This form must be completed by an investigator wishing to use animals for scientific purposes including activities performed for teaching, research, diagnosis, product testing, and the production of biological products.

|  |  |
| --- | --- |
| **AEC Number** | Office use only |
| **Project start date** | Office use only |
| **Project end date** | Office use only |
| **Document version date** | Office use only |
| **Project Title** |  |
| **Principal Investigator**  The PI must be a staff member of La Trobe University or an affiliated institute (ONJCRI and DEDJTR). | Full name: |
| School/Institute: |
| Mobile number: |
| Email: |
| **Primary Contact (if different from above)**  Person who is experienced in the use of animals for scientific purposes who has delegated authority for day-to-day management of animals, including out-of-hours emergencies. | Full name: |
| School/Institute: |
| Mobile number: |
| Email: |
| **Conflicts of Interest**  Do any of the listed investigators have any perceived, potential or actual conflicts of interest? | |
| **Yes-**  describe the perceived, potential or actual conflicts of interest and how they will be managed | |
| **No** | |

# General details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * 1. **Project Category**   Select one or more categories, as appropriate. | | | | | | | | | | | | | |
| **Teaching** | | | **Research** | | | | | | | **Product Testing** | | | |
| **Production of Biological Products** | | | **Training in Procedural Techniques** | | | | | | | **Diagnosis** | | | |
| **Field Testing** | | |  | | | | | | |  | | | |
| * 1. **Permits**   Does this project require any permits (DELWP, Biosafety, Dealing with GMOs, Human ethics or any other permits)? | | | | | | | | | | | | | |
| **Yes-**  provide permit details, number and expiry: | | | | | | | | | | | | | |
| **No** | | | | | | | | | | | | | |
| * 1. **Funding** | | | | | | | | | | | | | |
| **Funded-** provide the applicable RAS/Grant/RFA number/s: | | | | | | | | | | | | | |
| **Partially Funded-** provide details below:  **RAS/Grant/RFA number/s**    **Funded components:**    **Unfunded components:** | | | | | | | | | | | | | |
| **No-**  outline your plans for future funding and/or how the project can proceed without funding: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | |
| * 1. **Collaboration** | | | | | | | | | | | | | |
| Are any live animal\* - related activities in this project to be carried out at institution/s other than La Trobe University?  *\*Under Part 3, Section 25 of the Prevention of Cruelty to Animals Act, animal means:*  *vertebrate species: including fish, amphibian, reptile, bird, mammal that is above its normal mid-point of gestation or incubation*  *Adult decapod: crustacean, lobster, crab and crayfish*  *Adult cephalopod: including octopus, squid, cuttlefish and nautilus.* | | | | **Yes-** list SPPL number/s (for VIC) or relevant licence number/s (depending on the state/s where the research will be conducted) and Approved AEC number/s:    **Briefly outline the activities to be carried out at the other institution/s:**    **Attached Approved AEC Application**  **N/A**  **Attached** (e.g. Agreement/Contract/Delegation of Responsibility) **N/A** | | | | | | | | | **No** |
| * 1. **Privately owned animals – complete if applicable** | | | | | | | | | | | | | |
| **Are privately-owned animals to be used in this project?** | | | | **Yes- complete below items** | | | | | **No** | | | | |
| All people involved in the care and use of animals are aware of and accept their responsibilities relating to the animals. | | | | **Yes** | | | | | **No- justify:** | | | | |
| People responsible for the daily management of the animals are familiar with and understand the Australian code for the care and use of animals for scientific purposes (8th Edition, 2013). | | | | **Yes** | | | | | **No- justify:** | | | | |
| I have provided the owner(s) of the animals with a document clearly stating the details and duration of their responsibilities. | | | | **Yes** | | | | | **No- justify:** | | | | |
| I have received written acknowledgement from all owners of their acceptance of their responsibilities. | | | | **Yes** | | | | | **No- justify:** | | | | |
| A copy of the document provided to the owner(s) must be attached. | | | | **Yes** | | | | | **No- justify:** | | | | |
| * 1. **List of Standard Operating Procedures (SOPs)**   Will any SOPs be used? *Complete this section for each SOP to be used (copy and paste additional row/s)* | | | | | | | | | | | | | |
| **Yes- complete details below** | | | | | | **No** | | | | | | | |
| **SOP name** | | | | | | **Version date** | | | | | | | |
| Insert document name | | | | | | Insert version date DAY MONTH YEAR | | | | | | | |
| Insert document name | | | | | | Insert version date DAY MONTH YEAR | | | | | | | |
| * 1. **Animals to be used** | | | | | | | | | | | | | |
| **Source/s of Animals**  Including ‘privately-owned.  For common strains, it is recommended to specify commercial suppliers and internally bred | **Species**  Include common name and provide details for GM animals | **Strain** | **Sex** | | **Age**  Age animals need to be acquired from the source | | | **Total number of experimental animals**  Including experimental, training + expected mortality rates | | | **Permit(s)**  if required | **Phenotype report**  Including GM or any animal exhibiting an adverse Phenotype | |
|  |  |  |  | |  | | |  | | |  | N/A  Phenotype Report completed | |
|  |  |  |  | |  | | |  | | |  | N/A  Phenotype Report completed | |
|  |  |  |  | |  | | |  | | |  | N/A  Phenotype Report completed | |
|  | | | | | | | | Total number: | | |  | | |
| * 1. **Choice of sex, strain and species** | | | | | | | | | | | | | |
| Insert for each species, strain and sex and justify your choice: | | | | | | | | | | | | | |
| * 1. **Repeated Use of Animals** | | | | | | | | | | | | | |
| Have any of the animals been used in a previous research and/or teaching activity? | | | | | | | **Yes-** provide AEC number/s:  **No** | | | | | | |

