**DOCUMENT CHECKLIST FOR**

**APPLICATION TO USE ANIMAL RESEARCH SUBJECTS**

**SULTAN IDRIS EDUCATION UNIVERSITY (UPSI)**

**`**

**APPLICATION TO USE ANIMAL SUBJECTS FORM (UPSI/PPPI/UPP/BE02)**

**APPLICATION TO USE ANIMAL SUBJECTS**

**SULTAN IDRIS EDUCATION UNIVERSITY (UPSI)**

*Type of Research Grants*

|  |  |
| --- | --- |
| * *University Research Grant* | * *External Research Grant* |

|  |
| --- |
| ***OFFICE USE ONLY* FILE NUMBER: AEC/\_/\_/**  This proposal is approved for the period:  **From:** **To:** |
| Signature AEC Chair: Date: |

* This application is for approval of a project involving the use of animals, and approval as an investigator for the project.
* All procedure need to be comply with Malaysian Animal Act Welfare 2015
* Please complete the application form in accordance to the Animal Ethics Committee Guidelines. Incomplete application will result in the return of the application and delay in the granting of the approval.
* Application must be word-processed or typewritten and forwarded to the Chairperson, Animal Ethics Committee (AEC), Faculty Science & Mathematics, Sultan Idris Education University, 35900, Tanjong Malim, PERAK
* All enquiries to the following address: Secretary of Animal Ethic Committee, Sultan Idris Education University, 35900, Tanjong Malim, PERAK

|  |  |  |
| --- | --- | --- |
| Section 1. Application Detail | | |
| **Title of Research** | : |  |
| **Research Code**  **(if applicable)** | : |  |
| **Funding Institution**  **(if applicable)** | : |  |
| Please indicate if this is an **INITIAL APPLICATION**  or **TRIENNIAL RENEWAL**  *Application can only be approved for a maximum period of 3 years, at the conclusion of 3 years a Triennial Renewal application will be required.* | | |
| **Commercial in confidence:** Yes No | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2. Previous Approval** (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Protocol title** | | | | | : | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **AEC Approval No.** | | | | | | | : | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Unexpected deaths or adverse events** | | | | | | | | | | | | | | | | : |  | | | | | | | | | | | | | | | | | | | | | | |
| **Please attach list of publications arising** | | | | | | | | | | | | | | | | | | | : | |  | | | | | | | | | | | | | | | | | | |
| Section 3. Responsible Research Principal Investigator (PI) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title, first name, last name,** | | | | | | | | | | : | | | |  | | | | | | | | | | | | | | | | **Staff number (UPSI staff only)** | | | | | | | | |  |
| **Qualifications** | | | | | | | | | | : | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email** | | : | |  | | | | | | | | | | | | | | | | **Phone** | | | | : | |  | | | | | **Mobile** | | : |  | | | | | |
| **Office Address** | | | | | | : | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Faculty (if applicable)** | | | | | | | | | | | : | | | |  | | | | | | | **Department** | | | | | : | |  | | | | | | | | | | |
| Section 4. Investigator(s) If more investigators exist than lines provided, please attach a separate list. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title, first name, last name,** | | | | | | | | | : | | |  | | | | | | | | | | | | | | | | **Staff number (UPSI staff only)** | | | | | | | : | |  | | |
| **Qualifications** | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Work mailing address** | | | | | | | | | : | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Email** | : | |  | | | | | | | | | | | | | | | **Phone** | | | | | : | |  | | | | | | | **Mobile** | | | | : | |  | |
| **What is your role in this project?** | | | | | | | | | : | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Animal Competency and Experience**  Have you or any of co-researcher (s) completed any Animal Practice Workshop (APW)?  Yes (if **Yes** please provide supporting document (s)).  Date:    No (if **No**, Please download the APW form available from our RMIC website and attach to this application). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **What is your experience with the procedures/techniques to be used in this project?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section 5. EMERGENCY CONTACT PERSONNEL During Study | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | : | |  | | | | | | | | | | | | | | | | | |
| **Email** | : | |  | | | | | | | | **Phone** | | : | |  | | **Mobile** | | : | |  | |
| **After hours/emergency contact number** | | | | | | : | |  | | | | | | | | | | | | | | |
| Section 6. ANIMAL MONITOR During Anaesthesia, Surgery & Immediate Post-Procedural Period | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Person In Charge | | | | | | | | | | : | |  | | | | | | | | | | |
| Details of their relevant experience | | | | | | | | | | : | |  | | | | | | | | | | |
| Email | | : | |  | | | | | | | | Phone | | : | |  | | Mobile | | : | |  |
| **After hours/emergency contact number** | | | | | | | : | |  | | | | | | | | | | | | | |
| Section 7. PERSONNEL RESPONSIBLE FOR EUTHANASIA | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Person In Charge | | | | | | | | | | : | |  | | | | | | | | | | |
| Details of their relevant experience | | | | | | | | | | : | |  | | | | | | | | | | |
| Email | | : | |  | | | | | | | | Phone | | : | |  | | Mobile | | : | |  |
| **After hours/emergency contact number** | | | | | | | : | |  | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 8. ANIMAL SUMMARY** | | | | | | | |
| Does the project involve native, imported or protected species? Yes No | | | | | | | |
| If **Yes**, have the relevant license been obtained from Wildlife Department or other authorities?  Yes Permit issued by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No | | | | | | | |
| **Species scientific**  **& Common name** | **Strain** | **Dietary Restrictions**  Yes/No | | **Total**  **number required**  (over the life of the project) | | **Source** | |
|  |  |  | |  | |  | |
|  |  |  | |  | |  | |
|  |  |  | |  | |  | |
|  |  |  | |  | |  | |
| Does the protocol involve any of the following: Yes No  If **Yes**, please complete the details below | | | | | | | |
|  | | | **Species** | | **Strain** | | **Total number**  **Required** |
| Creation of hybridoma | | |  | |  | |  |
| *In vivo* studies | | |  | |  | |  |
| Genetically modified animal | | |  | |  | |  |
| Other genetically modified animals | | |  | |  | |  |
| Transplantation | | |  | |  | |  |
| * autograph | | |  | |  | |  |
| * allograph | | |  | |  | |  |
| * xenograph | | |  | |  | |  |
| - cells | | |  | |  | |  |
| - tissue | | |  | |  | |  |
| - organs | | |  | |  | |  |
| * material | | |  | |  | |  |
| Others: *Please specify* | | |  | |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 9. HOUSING AND LOCATION OF ANIMALS** | | | | |
| **UPSI:** | | | **OTHER (please specify:** | |
| **Facility room number/ zone** | **Species**  (and/or strain if applicable) | **Gender** | **Age or initial weight** | **Reproductive status** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| What is the maximum length of holding in weeks? | | | | |
| What are the special cares will be provided for animals, which will be held longer than 3 months? | | | | |
| Please detail the method of transport and any animal welfare implications: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 10. SAFETY AND HEALTH RISKS** | | | | |
| Does this project involve the use of: | **Y/N** | Approval  **Y/N** | If ***YES***, explain risks involved | Precautions to protect staff and/or animals |
| **Teratogens or carcinogens** | N |  |  |  |
| **Drugs (morphine, etc)** | N |  |  |  |
| **Radioisotopes or x-rays** | N |  |  |  |
| **Other potentially infectious or hazardous (chemical/physical / biological) agents which may pose a health risk to staff or animals** | N |  |  |  |
| Identify potential risks to staff and how they will be managed and minimised. | | | | |

