**UNIVERSITY OF KWAZULU-NATAL RESEARCH COMMITTEE**

**ANIMAL ETHICS SUB-COMMITTEE**

**RENEWAL**

**OF 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. Please enter your surname between the marks at the top of each page.**

**Reference number on last approval letter (attach a copy):**

1. **TITLE OF PROJECT(S)**

(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 Number:

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 hard copy of approval letter:

2.11 Cell No:

2.12 Email:

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

Full Name:

Telephone Number: Email:

|  |  |  |
| --- | --- | --- |
| 3. **STAFF, RESEARCH ASSOCIATES, STUDENTS AND TECHNICIANS AUTHORISED TO CARRY OUT THE PROPOSED HANDS-ON ANIMAL STUDIES.** | | |
| Name (initials and surname)  (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, one first author publication using animals, reference letter from relevant authority etc.

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

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

Biomedical Resource Unit (Westville)

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

Ukulinga Farm (P)

Other (specify)

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

**Please specify in Full:**

\***N.B. If ALL 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.**

5. **CHANGES IN RESEARCH DIRECTION SINCE PREVIOUS APPLICATION**

5.1 Are there any changes in the Sections “background, objectives and potential benefits of the project” and “description of work plan” outlined in your previous application?

**YES NO**

5.2 If your answer in 5.1 is YES, please indicate briefly what these changes are. Use additional sheets if necessary

**Please note that IRRESPECTIVE of your answer in 5.1, you need to complete Sections 6 and 7.**

6. **BRIEF REPORT ON ANIMAL USAGE AND MAIN FINDINGS**

Please provide a brief report on your research activities involving animals in the past year (numbers of animals used, any deviations from planned activities/numbers of animals, main findings/progress). Please do not exceed one page.

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| --- | --- | --- | --- | --- | --- |
| **7. INDEX OF PROCEDURES**  **Consult the Approved Standard Protocols Booklet which is available at Research office website under “Research ethics” address-http://research.ukzn.ac.za/Libraries/Notices2011/Animal\_Ethics-Approved\_standard\_protocols\_booklet\_and\_appendices\_2007\_sflb.sflb.ashx**  7.1 Experimental procedures (other than antibody production-see Table 7.2) 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. | | | | | |
| Species1 |  |  |  |  |  |
| Age/weight |  |  |  |  |  |
| Sex |  |  |  |  |  |
| Number of animals |  |  |  |  |  |
| Code |  |  |  |  |  |
| Procedure |  |  |  |  |  |
| 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 | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 7.2 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. | | | | | |
| Species |  |  |  |  |  |
| Strain |  |  |  |  |  |
| Age/weight |  |  |  |  |  |
| Sex |  |  |  |  |  |
| Number of animals/ immunogens |  |  |  |  |  |
| Handling (code) |  |  |  |  |  |
| Injection (code) |  |  |  |  |  |
| Total number of immunisations |  |  |  |  |  |
| Adjuvants (CFA, etc.) |  |  |  |  |  |
| 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). | | | | | |

7.3 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.

8. 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 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 APPLICANT** **DATE**

**INITIALS AND SURNAME SUPERVISOR**

(Please complete - required for mailing copy of approval letter)

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

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

(Please complete - required for mailing copy of approval letter)

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

\*Signature of supervisor required if application submitted by research student

FOR ANIMAL RESEARCH ETHICS COMMITTEE USE

REFERENCE NUMBER

AREC REVIEW/APPROVAL DATE

APPROVAL AREC

SIGNATURE

REFERRED BACK TO APPLICANT

FOR REASONS SHOWN