**Charles sturt university**

**Animal care and ethics committee**

**Animal Research Review Form**

**and Application for Continuation of Research**

*Use this form to renew research or wildlife research projects which have been approved by the ACEC for more than one year.*

**PLEASE ENSURE THAT this form IS submitted before the current period of approval expires. IF YOU DO NOT, YOU WILL NO LONGER BE AUTHORISED TO CONTINUE WORK ON YOUR RESEARCH PROJECT AND YOU WILL BE REQUIRED TO SUBMIT A FRESH RESEARCH APPLICATION.**

***To expedite resolution of any minor issues raised by the ACEC during consideration of your application for continuation of this project, please provide a mobile contact number appropriate for the duration of the relevant ACEC meeting. Alternatively you are welcome to speak to your application at the meeting. If you wish to address the meeting, please contact the ACEC Secretary on 69334322.***

***Telephone Number:***

**NOTE: This form *must* be typed.**

# review of previously approved research

## Principal Investigator

****Where this investigation is part of a student’s research project, the Principal Supervisor must be nominated on this form as the Principal Investigator. Other participants (including students) must be listed in the appropriate section of the form.

**Name**

**School / Section**

**School / Section address**

**Contact Details:**

|  |  |
| --- | --- |
| **Telephone** |  |
| **Between hours** |  |
| **After hours** |  |
| **Email Address** |  |

## title of project

## details of MOST RECENT approval

**Approval Number**

**Date of meeting which granted approval**

**Species nominated for research** **Number of species approved for use**

     

     

     

     

     

     

     

     

     

     

## details of animals actually used or surveyed

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| --- | --- |
| **Species** | **Number Actually Used or Surveyed** |
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**Animals Obtained From**

## list personnel involved in the experimental procedures

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| --- | --- | --- | --- | --- |
| **Position** | **Title** | **Name** | **Qualifications** | **Contact Details** |
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## brief report on project

*Please give a summary of the project with particular reference to the aims outlined in your original proposal to the ACEC.*

## were the project aims stated in the application achieved?

Choose one: Yes 

No 

**If NO, explain why they were not achieved.**

## after care / disposal of animals (give details)

## describe any animal welfare problems or concerns that arose during the conduct of the research.

## was an unexpected Adverse Event report lodged during the course of this teaching activity?

Choose one: Yes 

No 

**If YES, please provide the Report Number or Numbers below:**

## how might procedures in future projects be modified to reduce any impact on animal welfare?

## DID YOU HAVE TO USE EMERGENCY PROCEDURES DURING THE COURSE OF YOUR RESEARCH? IF SO, GIVE DETAILS.

## please provide details of any publications and / or presentations that have resulted from the project.

## Please attach a sample(s) of a completed monitoring sheet used during the project.

# application for continuation of previously approved research

## have any of the following details changed since you lodged your LAST APPLICATION with respect to this project? Delete the response that does not apply. If you answer “Yes” to any of the questions below, please complete and attach a [Project Modification Request Form](http://www.csu.edu.au/research/ethics_safety/animal/acec-guide).

|  |  |
| --- | --- |
| 1. Project Title | Yes / No |
|  |  |
| 1. Names and qualifications of Investigators and all others directly involved in the project | Yes / No |
|  |  |
| 1. The name of the person who is to be the Principal Investigator for the proposal | Yes / No |
|  |  |
| 1. That the qualification and experience of personnel involved in the project are appropriate to the procedures to be performed | Yes / No |
|  |  |
| 1. The aims of the project and procedures to be employed | Yes / No |
|  |  |
| 1. Details of the scientific or educational aims of the project | Yes / No |
|  |  |
| 1. Details of the research techniques, including surgical or other procedures to be used, doses of anaesthetic, analgesic, tranquillising agents, methods to be adopted to ensure that anaesthesia is adequate and, if animals are to be killed, the method by which they will be killed humanely | Yes / No |
|  |  |
| 1. Source of animals and any permits for obtaining animals | Yes / No |
|  |  |
| 1. Numbers of animals required | Yes / No |
|  |  |
| 1. Justification for this number of animals | Yes / No |
|  |  |
| 1. Details of animal care and housing during the experiment, including location | Yes / No |
|  |  |
| 1. Arrangements made for the disposal of the animals at the completion of the research | Yes / No |
|  |  |
| 1. Justification of the project in terms of potential value of the researching, obtaining or establishing significant information relevant to the understanding of humans or animals, to the maintenance and improvement of human and animal health and welfare, to the improvement of animal management or production, or to the achievement of educational objectives | Yes / No |
|  |  |
| 1. Reasons why animals are necessary for the project and why techniques which do not use animals have been rejected as unsuitable | Yes / No |
|  |  |
| 1. Justification for any repetition of any previously performed research | Yes / No |
|  |  |
| 1. Identification of and justification for all procedures which have the potential to cause pain or distress | Yes / No |
|  |  |
| 1. Details of how the animals will be monitored during the research | Yes / No |
|  |  |
| 1. Details of monitoring procedures used to ensure that when neuromuscular or similar blocking agents are used, the potentially painful nature of any such procedure is blocked by appropriate anaesthesia and analgesia | Yes / No |
|  |  |
| 1. Justification for research which may cause pain or distress, but in which anaesthesia or analgesia cannot be used (such research includes certain toxicological, pathogenic and animal production studies. The planned end-point and the reason for its choice must be given and justified. Death as an end-point must be avoided wherever possible and if unavoidable must be fully justified by the Investigator. Measures to be taken to minimise pain or distress must be detailed) | Yes / No |
|  |  |
| 1. Identification of, and justification for, the use of any animal that has been the subject of previous research | Yes / No |
|  |  |
| 1. Any features of the proposal which raise special ethical consideration | Yes / No |
|  |  |
| 1. Any health risks to other animals, or to staff | Yes / No |

## Give dates over which continued approval is sought (Use DD/MM/YY format)

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**Declaration of Responsibilities**

### Declaration by the Principal Investigator\* for Continuing Projects

\*The Principal Investigator, NOT the student, must be nominated as Principal Investigator.

I certify that the use of animals in this project will conform with the NSW legislation and the general principles of the NHMRC / CSIRO / ARC / AVCC Australian Code of Practice for the Care and Use of Animals for Scientific Purposes. 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 supervisory personnel have read this application and have agreed to comply with procedures described and any conditions imposed by the ACEC.

I confirm that I have taken into account potential hazards to staff working with animals in this project, and have ensured that appropriate safety measures have been implemented.

|  |  |
| --- | --- |
| Principal Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Print Name) |  |

### Declaration by Head of School / Section (as applicable)

I have read this application and am satisfied that the use of animals is justified on scientific, educational or diagnostic grounds.

|  |  |
| --- | --- |
| Head of School / Section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Print Name) |  |
| School / Section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Submit this form to: **The ACEC Secretary, Animal Care and Ethics Committee**

**Email:** [**animalethics@csu.edu.au**](mailto:animalethics@csu.edu.au)