# Project Overview

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * 1. **Background Information**   Provide a maximum 300 words background about the project in plain English (i.e., non-scientific language that can be understood by a person without scientific training). | | | | | | | | | | |
|  | | | | | | | | | | |
| * 1. **Aims**   Clearly and concisely, state the aim(s) of the proposed project. | | | | | | | | | | |
|  | | | | | | | | | | |
| * 1. **Potential benefits of the research or teaching activity (tick most relevant option and complete details)** | | | | | | | | | | |
| Understanding human or animal biology. Describe: | | | | | | | | | | |
| Maintenance and improvement of human or animal health and welfare. Describe: | | | | | | | | | | |
| Improvement of animal management or productions. Describe: | | | | | | | | | | |
| Achievement of educational objectives | | | | | | Maximum number of students supervised by each teacher: | | | | |
| Maximum and minimum number of animals used by each student: | | | | |
| Maximum number of times each animal used: | | | | |
| How will the attainment of educational objectives be assessed? | | | | |
| Environmental objectives. Please describe: | | | | | | | | | | |
| * 1. **Replacement**   Are there alternatives to the use of animals to achieve the aims of this project? | | | | | | | | | | |
|  | | | | | | | | | | |
| * 1. **Reduction**   Reduction refers to the use of the minimum number of animals required to obtain a meaningful, valid outcome. Wherever possible, applications should be endorsed by a Statistician/Biometrician or reference to an appropriate statistical test provided. | | | | | | | | | | |
| Has a Statistician/Biometrician endorsed the number of animals proposed in this application? | | | | | **Yes**- provide name and position of the statistician and date of endorsement: | | | | **No**- explain why not: | |
| Does this project duplicate work that has been carried out previously? | | | | | **Yes**- explain why it is necessary to duplicate the work: | | | | **No** | |
| **Justification of Animals (ensure consistency with s1.8)** | | | | | | | | | | |
| **Experimental Cohort** | **Species** | **Strain** | **Sex** | **Number of animals** | | | | | | **Total Number**  **experimental + training + mortality rate** |
| **Experimental** | | | **Training** | **Mortality rate** | |
|  |  |  |  |  | | |  |  | |  |
|  |  |  |  |  | | |  |  | |  |
|  |  |  |  |  | | |  |  | |  |
| * 1. **Refinement**   Refinement refers to the use of methods that alleviate or minimise potential pain and distress and enhance animal wellbeing. Investigators should consider what improvements could be made to procedures or what alternative procedures could be used to reduce the impact on animals. | | | | | | | | | | |
| What will be done to minimise pain and distress and enhance animal wellbeing? | | | | | |  | | | | |

# Experimental Design

|  |
| --- |
| * 1. **General Methodology**   This section is to be written in plain English (i.e., non-scientific language that can be understood by a person without scientific training). Where scientific terms are unavoidable, provide a GLOSSARY, arranging the words in alphabetical order. |
| Give a clear description of the scientific design of the experiment: |
| Use a flow diagram when multiple procedures are to be performed on individual animals: |

