** | | | | | | |
| **Species** | **Strain**  (If on Stuart database ensure exact same strain name is listed here) | **Stuart ID**  (AEC Secretary to complete) | **Source\*** | **Housing**  **Location** | **Total Number** | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
|  |  |  |  |  |  | |
| \*Source:   1. Own derivation (breeding) 2. Victorian SABL Supplier 3. Interstate Licensed Supplier 4. Overseas Supplier 5. Specify if another source | | | | | **GRAND**  **TOTAL:** |  |

|  |
| --- |
| 1. **Provide details of associated transportation if animal source listed above is 2, 3, 4 or 5** |
|  |

**QUESTION 8: Overall Justification Summary**

|  |
| --- |
| **Summarise how the potential effects on the wellbeing of the animals involved in this project is justified by the potential benefits of the proposed work.** |
|  |

**QUESTION 9: Additional Information**

|  |  |
| --- | --- |
| 1. **Will any procedures be performed in premises other than the facilities listed on the SPPL?** | |
|  | No |
|  | Yes; complete and attach a fieldwork notification form |

|  |  |
| --- | --- |
| 1. **Does the proposed project involve the use of genetically modified organisms or animals?** | |
|  | No |
|  | Yes; IBC Protocol Number(s): |

|  |  |
| --- | --- |
| 1. **Does the proposed project involve the use of human tissue?** | |
|  | No |
|  | Yes; HREC Protocol Number(s): |

|  |  |
| --- | --- |
| 1. **Does the proposed project involve the use of radiation that is not covered by a SOP?** | |
|  | No |
|  | Yes; please attached a letter from Radiation Safety Officer |

|  |  |
| --- | --- |
| 1. **Does the proposed project pose any health risks to staff or other animals?** | |
|  | No |
|  | Yes; please describe and provide details of preventative measures: |

|  |  |
| --- | --- |
| 1. **How will the proposed project be funded?**   *Assurance that adequate resources will be available for the conduct of the project* | |
|  | Grant |
|  | Departmental Funds |
|  | Other (Specify): |

|  |  |
| --- | --- |
| 1. **Are there any actual or potential interest, including any financial interest or other relationship or affiliation, that may affect judgements and decisions regarding the wellbeing of the animals involved?** | |
|  | No |
|  | Yes; Please describe: |

**QUESTION 10: Researcher Roles and Competency**

|  |  |
| --- | --- |
| **Research Team Member Form**  ***This form must be completed for EVERY researcher listed in proposed project*** | |
| Title and Name |  |
| Institution |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Specify the investigator’s role** | | | |
| Supervising other investigators |  | Providing intellectual input |  |
| Working with tissue |  | Handling live animals |  |

**Only complete Experience and Training Details if you are working with tissue or handling live animals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Experience and Training Details**  **The techniques I will perform in this project are:** | | | | |
| **Technique/Procedure** | **Experience Category**  **\*see key below** | **Training Required?** | **Person responsible for training and assessment\*\*** | |
| **NAME** | **SIGNATURE** |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |
|  |  | Yes  No |  |  |

**\*KEY:**

|  |  |  |
| --- | --- | --- |
| **Category** | Competent (C) | Not Competent (NC) |
| **Training Required?** | NO | YES |

**\*\*Trainer’s Declaration:**

|  |
| --- |
| I have the relevant expertise and accept responsibility to train and supervise this investigator until I consider them to be competent in the listed procedures.  Arrangements have been made for this investigator’s training in the procedures listed above. |

|  |  |  |  |
| --- | --- | --- | --- |
| **INVESTIGATOR DECLARATION** | | | |
| I hereby declare that:   * I am familiar with Part III of the *Prevention of Cruelty to Animals Act 1986* (the *Act*), NHMRC *Australian code for the care and use of animals for scientific purposes 8th Edition 2013* (the *Code*) and accept the responsibilities detailed therein to the extent of my involvement in this project. * I accept responsibility for the conduct of all experimental procedures detailed in this application that I undertake, in accordance with the requirements of the *Act,* and the *Code* and the St Vincent’s Hospital (Melbourne) Animal Ethics Committee. | | | |
| **Signature** |  | **Date** |  |

**COPY AND PASTE PAGE FOR EACH RESEARCH TEAM MEMBER**

**QUESTION 11: Animal Facility Staff Role**

|  |  |  |
| --- | --- | --- |
| **List the procedures/techniques that will be performed by competent BRC or EMSU staff.** | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Principal Investigator Declaration** | | | |
| I hereby declare that:   1. I have read Part III of the *Prevention of Cruelty to Animals Act 1986* (the *Act*), and the NHMRC *Australian code for the care and use of animals for scientific purposes 8th Edition 2013* (the *Code*), and accept the responsibilities detailed therein. 2. I accept responsibility for the conduct of all experimental procedures detailed in this application, in accordance with requirements of the *Act*, the *Code* andthe Animal Ethics Committee of St Vincent’s Health. 3. I have listed each person engaged in this project and consider that they have the qualifications, experience and training appropriate for their role in the project; and that they are competent to perform procedures described to the extent of their role. If any person is not already skilled in the procedures, I will ensure that they obtain all necessary training in advance of performing any procedure independently. All personnel have been made aware of their role and responsibilities in this project, and have been given copies of all necessary documentation. 4. The Animal Facility Manager has been made aware of requirements for this application. 5. I will communicate all AEC conditions and directives to all named investigators | | | |
| **NAME** |  | | |
| **SIGNATURE** |  | **DATE** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Head of Department Declaration** | | | |
| I hereby declare that:   * + - 1. I have read the protocol and understand my responsibilities with respect to the animal experimentation components described in this project;       2. I have read the *Prevention of Cruelty to Animals Act 1986 (the Act)* and the NHMRC *Australian code for the care and use of animals for scientific purposes, 8th Edition 2013 (the Code);*       3. I accept responsibility for the conduct of the experimental procedures detailed above in accordance with the principles contained in the *Act* and *Code* and any other conditions laid down by the St Vincent’s Hospital (Melbourne) Animal Ethics Committee; and       4. This project will be conducted in accordance with any *Code of Conduct for Scientific Research Practice in use by St. Vincent's Health.* | | | |
| **NAME** |  | | |
| **DEPARTMENT** |  | | |
| **SIGNATURE** |  | **DATE** |  |

|  |
| --- |
| **Animal Facility Manager/s Declaration**  *The signature of the animal facility manager is required if animals are to be obtained from or housed in the animal facility.* |

|  |  |
| --- | --- |
| **Animal Facility:** | |
|  | BRC |
|  | EMSU |
|  | Other Facility (Specify): |

|  |  |
| --- | --- |
| **I have discussed this study with the Principal Investigator and have seen the application.**  **I am: (Please select appropriate options)** | |
|  | Able to confirm that the required animals can be obtained from and/or housed in this animal facility. |
|  | Able to perform the investigations/services indicated within the present resources of the Department |
|  | Able to perform the investigations/services if the following financial assistance is provided: |
| Cost of consumables, keep and theatre when applicable |
| All charges for animals’ services are to be covered by the research group |
|  | Unable to undertake the investigations/services on the following grounds: |
| *Please describe:* |

|  |
| --- |
| **BRC:** |
| Manager’s Name |  |
| Manager’s Signature |  |
| Date |  |

|  |
| --- |
| **EMSU:** |
| Manager’s Name |  |
| Manager’s Signature |  |
| Date |  |

|  |
| --- |
| **Other Facility:** |
| Manager’s Name |  |
| Manager’s Signature |  |
| Date |  |