Summary

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| --- | --- | --- | --- |
| Training | |  | |
| Name of Primary Applicant | |  | |
| Name of Deputy | |  | |
| Overall Pain/Distress Classification | |  | |
| Anticipated Start Date |  | Anticipated End Date |  |
| Duration (months) | |  | |
| Related to previously approved project? | | If yes, give number: | |
| Have reports been lodged? | |  | |
| Funding Source | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Animal Group** | **1** | **2** | **3** | **4** | **5** |
| Species |  |  |  |  |  |
| Strain |  |  |  |  |  |
| GMO? |  |  |  |  |  |
| Origin |  |  |  |  |  |
| Number |  |  |  |  |  |
| Sex |  |  |  |  |  |
| Immune competency |  |  |  |  |  |
| Age/weight |  |  |  |  |  |
| Purpose |  |  |  |  |  |
| Anaesthesia? |  |  |  |  |  |
| Pain Management? |  |  |  |  |  |
| Pain/Distress Classification |  |  |  |  |  |
| Fate of Animals |  |  |  |  |  |

**GLOSSARY:** Scientific terms or abbreviations should not be used in this application unless unavoidable and if so, a suitable lay explanation must be provided.

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| --- | --- |
| Scientific Terms or Abbreviations | Lay Explanation |
|  |  |

Provide a lay description of the aims of, and reasons for, the training.

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**1. Applicants**

For higher degree students, the applicant must be the degree candidate supervisor.

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| --- | --- | --- |
| **Primary Applicant (Project Holder)** | | |
| Name (include title) |  | |
| Applicant's Institution and Department |  | |
| Contact details  (including After Hours) | Email |  |
| Mobile |  |
| Correspondence to |  | |
| **Deputy Project Holder** | | |
| Name (include title) |  | |
| Institution and Department |  | |
| Contact details (including After Hours) | Email |  |
| Mobile |  |

Other Applicant/s

|  |  |  |
| --- | --- | --- |
| **Name (include title)** |  | |
| Institution and Department |  | |
| Contact details (including After Hours) | Email |  |
| Mobile |  |
| **Name (include title)** |  | |
| Institution and Department |  | |
| Contact details (including After Hours) | Email |  |
| Mobile |  |

**2. Animals Required**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Common Name | Scientific Name | Strain | Sex | Age or  Size | Number /  Month | Total  Number  for  duration  of project | Explanation if total number is  unknown |
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**3. Animals Source and Housing**

|  |  |
| --- | --- |
| *Source:* |  |
| *Animals held at (including location, room number etc.)* |  |
| *Transport requirements:* |  |
| *Procedures performed at:* |  |
| *Maximum number housed at any one time:* |  |
| *Maximum time held:* |  |
| *Special considerations:*  *Is any special feeding, handling or isolation required?* |  |
| *Have any of the animals been the subject of previous scientific or teaching activity? (i.e. Reuse: code ref 1.22, 1.24 and 2.3.15)*  *If so, explain why they are to be used again and include details of the previous use.* |  |

AEC approval of a project does not guarantee that animals, space for holding them, or assistance from animal facility staff, will be automatically available. Liaison with management of the animal facility is essential.

*I have liaised with the relevant animal facility and have confirmation that the required resources are available.*

**4. Procedure Category (cross all appropriate categories)**

|  |  |
| --- | --- |
|  | Observational Studies e.g. Behavioural study, feeding trial obtaining weights and body measurements |
|  | Animal Unconscious; No Recovery: Animal killed prior to commencement of project or killed while under general anaesthetic |
|  | Minor Conscious Intervention; No Anaesthesia: e.g. injections, leg-banding, blood sampling, toe or ear clipping for identification purposes, implanting microchips without anaesthesia |
|  | Minor Procedures with Recovery e.g. Organ biopsies, implanting microchips under anaesthesia, micro CT |
|  | Minor Surgery with Recovery: e.g. Implanting slow release devices, implanting abdominal transmitters, chronic cannulation of vessels |
|  | Major Surgery with Recovery: e.g. bone surgery, implanting abdominal radio-transmitters |
|  | Minor Physiological Challenge: e.g. minor infection, minor or moderate genetic deformity, early oncogenesis; residue testing |
|  | Major Physiological Challenge: e.g. major infection, oncogenesis without pain alleviation; environmental deprivation for extended periods |
|  | Death as an Endpoint: e.g. lethality testing, vaccine testing where death is a planned and necessary part of the study (see Code definition and clause 1.13) |

**5. Pain/Distress Classifications (cross where appropriate)**

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| --- | --- | --- | --- |
|  | **Category** | **Procedures** | **Extent and Duration Suffering** |
|  | No pain or distress |  |  |
|  | Mild pain or distress |  |  |
|  | Moderate pain or distress |  |  |
|  | Substantial pain or distress |  |  |
|  | Severe pain or distress |  |  |
|  | Death as an endpoint |  |  |

**6. Overview**

Describe what happens to the animals from the time they are obtained until the time the teaching/training activity is completed. Please include any background data in this section. Please use language that would be understood by a general audience.