# Experimental Procedures and Monitoring Sheets

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| * 1. **Monitoring sheets** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will monitoring sheets be used for the project? | | | | | | | | | | | | | | | | | **Yes-** list below and attach:  **No -** explain why not: | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. **Experimental Procedures**   Select the procedures which applies to this project. | | | | | | | | | | | | | | | | | 1. Sample Collection - Blood, Fluid, Biopsy, Other | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Use of Drugs, Chemicals, Infectious Agents, Cells (including tumour cells) or Other Compounds | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Induction of Neoplasia | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Surgery | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Use of anaesthesia | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Marking (other than ear-notching for rodents conducted by LARTF staff) | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Implantation of a Device (e.g. Drug Delivery Device/ Electrodes/Cannulation/Others) | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Irradiation | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Animals Trapped in the Wild | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Pitfall trapping | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Other procedures | | | | | | | | | | | | | | | | | | | | | | | |
| * + 1. **Sample Collection - Blood, Fluid, Biopsy, Other**   *Complete this section for each type of sample (copy and paste additional section/s).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What sample type will be collected: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Method: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For blood samples only: Body weight of animal(s) and volume of blood collected: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will analgesics be used? | | | | | | | | | | | | | | **Yes**- provide details:  Method:  Frequency:  Duration: | | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| **Welfare impact** | | What pain, distress or other welfare impact will the animals likely or possibly experience as a result of this procedure? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which of the following most aptly describes the severity of the likely pain, distress or welfare impact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | | | | Mild | | | | | | | | | | | | | Moderate | | | | | | | Significant | | | | | | | | |
| How will the pain, distress or welfare impact be minimised? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What monitoring will occur and for how long? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What possible complications or unexpected outcomes could occur during or following this procedure? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What actions or treatments will be undertaken in the event that any of these complications or outcomes occur? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + 1. **Use of compounds (e.g. Drugs, Chemicals, Infectious Agents, Antibiotics, Cells or Other Compounds)**   *Complete this section for each type of compound to be used (copy and paste additional section/s).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Compound to be used and purpose (e.g. induce disease, induce neoplasm, prevent disease etc…): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If a dose trial required to ascertain an effective dose of the compound, provide details here. You must include the order in which doses will be tested and termination conditions: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How will the compound be prepared for use? (Include diluent/solvent/other preparation): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Final concentration of the compound: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose rate of the compound (e.g. mg/kg): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Final volume to be delivered (approximation based on expected weight of animal(s)): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Route of administration and site: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Frequency of administration: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will anaesthesia be used? | | | | | | | | | | | | | | **Yes**- complete section **4.2.5** | | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| Will analgesics be used? | | | | | | | | | | | | | | **Yes**  Method:  Frequency:  Duration: | | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| Will a neoplasm/ disease/ injury or lesion be induced as a result of the compound used? | | | | | | | | | | | | | | **Yes**- provide details: | | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| For neoplasm induction only - Are metastases expected or likely? | | | | | | | | | | | | | | **Yes**- details the expected site(s) of metastases and include a scoring system on the monitoring sheet with clear definition of the humane endpoint. | | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| Are there any potential hazards for humans or animals with the use of this compound or procedure? | | | | | | | | | | | | | | **Yes**- complete section **4.3** | | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| **Immediate welfare impact** | What pain, distress or other welfare impact will the animals likely or possibly experience during or immediately after administration of the compound? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which of the following most aptly describes the severity of the likely pain, distress or welfare impact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | | Mild | | | | | | | | | | | | | Moderate | | | | | | | | Significant | | | | | | | | | | |
| How will the pain, distress or welfare impact be minimised? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What monitoring will occur and for how long? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What possible complications or unexpected outcomes could occur during or following this procedure? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What actions or treatments will be undertaken in the event that any of these complications or outcomes occur? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **On-going or future welfare impact**- Ongoing/future impacts also include those resulting from disease or tumour induction. | Are there likely to be any ongoing or future welfare impacts as a result of administering this compound? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes**- complete below questions | | | **No** | | |
| What on-going or future pain, distress or other welfare impact will the animals likely or possibly experience? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which of the following most aptly describes the severity of the likely pain, distress or welfare impact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | | Mild | | | | | | | | | | | | | Moderate | | | | | | | | Significant | | | | | | | | | | |