|  |  |
| --- | --- |
| **Section 11. Gene Technology / Biological Safety** | |
| 1. Are you dealing with Genetically Modified Organisms? Yes No     If **Yes*,*** please provide details of phenotypic expression.  I have attached copies of required permits/approvals | |
| **Approval Number:**  (if approved) | **Approval Status:** Pending Yes No |

|  |
| --- |
| **Section 12. EXPERIMENTAL PROPOSAL** |
| 1. **FLOW DIAGRAM OUTLINING THE PROJECT AND THE PROCEDURES** - Can be attached as separate sheet/s. Must include a time line and list of procedures for what happens to each group of animals from acquisition to disposal. *(Please include attachment sheet if necessary)* |
| 1. **The “costs” of the research to the animals** – potential harms, pain, distress, impositions, etc.   If using genetically modified animals, please attach phenotype reports |
| 1. **Potential “benefits” of the research** - to humans, animals, or the environment. Please write. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 13. NON SURGICAL PROCEDURES** | | | |
| 1. **Full description of all *non surgical* procedures as listed BELOW.**   If substances are being administered to animals please include details of route, volumes, frequency, intervals and duration. | | | |
| **Type of non surgical procedure to be carried out** | **Expected impacts of the procedure** | **Expected frequency of adverse impacts** | **Refinement taken to minimise impacts** |
| *e.g. gavage* | *Minor discomfort*  *rarely substance enters airway or oesophagus is damaged* | *Some discomfort on each occasion. Substance in airway or oesophageal damage in less than 1 in 1000 administrations.* | *Good handling to minimise discomfort and observation after dosing with humane killing of any animal showing signs of mis-dosing or damage.* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 14. SURGICAL PROCEDURES** | | | | | | | | | | | | |
| 1. **Full description of all surgical procedures listed BELOW:** | | | | | | | | | | | | |
| **Type of surgical procedure to be carried out** | | | **Expected impacts of the procedure** | | | | | **Expected frequency of adverse impacts** | | | | **Refinement taken to minimise impacts** |
| *e.g. insertion of catheter* | | | *Pain* | | | | | *Always* | | | | *Analgesia* |
|  | | |  | | | | |  | | | |  |
|  | | |  | | | | |  | | | |  |
|  | | | | | | | | | | | | |
| **TYPES OF ANAESTHESIA THAT WILL BE USED** | | | | | | | | | | | | |
| **Species** | **Agent (s)** | | | **Dose** | | **Route** | | | **Frequency** | | **Duration** | |
| *e.g. Rat* | *Ketamine*  *and*  *Xylazine* | | | *80 mg/kg*  *10 mg/kg* | | *ip*  *ip* | | | *Once only* | | *Single injection is sufficient for the 10 minute procedure* | |
|  |  | | |  | |  | | |  | |  | |
|  |  | | |  | |  | | |  | |  | |
|  |  | | |  | |  | | |  | |  | |
|  | | | | | | | | | | | | |
| **TYPES OF ANAESTHESIA TO BE USED** | | | | | | | | | | | | |
| **Species** | | **Agent** | | | **Dose** | | **Route** | | | **Frequency & Duration** | | |
| *e.g.* Mouse | | *buprenorphine* | | | *0.05-0.1mg/kg* | | *Subcutaneous* | | | *Initial dose given at induction of anaesthesia then continued every*  *8 hours for 3 days post-op* | | |
|  | |  | | |  | |  | | |  | | |
|  | |  | | |  | |  | | |  | | |
|  | |  | | |  | |  | | |  | | |
|  | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 15. ANIMAL WELL-BEING** | | | |
| 1. **Post-procedural pain and distress** – How will pain and distress be monitored, scored and treated. | | | |
| 1. **Monitoring schedule** – provide a **“Post-Procedural Monitoring Sheet”** and /or **“Long Term Monitoring Sheet”** | | | |
| 1. **Criteria for Euthanasia -** How will animals be assessed for euthanasia | | | |
| 1. **What % of animals do you expect to die or require intervention euthanasia during this project?**   Please explain likely reasons for the anticipated loss rate (%) | | | |