**7. Educational Objectives and Learning Outcomes**

**7.1 What is the purpose of your training? Select one or more of these reasons for training, as applicable).**

Consistency of practice

Best practice

Standard operating procedures

**7.2 Please explain how training fits in with an overall training plan. Does the training fit into a competency assessment?**

**7.3 Will participants receive recognition for the training undertaken?**

*A Certificate of Attendance for participants is required. Please attach at the end of this application*

**7.4 How will educational objectives be assessed?**

**8. Teaching Activity Details (Reduction)**

*If required, attach flow chart at end of document.*

8.1 Outline the maximum number of students/trainees to be supervised by each teacher.

8.2 Outline the maximum and minimum number of animals to be used by each student/trainee and justify the total number of animals used.

8.3 Outline the maximum number of times each animal will be used.

8.4 What steps have you taken to minimise the number of animals required?

8.5 To reduce animal use, will animals or their tissues, at the conclusion of your programme, be suitable for use in another protocol? If YES, please provide brief details.

8.6 Describe how the optimum number of animals will be chosen for the training so that individual impact on each animal is reduced.

8.7 Describe how the ethical implications of using animals in this teaching programme will be discussed with the staff and students involved, e.g. Introductory talk, notes, seminar, etc.

*An Information sheet is required for participants, which details such information. Please attach your sheet at the end of this application.*

**9. Use of animals – Justification**

9.1 Please justify the use of animals in this training activity, including addressing the following.

9.1.1 Do non-animal alternatives exist for this training?

9.1.2 List and describe any publications or verifiable sources of information that may provide evidence that alternative models are not sufficient/appropriate for your training activity.

9.1.2 Could this training be performed on humans, animal cadavers or inanimate models?

**9.2 Animals to be used**

9.2.1 Please justify your choice of animal and explain why you will need to use this particular strain/species.

9.2.2 Are there any less sentient species that could be used?

9.2.3 Describe what happens to the animals from the time they are obtained until the time the teaching/training activity is completed. Please include any background data in this section and use language that would be understood by a general audience.

9.2.4 Describe the welfare cost to the animal.

9.2.5 In what way is the level of pain/discomfort justified?

**10. Substances to be administered**

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| --- | --- | --- | --- | --- | --- |
| Administered Substance | SOP  Reference No. | Dose Rate | Frequency | Route Administered | Volume & Needle Size |
| Anaesthetic Agents | | | | | |
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| Post Operative Analgesia | | | | | |
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| Tranquilisers | | | | | |
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| Antibiotics | | | | | |
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| Other Substances | | | | | |
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| Research Compounds/Test Substances/Devices/Biologicals | | | | | |
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| Humane Killing Agents | | | | | |
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**11. Declarations.**

Declaration by the Primary Applicant

I hereby declare that:

i) I am familiar with and will comply with the relevant Commonwealth and State or Territory legislation and the requirements of the [Australian Code for the care and use of animals for scientific purposes, 8th Edition 2013](http://www.nhmrc.gov.au/book/australian-code-practice-care-and-use-animals-scientific-purposes) (The Code)

(ii) To the best of my knowledge this proposal conforms to the Code (8th Edition 2013) and the South Australian *Animal Welfare Act 1985.*

(iii) I have read [Section 2 of the Code](http://www.nhmrc.gov.au/book/australian-code-practice-care-and-use-animals-scientific-purposes/section-2-responsibilities) which sets down the responsibilities of investigators. 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.

(iv) I agree to comply with procedures described and any conditions imposed by the Animal Ethics Committee.

(v) Sufficient and adequate resources will be available to undertake the proposed study.

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| --- | --- | --- |
| Primary Applicant's Name | Primary Applicant's Signature | Date |
|  |  |  |

Declaration by the Deputy

I hereby declare that:

i) I am familiar with and will comply with the relevant Commonwealth and State or Territory legislation and the requirements of the [Australian Code for the care and use of animals for scientific purposes, 8th Edition 2013](http://www.nhmrc.gov.au/book/australian-code-practice-care-and-use-animals-scientific-purposes) (The Code) and the South Australian *Animal Welfare Act 1985* and its regulations.

(ii) I have read the application and I accept responsibility for the project when the Primary Applicant is unavailable.

|  |  |  |
| --- | --- | --- |
| Deputy Applicant's Name | Deputy Applicant's Signature | Date |
|  |  |  |

Declaration by the

SAHMRI Chair on behalf of the SAHMRI Animal Ethics Committee

I hereby declare that:

1. I am satisfied that the Primary Applicant and his/her associated team has the appropriate qualifications and experience to perform the work with minimum distress to the animals.
2. I believe this work meets the requirements of the Australian Code for the care and use of animals for scientific purposes, 8th Edition 2013 (The Code) and the South Australian Animal Welfare Act 1985 and its regulations.
3. I have read the application and I am satisfied that this work is of sufficient scientific merit to proceed and that adequate resources will be available to undertake the proposed study.

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| --- | --- | --- |
| SAHMRI Chair  For and on behalf of the SAHMRI AEC | Chair Signature | Date |
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**Attachments:**

**Relevant Clinical Record Sheets / Intra Operative Record Sheet**

Attach sheets as pdf pages or if text by copy-paste into field below

**Workshop Handout / Information Sheet as per Item 8.7.**

Attach sheets as pdf pages.

**Certificate of Attendance for Participants as per Item 7.3.**

Attach sheets as pdf pages.

**Relevant SOPs**

Attach as pdf pages or if text by copy-paste into field below

**Relevant Publications**

Attach as pdf pages or if text by copy-paste into field below