| How will the pain, distress or welfare impact be minimised? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What monitoring will occur, for how long and how frequently? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + 1. **Induction of neoplasm**   *Complete this section for each type of neoplasm (copy and paste additional section/s).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site of the neoplasm: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How will the neoplasm be created? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will anaesthesia be used? | | | | | | | | | | | | | | **Yes**- complete section **4.2.5** | | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| Are metastases expected or likely? | | | | | | | | | | | | | | **Yes**- detail the expected site(s) of metastases and include a scoring system on the monitoring sheet with clear definition of the humane endpoint. | | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| Are there any potential hazards for humans or animals with the use of this compound or procedure? | | | | | | | | | | | | | | **Yes**- complete section **4.3** | | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| Will analgesics be used? | | | | | | | | | | | | | | **Yes**  Method:  Frequency:  Duration: | | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| **Immediate welfare impact** | What pain, distress or other welfare impact will the animals likely or possibly experience during or immediately after the procedure performed to induce the neoplasm? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which of the following most aptly describes the severity of the likely pain, distress or welfare impact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | Mild | | | | | | | | | | | | | | Moderate | | | | | | | | Significant | | | | | | | | | | | | |
| How will the pain, distress or welfare impact be minimised? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What monitoring will occur and for how long? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What possible complications or unexpected outcomes could occur during or following this procedure? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What actions or treatments will be undertaken in the event that any of these complications or outcomes occur? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **On-going or future welfare impact**- Ongoing/future impacts also include those resulting from disease or tumour induction. | Are there likely to be any ongoing or future welfare impacts as a result of administering this compound? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes**- complete below questions | | **No** | | |
| What on-going or future pain, distress or other welfare impact will the animals likely or possibly experience? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which of the following most aptly describes the severity of the likely pain, distress or welfare impact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | | | Mild | | | | | | | | | | | | Moderate | | | | | | | | Significant | | | | | | | | | | |
| How will the pain, distress or welfare impact be minimised? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What monitoring will occur, for how long and how frequently? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + 1. **Surgery (e.g. lesion creation, wound, injury, infarct or any other)**   *Complete this section for each type of surgery (copy and paste additional section/s).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of surgery: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe where and how the surgery will be done: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many surgery and over what period of time: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will anaesthesia be used? | | | | | | | | | | | | | | **Yes**- complete section **4.2.5** | | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| Will analgesics be used? | | | | | | | | | | | | | | **Yes**  Method:  Frequency:  Duration: | | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| **Immediate welfare impact** | What pain, distress or other welfare impact will the animals likely or possibly experience during or immediately after the procedure performed to create this lesion? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which of the following most aptly describes the severity of the likely pain, distress or welfare impact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | Mild | | | | | | | | | | | | | | Moderate | | | | | | | | | Significant | | | | | | | | | | | | | |
| How will the pain, distress or welfare impact be minimised? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What monitoring will occur and for how long? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What possible complications or unexpected outcomes could occur during or following this procedure? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What actions or treatments will be undertaken in the event that any of these complications or outcomes occur? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **On-going or future welfare impact**- Ongoing/future impacts also include those resulting from disease or tumour induction. | Are there likely to be any ongoing or future welfare impacts as a result of this lesion? | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes**- complete below questions | | | | | | | | | **No** | | |
| What on-going or future pain, distress or other welfare impact will the animals likely or possibly experience? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which of the following most aptly describes the severity of the likely pain, distress or welfare impact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | Mild | | | | | | | | | | | | | | Moderate | | | | | | | | Significant | | | | | | | | | | | | | |
| How will the pain, distress or welfare impact be minimised? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What monitoring will occur, for how long and how frequently? Include frequency of checking surgical wounds/and or sign of pains: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + 1. **Use of Anesthesia**   *Complete this section for each procedure that is performed under anaesthesia (copy and paste additional section/s).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Procedure to be undertaken under anaesthesia: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Species: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will anaesthesia be performed in accordance with the relevant SOP? | **Yes-** tick appropriate:  SOP 0092 Rodent Anaesthesia  SOP 0077 General Anaesthesia of a Rabbit  SOP 0142 General Anaesthesia of Chicks  SOP 0174 Zebrafish Anaesthesia and Euthanasia: Benzocaine  SOP 0175 Anaesthesia and Euthanasia of Zebrafish using Aqui-S | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **No-** provide details: | | | |
| Induction of anaesthesia | Induction agent/s: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose rate and volume: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration route and site: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maintenance of anaesthesia | Induction agent/s: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose rate and volume: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administration route and site: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monitoring of anaesthesia | Monitoring frequency: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Parameters monitored: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has a monitoring sheet been provided with this application? | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | | | **No**- justify: | | | |
| Post-anaesthesia monitoring | Will Post-anaesthesia monitoring done as described per the relevant SOP: | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes-** specify SOP: | | | | | | | | | | **No**- describe how it will be done and justify why: | | | |