| **Potential cause of death or euthanasia** | **Impact on welfare** | **Steps taken to minimise impact** | **Percentage of animals affected** |
| *e.g. vessel rupture* | *irreversible haemorrhage* | *haemorrhage apparent to surgeon, animal would be euthanased whilst still under general anaesthesia* | *<1%* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*PLease note that all unexpected /unplanned death must be reported promptly to the AEC Sultan Idris Education University.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 16. COMPLETION OF EXPERIMENT** –Fate of the animals at the end of the experiment? | | | |
| 1. Are **all** the animals Euthanased at the end of the experiment? Yes No   If **No*,*** What is the fate of non-euthanased animals?  If **Yes**, please complete the table below. | | | |
| **METHOD OF EUTHANASIA** - provide details of the generic constituents (not the trade name), the dose rate as mg/kg, and the route of administration. | | | |
| **Species** | **Agent** | **Dose** | **Route** |
| *e.g. Rat* | *Pentobarbitone* | *>160mg/kg* | *Intraperitoneal injection* |
|  |  |  |  |
|  |  |  |  |
| 1. **Method and Details of Carcass Disposal** | | | |

|  |
| --- |
| **Section 17. Declaration** |
| I/we, the undersigned:   1. acknowledge that the information contained in this form is a true and accurate record; 2. understand any non-compliance with the Code of Practice must be reported immediately to the AEC and may result in the withdrawal of project approval and possible disciplinary action; 3. understand that in keeping with AEC and Animal Facility policy, all animals are to be monitored as detailed in the application. The Animal Welfare Officer (AWO) has the authority to euthanase distressed animals. Every attempt will be made to inform the CI before any action is taken; 4. understand It is the responsibility of the CI to maintain animal records annually to the AEC on animal usage; 5. understand that in the event of an animal death we will immediately report the death to the AEC, and arrange for an autopsy to be carried out and the results of the autopsy report to be sent to the AEC; 6. will ensure that the qualifications and/or experience of all listed personnel are appropriate to the procedures to be performed; 7. certify that the resources in the school or department, including housing and personnel, are appropriate for the welfare of the animals and the satisfactory completion of the project. 8. I agree to all of the above   **CHIEF INVESTIGATOR - It is the responsibility of the CI to obtain all required signature/s on the application form**    SIGNATURE  DATE |
| **CO-INVESTIGATOR**  SIGNATURE  DATE |
| **CO-INVESTIGATOR**  DATE  SIGNATURE |
| **Head of Department Endorsement** |
| **Comments:**  **( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) Date:**  **Head of Department** |

|  |
| --- |
| **Deputy Dean (Research and Innovation) Endorsement** |
| **Comments:**  **( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) Date:**  **Deputy Dean Research and Innovation** |
| **Animal Ethics Review Committee Endorsement** |
| **Comments:**  **Endorsed (without presentation)**  **Endorsed, and present**  **Amend and resubmit**  **( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) Date:**  **Chairman of Animal Review Committee** |

|  |
| --- |
| **Animal Ethics Committee Approval** |
| **Comments:**  **Approved**  **Approved, with amendment**  **Not approved**  **( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) Date:**  **Chairman of Animal Ethics Committee** |

**The AEC will not consider incomplete, unsigned or inadequate applications. Incomplete applications will be returned to the Chief Investigator for completion and may miss submission deadlines.**

**Submission of Application**

Please lodge **one original FULLY SIGNED application (including all attachments) to:**

**Secretary; Animal Ethics Committee, Faculty of Science & Mathematics, Sultan Idris Education University, 35900, Tanjong Malim, PERAK.**