UNIVERSITY OF KWAZULU-NATAL ETHICS COMMITTEE

**ANIMAL ETHICS SUB-COMMITTEE**

**APPLICATION FOR APPROVAL OF RESEARCH PROTOCOLS USING ANIMALS**

**Please note that approval must be obtained for ALL work involving animals irrespective of the source of funding. DO NOT CHANGE THE FORMAT OF THIS FORM.**

**This form is to be completed in typescript and one signed, hard copy to be submitted to Animal Ethics, Research Office, Govan Mbeki Bldg, Westville Campus AND an electronic copy submitted to** [**animalethics@ukzn.ac.za**](mailto:animalethics@ukzn.ac.za)**. Please enter your surname between the marks at the top of each page.**

**1. TITLE OF PROJECT**

(Max. 50 characters including spaces)

**2. DETAILS OF APPLICANT**

2.1 Title (e.g. Dr):

2.2 Surname:

2.3 Full name:

2.4 Student / Staff Nr:

2.5 Applicant’s Race & Gender:

2.6 Existing Qualifications:

2.7 Proposed Qualifications / Position:

2.8 School:

2.9 Campus:

2.10 Internal mailing address for sending hard copy of approval letter:

2.11 Cell No:

2.12 Email:

2.13 **Supervisor’s Details (if applicable)**

Full Name:

Telephone Number: Email:

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| --- | --- | --- |
| **3. STAFF, RESEARCH ASSOCIATES, STUDENTS AND TECHNICIANS AUTHORISED TO CARRY OUT THE PROPOSED HANDS-ON ANIMAL STUDIES.** | | |
| Full name of team members  (Exclude animal facility staff and technicians) | Academic qualification | Animal training (If Yes, PROOF\* to be attached) |
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\*Proof can be a certificate of animal training, a first authored publication using animals, reference letter from relevant authority etc.

**4. EXPERIENCE IN WORKING WITH ANIMALS RELEVANT TO THE APPLICATION**

**5. ANIMAL HOUSING FACILITIES WHERE WORK WILL BE CARRIED OUT**

**5.1. University of KwaZulu-Natal Centres**

Biomedical Resource Unit (Westville)

School of Life Sciences (SLS) (PMB) Animal House

Ukulinga Research Farm (PMB)

Other (specify below under 5.2)

**5.2 Non-University of KwaZulu-Natal Centres\***

**PLEASE SPECIFY in FULL)**

\***N.B. If ALL of your work involving animals is performed at a Non-University of KwaZulu-Natal Centre, you need not complete the rest of this form, but you HAVE TO attach a letter of ethical approval** **obtained from the relevant authority at the Non-University of KwaZulu-Natal Centre.**

**6. BACKGROUND, OBJECTIVES AND POTENTIAL BENEFITS OF THE PROJECT**

(Please give a clear and succinct statement of the background, objectives and potential benefits of the project under three separate headings - 3 pages allocated for this section including references)

**7. DESCRIPTION OF YOUR PLAN OF WORK**

(**Read the notes on this section** – Apart from detail description, a mandatory flow diagram of experimental design to be attached in separate sheets, 4 pages allocated for this section including references)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **8. INDEX OF PROCEDURES**  Consult the Approved Standard Protocols Booklet (available from the Research office website under “Research Ethics” at <http://research.ukzn.ac.za/Libraries/Notices2011/Animal_Ethics-Approved_standard_protocols_booklet_and_appendices_2007_sflb.sflb.ashx> )  8.1 Experimental procedures (other than antibody production-see Table 8.2) included in the *Approved Standard Protocols Booklet*: Using the *Approved Standard Protocols Booklet*, note by title and code the protocols to be used for each of the experimental procedures other than antibody production in your proposed studies. | | | | | |
| Species1 |  |  |  |  |  |
| Strain |  |  |  |  |  |
| Age/weight |  |  |  |  |  |
| Sex |  |  |  |  |  |
| Number of animals |  |  |  |  |  |
| Handling (code) |  |  |  |  |  |
| Code(s) for procedure(s) |  |  |  |  |  |
| Pain level |  |  |  |  |  |
| Euthanasia (code) |  |  |  |  |  |
| Name of anaesthetic/ analgesic |  |  |  |  |  |
| 1 In the case of amphibians and reptiles, indicate genus and fish genus or other convenient grouping. | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 8.2 Antibody production: Antibody production follows the general format of animal handling, immunisation, bleeding and eventually euthanasia, with each researcher using a number of unique schedules. To expedite review, use the *Approved Standard Protocols Booklet* code numbers and simply indicate the species, route of injection, total number of injections, type of adjuvant, method of bleeding, including volume and frequency, and method of euthanasia. | | | | | |
| Species1 |  |  |  |  |  |
| Strain |  |  |  |  |  |
| Age/weight |  |  |  |  |  |
| Sex |  |  |  |  |  |
| Number of animals/immunogen |  |  |  |  |  |
| Handling (code) |  |  |  |  |  |
| Injection (code) |  |  |  |  |  |
| Total number of immunisations |  |  |  |  |  |
| Adjuvant(s) |  |  |  |  |  |
| Bleeding route (code) |  |  |  |  |  |
| Blood volume |  |  |  |  |  |
| Bleeding frequency |  |  |  |  |  |
| Euthanasia (code) |  |  |  |  |  |
| List of immunogens to be used:  Will non-physiological, unusually painful, or harmful material be injected? If so, explain and justify (see pain categories). | | | | | |

8.3 Experimental procedures **NOT** included in the *Approved Standard Protocols Booklet.* Please give details of all procedures using the same format as that in the *Booklet*. Please use additional sheets if necessary.

**9. What is your assessment of the overall severity of this project?**

Please tick in one box only to indicate your assessment.

**Substantial**

**Moderate**

**Mild**

**Unclassified**

9.1 Have all surgical and non-surgical procedures been clearly and completely described, consistent with the experimental design outline? – Explain briefly.

9.2 Has pain, discomfort and distress to the animal(s) been minimized or avoided to the fullest extent possible? – Explain briefly.

9.3 Is there any appropriate plan for monitoring animals for pain, discomfort and distress, including criteria for determining early euthanasia (humane endpoint)? – Explain briefly.

**10. DECLARATION BY THE APPLICANT AND HEAD OF SCHOOL**

I have considered the feasibility of achieving the purpose of the project by means other than those using animals and, in my opinion, no such alternatives would achieve the objectives of this project. I agree to follow the Approved Standard Protocols Booklet and any delineated modifications as approved by the Animal Ethics Sub-committee. I will also supervise and assure compliance and training by my co-workers and students as listed above.

**SIGNATURE OF APPLICANT** **DATE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INITIALS & SURNAME OF SUPERVISOR\***

**(Please complete – required for mailing copy of approval letter.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF SUPERVISOR\***  **DATE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INITIALS & SURNAME OF D&HoS / ALR**

**(Please complete – required for mailing copy of approval letter.)**

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**SIGNATURE OF D&HoS / ALR** **DATE**

\*Signature of supervisor required if application submitted by postgraduate & postdoctoral students

**FOR ANIMAL RESEARCH ETHICS COMMITTEE USE**

AREC REVIEW/APPROVAL DATE

APPROVAL AREC

**SIGNATURE**

REFERRED BACK TO APPLICANT

FOR REASONS SHOWN