| Warming of animals | Will heating be provided during and after the procedure performed under anaesthesia? | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | | | **No**- justify: | | | |
| Will the animals be humanely killed at the conclusion of the procedure WITHOUT recovery from anaesthesia? | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | | | **No** | | | |
| Multiple anaesthesia | Will animals undergo multiple anaesthesia? | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes**  Frequency of administration:    Minimum time between administration: | | | | | | | | | | **No**- provide details: | | | |
| * + 1. **Marking (other than ear-notching for rodents conducted by LARTF staff)**   *Complete this section for each type of sample (copy and paste additional section/s).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Method: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any potential hazards for humans or animals with the use of this compound or procedure? | | | | | | | | | | | | | | | **Yes**- complete section **4.3** | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| Will analgesics be used? | | | | | | | | | | | | | | | **Yes**  Method:  Frequency:  Duration: | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| **Welfare impact** | | Which of the following most aptly describes the severity of the likely pain, distress or welfare impact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | Mild | | | | | | | | | | | | | | | | Moderate | | | | | Significant | | | | | | | | | | | |
| How will the pain, distress or welfare impact be minimised? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What monitoring will occur and for how long? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What possible complications or unexpected outcomes could occur during or following this procedure? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What actions or treatments will be undertaken in the event that any of these complications or outcomes occur? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + 1. **Implantation of a Device (e.g. Drug Delivery Device/ Electrodes/Cannulation/Others)**   *Complete this section for each type of device to be used (copy and paste additional section/s).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide details and size of the device to be used: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe where and how the device will be implanted: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many devices will be implanted and over what period of time: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will the device implantation involve anaesthesia? | | | | | | | | | | | | | | | | **Yes**- complete section **4.2.5** | | | | | | | | | | | | | | | | | | | | | | | | **No** |
| Will analgesics be used? | | | | | | | | | | | | | | | | **Yes**  Method:  Frequency:  Duration: | | | | | | | | | | | | | | | | | | | | | | | | **No** |
| Will the device be replaced? | | | | | | | | | | | | | | | | **Yes**- specify how often: | | | | | | | | | | | | | | | | | | | | | | | | **No** |
| How will the site and/or the device be maintained and how frequently? (e.g., flushing): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Immediate welfare impact** | What pain, distress or other welfare impact will the animals likely or possibly experience during or immediately after implantation of this device? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which of the following most aptly describes the severity of the likely pain, distress or welfare impact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | Mild | | | | | | | | | | | | | | Moderate | | | | | | | | | | Significant | | | | | | | | | |
| How will the pain, distress or welfare impact be minimised? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What monitoring will occur and for how long? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What possible complications or unexpected outcomes could occur during or following implantation of the device? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What actions or treatments will be undertaken if any of these complications or outcomes occur? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **On-going or future welfare impact**- Ongoing/future impacts also include those resulting from disease or tumour induction. | Are there likely to be any ongoing or future welfare impacts as a result of implanting this device? | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes**- complete below questions | | | | | | | | | **No** | | |
| What on-going or future pain, distress or other welfare impact will the animals likely or possibly experience? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which of the following most aptly describes the severity of the likely pain, distress or welfare impact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | | | | Mild | | | | | | | | | | | | Moderate | | | | | | | | Significant | | | | | | | | | |
| How will the pain, distress or welfare impact be minimised? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What monitoring will occur, for how long and how frequently? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + 1. **Irradiation**   *Complete this section for each type of irradiation (copy and paste additional section/s).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of irradiation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type and location of the irradiation device: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe the irradiation site and how animals will be irradiated: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dose and frequency of irradiation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are antibiotics to be administered post-irradiation? | | | | | | | | | | | | | | | **Yes**- provide name and details in section **4.2.2** | | | | | | | | | | | | | | | | | | | | | | | | **No** | |
| Additional post-irradiation husbandry measures: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will anaesthesia be used? | | | | | | | | | | | | | | | **Yes**- complete section **4.2.5** | | | | | | | | | | | | | | | | | | | | | | | | **No** | |
| **Welfare impact** | What pain, distress or other welfare impact will the animals likely or possibly experience as a result of the irradiation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which of the following most aptly describes the severity of the likely pain, distress or welfare impact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | | | | Mild | | | | | | | | | | | | Moderate | | | | | | | | Significant | | | | | | | | | |
