**UNIVERSITY OF KWAZULU-NATAL ETHICS COMMITTEE**

**ANIMAL ETHICS SUB-COMMITTEE**

**AREC DECLARATION FORM**

**(This form will be used for the use of dead animals obtained from vet clinics, animal shelters, carcasses from road kills, commercially killed animals, etc. 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)

I undersigned sincerely declare that the animal samples described in the following table have been collected for the mentioned purposes and I will be responsible for any ethical/legal/health/scientific/academic issues will raise during or after handling/using this samples for scientific or non-scientific purposes. I also confirm that the permission from the relevant source of the samples have been obtained (if applicable).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Number/amount & type of samples (e.g. 30 liver or 100 g muscle )** | **Name of animals collected from (including scientific name)** | **Collected from (organization) and date of collection** | **Currently preserved at (lab/room number)** | **Detail purpose of collection and fate of samples after the completion of purposes** |
|  |  |  |  |  |
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\*the cell size in the table can be adjusted based on the required space

Title and full name of declaring person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff number (student or postdoc can’t make any declaration):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full official physical address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of declaring person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of D&HoS/ALR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decision by AREC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of AREC Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_