**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:

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| 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.

 5.3 If you need additional animals to complete the project please motivate here as well and insert the animal related information in the section 7.1 or 7.2 whatever applicable. 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 | Originally approved() | Already used() | Current balance() | Additional request() |  |
| 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 |

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| 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  | Originally approved() | Already used() | Current balance() | Additional request() |  |
| 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.

**SUBMISSION CHECK LIST (Click on the appropriate boxes to complete)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **N/A** |
| **1** | Is your supervisor’s (if not self-supervised) progress reports for all applications / renewals approved since January 2017 up to date (if applicable)? |[ ] [ ] [ ]
| **2** | Are the contact details of the applicant and main supervisor supplied?  |[ ] [ ] [ ]
| **3** | Is a copy of previous or last approval / renewal approval letter attached with this application? (mandatory)  |[ ] [ ] [ ]
| **4** | Are there any change in the research team to complete this study? (If yes, PROOFs of animal training for each new member need to be attached with this application) |[ ] [ ] [ ]
| **5** | Do you need any additional animals apart from previously approved number to complete this project? |[ ] [ ] [ ]
| **6** | If your answer is YES for question no. 4 above, did you provide sufficient justification with a flow diagram (mandatory) for the use of additional animals under the section 5.2 above?  |[ ] [ ] [ ]
| **7** | Have you discussed your experimental design for additional animals (if applicable) with an expert animal facility staff/technician? |[ ] [ ] [ ]
| **8** | Have you obtained all necessary permits for your experimental procedures for the renewal period? |[ ] [ ] [ ]
| **9** | Has scientific content of the progress report been thoroughly reviewed by your supervisor (if applicable)? (mandatory for all application submitted by postgraduate students and postdoctoral / research fellows) |[ ] [ ] [ ]
| **10** | Are all sections of the applications completed and signed by all parties? |[ ] [ ] [ ]

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**

\*Name and signature of supervisor required if application submitted by research student / fellow

FOR ANIMAL RESEARCH ETHICS COMMITTEE USE

 REFERENCE NUMBER

 AREC REVIEW/APPROVAL DATE

 APPROVAL AREC

 SIGNATURE

 REFERRED BACK TO APPLICANT

 FOR REASONS SHOWN