| How will the pain, distress or welfare impact be minimised? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What monitoring will occur and for how long? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What possible complications or unexpected outcomes could occur during or following the irradiation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What actions or treatments will be undertaken if any of these complications or outcomes occur? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + 1. **Animals trapped in the wild (if using a pitfall trap, complete section 4.2.10.)**   *Complete this section for each species (copy and paste additional section/s).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Species (Common and scientific name): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conservation status: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| External permit required: | | | | | | | | | | | | | | | **Yes**- provide details: | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| If the status of any species is threatened or endangered, provide evidence that this research will not further endanger the species. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide details of trapping methods. If using a pitfall trap, complete section **4.2.10**. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How frequently will traps be checked? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What will be done to minimise the distress of trapped animals? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expected rate of injury/mortality: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proposed treatment of injured animals: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How will remains of dead/humanely killed animals be disposed?? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fate of collected animals (including unexpected by-catch)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + 1. **Pitfall trapping**   If wet pitfall traps are used to capture invertebrates, they must be managed and monitored to minimize the inadvertent capture of vertebrates, including by locating the trap where vertebrate entry is unlikely and using the smallest possible trap diameter.  *Complete this section for each species (copy and paste additional section/s).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Species (Common and scientific name): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conservation status: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| External permit required: | | | | | | | | | | | | | | | **Yes**- provide details | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| If the status of any species is threatened or endangered, provide evidence that this research will not further endanger the species | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide details of sampling location, number of traps, trapping method. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How frequently will traps be checked? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe the design of the trap | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is it possible that vertebrates could be trapped? | | | | | | | | | | | | | | | **Yes**- what contingency plan will be implemented to ensure the welfare of the vertebrates? | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| Has pitfall trapping been undertaken previously at your site/s? | | | | | | | | | | | | | | | **Yes**  What was the design of the trap? Describe any vertebrate by-catch. | | | | | | | | | | | | | | | | | | | | | | | **No** | | |
| For wet pitfall traps, what liquid will be used? Please justify its use based on published evidence. Wet pitfall traps must be managed and monitored to minimize the inadvertent capture of vertebrates, including by locating the trap where vertebrate entry is unlikely and using the smallest possible trap diameter. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are any rare vertebrate species present in the area that could be adversely affected by your trapping? If so, give details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What will be the outcome for any vertebrates that are collected? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * + 1. **Other procedures/modifications:**   Exposure to Physical Stimuli or Altered  Environmental Conditions (e.g., electric shock, visual or auditory stimulation, exposure to extremes of temperature)  Exposure to Mild Environmental Changes other than above)  Procedures on Unanaesthetised Animals Requiring Immobilisation (e.g., using electro-immobilisation) or Extended Periods of Restraint  Behavioural and/or Observational Studies  Modification to Normal Diet or Water Intake  *Complete this section for each procedure (copy and paste additional section/s).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and purpose of procedure: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of procedure: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many times and how frequently will the procedure be performed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional husbandry measures: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Will anaesthesia be used? | | | | | | | | | | | | | | | **Yes**- complete section **4.2.5** | | | | | | | | | | | | | | | | | | | | | | | | **No** | |
| Will analgesics be used? | | | | | | | | | | | | | | | **Yes**  Method:  Frequency:    Duration: | | | | | | | | | | | | | | | | | | | | | | | | **No** | |
| **Immediate welfare impact** | | What pain, distress or other welfare impact will the animals likely or possibly experience during or immediately after the procedure/modification? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which of the following most aptly describes the severity of the likely pain, distress or welfare impact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | | | Mild | | | | | | | | | | | | Moderate | | | | | | | | Significant | | | | | | | | | |
| How will the pain, distress or welfare impact be minimised? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What monitoring will occur and for how long? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What possible complications or unexpected outcomes could occur during or following this procedure/modification? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What actions or treatments will be undertaken in the event that any of these complications or outcomes occur? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **On-going or future welfare impact**- Ongoing/future impacts also include those resulting from disease or tumour induction. | | Are there likely to be any ongoing or future welfare impacts as a result of this procedure/modification? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes**- complete below questions | | | | **No** | | |
| What on-going or future pain, distress or other welfare impact will the animals likely or possibly experience? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Which of the following most aptly describes the severity of the likely pain, distress or welfare impact? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | | | | | Mild | | | | | | | | | | | | | Moderate | | | | | | | Significant | | | | | | | |
| How will the pain, distress or welfare impact be minimised? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What monitoring will occur, for how long and how frequently? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. **Are there any potential hazards to other animals or humans?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Yes** – provide details and include type of hazard and how it is managed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **No** | |
| * 1. **Excluding humane killing as an experimental endpoint, is the mortality rate for any procedure to be performed in this project expected or likely to be greater than zero?**   Mortalities not included here will be regarded as unexpected adverse events for which an Unexpected Adverse Event Report must be submitted. Ensure numbers are accounted for in s1.8 and Justification. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Yes** – provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **No** | |
| Procedure name: | | | Expected Mortality Rate, as a percentage (EMR): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Justification of EMR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Measures taken to minimise EMR: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

# Housing and Care

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * 1. **Housing of Animals** | | | | | | | | | | | | | | |
| Is housing of animals required? | | | | | | | | **Yes** | | | **No** | | | |
| Relevant animal facilities staff have been consulted and I confirm that resources are available and health status has been discussed. | | | | | | | | **Yes** | | | **No** | | | |
| Location of housing facilities: | | | | | | | |  | | | |  | | |
| Bundoora Rodent Facilities including Central Animal House (AH1 and SPF) and Agribio Small Animal House  Bundoora Central Animal House Aquatic Facility  Bundoora External Animal Holding Annexes AH5a, AH6, AH7 | Zoology reserve: Aviary building – animal/aviary holding rooms, External aviaries, and/or outdoor enclosures (pens)  Agricultural reserve, shed 2 subpart a | | | Licensed premises for proposed project activity in the Reid, Biological Sciences or LIMS on Bundoora campus- specify: | | | | Other Licensed premises listed under La Trobe SPPL:  Bundoora campus- specify:  Bendigo- Y/N- specify:  Wodonga-specify: | | | | Other Licensed facilities not listed under La Trobe SPPL (this will require governance arrangement/s): | | |
| I confirm that the housing location is on La Trobe University's SPPL (SPPL-approved locations are listed on the AEC [website](https://www.latrobe.edu.au/researchers/research-office/ethics/animal-ethics)). | | | | | | | | **Yes** | | | **No** | | | |
| Will standard LARTF housing be used?  Standard LARTF housing includes the use of IVC or conventional caging, group housing, seven days acclimatisation, ad lib food and water, enrichment, bedding changes depending on species and daily welfare checks by LARTF staff. | | | | | | | | **Yes** | | | **No- see question below.** | | | |
| Complete if standard LARTF housing is NOT used. | | Provide details of housing (Describe type of enclosure, size, bedding/litter, population density per enclosure, etc.): | | | | | | | | | | | | |
| Number of days acclimatisation required: | | | | | | | | | | | | |
| Please detail maintenance requirements. (Include frequency of checking, provision of food and water, cleaning, bedding changes, etc.): | | | | | | | | | | | | |
| Who is responsible for maintenance and daily care record keeping? | | | | | | | | | | | | |
| * 1. **Location of Activities Involving Animals** | | | | | | | | | | | | | | |
| Will any of the proposed project activity be conducted as fieldwork? | | | | | | | **Yes** | | | | **No** | | | |
| Will animals be transported between SPPL-approved facilities within La Trobe University? | | | | | | | **Yes**- provide details on activities and location of activities: | | | | **No** | | | |
| In which States and/or Territories will the research and/or teaching activities involving animals be undertaken | | | | | | | **NSW**  **QLD** | | | **SA**  **TAS** | **VIC**  **WA** | | | **NT**  **ACT** |
| Will the research and/or teaching activities involving animals be undertaken within LARTF facilities? | | | | | | | **Yes** | | | | **No**- provide details | | | |
| I confirm that the research/teaching location is on La Trobe University Scientific Procedures Premises Licence on the AEC [Website](https://www.latrobe.edu.au/researchers/research-office/ethics/animal-ethics). | | | | | | | **Yes** | | | | **No** | | | |
| Will the research and/or teaching activities involving animals be undertaken at a fieldwork location? | | | | | | | **Yes**- provide details | | | | **No** | | | |
| * 1. **Transportation of Animals** | | | | | | | | | | | | | | |
| Specify the sources of animals (including commercial transport sourcing from commercial supplier or commercial transport company) and how the transport will be done: | | | | | | | | | | | | | | |
| Other than for the initial sourcing of animals, will animals be transported between La Trobe University and an external location or between external locations? | | | | | | **Yes**- complete \*items below | | | | | **No** | | | |
| \*Locations between which the animals will be transported: | | | | | | | | | | | | | | |
| \*Please detail conditions and duration of transportation: | | | | | | | | | | | | | | |
| \*What has been done to minimise distress? | | | | | | | | | | | | | | |
| \*Should food and water be provided? Provide details below: | | | | | | | | | | | | | | |
| \*Who is responsible for transportation? | | | | | | | | | | | | | | |
| \*If animals are sedated, provide details: | | | | | | | | | | | | | | |
| Will animals be transported in accordance with the relevant SOP? | | | **Yes-** tick appropriate:  SOP 0001 Animal Transport  SOP 0173 Transport of Live Zebrafish and Zebra Fish Embryos | | | | | | **No-** provide details: | | | | | |
| * 1. **Animal Welfare Checks**   With the exception of some fieldwork projects, welfare checks must be undertaken at least daily and are separate to procedure-related monitoring. | | | | | | | | | | | | | | |
| Who will check the welfare of the animals during business hours on weekdays? | | | | | | | | | | | | | | |
| Who will check the welfare of the animals after hours (including weekends and holidays)? | | | | | | | | | | | | | | |
| What specific checks will be monitored and how frequently? *All welfare checks must be documented.*  Food, water, environmental conditions and animal well-being  Others - specify: | | | | | | | | | | | | | | |
| * 1. **Fate of Animals at the Conclusion of Experiments** | | | | | | | | | | | | | | |
| Will animals be humanely killed at the conclusion of the experiments? | | | | | **Yes**- complete \*items below | | | | | | | | **No** | |
| \*Please state the method of humane killing and/or the relevant SOP (number and title) and provide a secondary method to confirm death, where necessary: | | | | | | | | | | | | | | |
| \*If the animals are killed for biochemical analysis, in vitro cell, tissue or organ studies, detail what steps will be taken to maintain the integrity of tissues and/or organs prior to analysis. | | | | | | | | | | | | | | |
| Animals released to the wild in accordance with your permit or returned to their owner: | | | | | **Yes**- provide details: | | | | | | | | **No** | |
| Animals transferred to an approved training project: | | | | | **Yes**- provide details: | | | | | | | | **No** | |
| Animals transferred to another approved project: | | | | | **Yes**- provide details: | | | | | | | | **No** | |
| Animals returned to an approved colony: | | | | | **Yes**- provide details: | | | | | | | | **No** | |
| Animals transferred to external institution | | | | | **Yes**- provide details: | | | | | | | | **No** | |
| Animals transported for the purpose of colony management and cryopreservation and disease investigation | | | | | **Yes**- provide details: | | | | | | | | **No** | |
| Other: | | | | | **Yes**- provide details: | | | | | | | | **No** | |

# Personnel Details

|  |  |  |  |
| --- | --- | --- | --- |
| * 1. **Principal investigator** | | | |
| **Title/Full Name** |  | **Phone** |  |
| **Position** |  | **Staff ID** |  |
| **School/Institute** |  | **Email** |  |
| **Will the principal investigator be performing any procedure?** | **Yes** | **Attended compulsory AEC Induction Workshop?** | **Yes-** Date attended: |
| **No** | **No** |

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| --- | --- | --- | --- |
| * 1. **Additional personnel- duplicate this section and complete it for each person involved in procedures on animals.** | | | |
| **Title/Full Name** |  | **Telephone - Business** |  |
| **Position** |  | **Telephone - After hours** |  |
| **School/Institute** |  | **Staff ID/Student ID** |  |
| **Email** |  | **Attended compulsory AEC Induction Workshop?** | **Yes -** date attended: |
| **No-** I will attend the next available AEC Induction Workshop. |

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| * 1. **Procedures**   **Copy and paste for additional sections for each procedure (repeats in 4.2.1 – 4.2.11;) and in each species. Note that each procedure needs to be listed separately. Delete example from the form once completed.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Procedure 1: IP injection**  **EXAMPLE ONLY**  **Species:**  Mice | | | | |
| **Investigators listed under section 6.1 and 6.2 for this procedure-** Copy and paste for additional sections for each investigator listed | **Already verified competent on competency register?** | **Competency to be verified by AEC?** | **Will undergo LARTF training and competency assessment?** | **Will undertake other training and competency assessment ?** |
| John T | **Yes** | **Yes-** Completed Confirmation of Competency or Statement of Competency form attached | **Yes** | **Yes-** Completed Training and Assessment form attached |
| **No**- Note that investigator needs to be listed in the competency register. | **No**- Training will be completed. | **No**- Note that training is required to be able to conduct any procedures. | **No**- Note that training is required to be able to conduct any procedures. |
| Tom J | **Yes** | **Yes-** Completed Confirmation of Competency or Statement of Competency form attached | **Yes** | **Yes-** Completed Training and Assessment form attached |
| **No**- Note that investigator needs to be listed in the competency register. | **No**- Training will be completed. | **No**- Note that training is required to be able to conduct any procedures. | **No**- Note that training is required to be able to conduct any procedures. |
| **Procedure 1:**    **Species:** | | | | |
| **Investigators listed under section 6.1 and 6.2 for this procedure-** Copy and paste for additional sections for each investigator listed | **Already verified competent on competency register?** | **Competency to be verified by AEC** | **Will undergo LARTF training and competency assessment** | **Will undertake other training and competency assessment** |
|  | **Yes** | **Yes-** Completed Confirmation of Competency or Statement of Competency form attached | **Yes** | **Yes-** Completed Training and Assessment form attached |
| **No**- Note that investigator needs to be listed in the competency register. | **No**- Training will be completed. | **No**- Note that training is required to be able to conduct any procedures. | **No**- Note that training is required to be able to conduct any procedures. |
|  | **Yes** | **Yes-** Completed Confirmation of Competency or Statement of Competency form attached | **Yes** | **Yes-** Completed Training and Assessment form attached |
| **No**- Note that investigator needs to be listed in the competency register. | **No**- Training will be completed. | **No**- Note that training is required to be able to conduct any procedures. | **No**- Note that training is required to be able to conduct any procedures. |

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| * 1. **LARTF personnel** | |
| **All procedures approved for this project in which staff are deemed competent on Competency register.** | **Tick this box if you do NOT want to add LARTF staff to perform any procedures in this project** |

# Declaration

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| **By submitting this form, the Principal Investigator, Co-Investigator/s, and Student Investigator/s declare that we:** |
| have read the application, understand our role and agree to perform our role strictly in accordance with that which is approved by the AEC;  have read and agree to abide by the conditions and constraints of the Australian Code for the Care and Use of Animals for Scientific Procedures (8th Ed, 2013) and The Prevention of Cruelty to Animals Act Victoria (2019) and any other relevant University and/or statutory requirements;  will abide by the terms and conditions set by the La Trobe University Animal Ethics Committee;  will ensure that the qualifications and/or experience of all personnel involved with the project are appropriate to the procedures performed;  will ensure that appropriate permits from relevant State or Federal agencies will be obtained, that copies will be lodged with the AEC and that any imposed conditions will be observed;  certify that due care has been taken to ensure that the information provided is true and correct;  understand that the information contained in this application is given on the basis that it remains confidential in accordance with relevant University and statutory requirements;  certify that the available resources, including housing and personnel, are appropriate for the welfare of the animals and for the satisfactory completion of the project;  will seek approval for variations to the project prior to their implementation, and  have read and agree to the approval conditions and understand that the AEC reserves the right to include additional conditions where the Committee deems it necessary. |
| **How to submit this form** |
| 1. Log in to [PRIME Researcher](https://prime.latrobe.edu.au/portal) portal using Chrome, Firefox or Safari 2. Under Ethics Applications, click **+ New Animal Ethics Application** 3. Add all researcher personnel using **add Research Personnel** 4. Navigate to the **Documents** tab and upload your application under **Files** 5. Upload all completed forms and supporting documentation as separate documents (not combined) 6. Click on **Submit to Research Office** by the relevant closing date |