Jawatankuasa Etika Penyelidikan Haiwan UPSI

Ahli JK Etika Penyelidikan Haiwan UPSI

Pengerusi

Setiausaha

Panel Pakar

Panel Saintifik

Panel bukan saintifik
- Pegawai Undang-undang
- Pegawai Hal Ehwal Islam

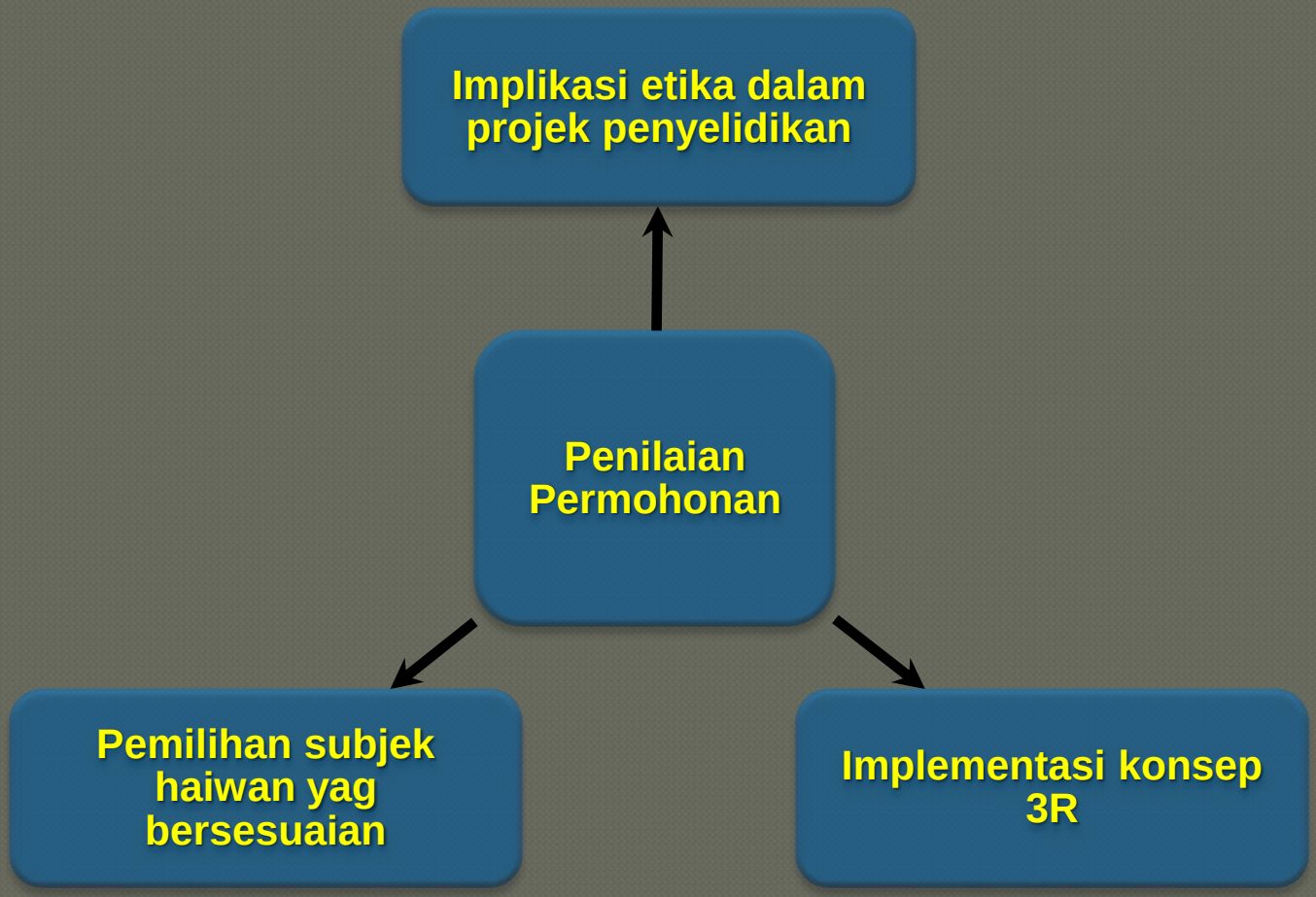
- Prof Madya Dr Haniza Hanim binti Mohd Zain
- Prof Madya Dr Husni bin Ibrahim
- Prof Madya Dr Syakirah binti Samsudin
- Prof Madya Dr Mai Shihah binti Abdullah
- Dr. Norliana binti Mohd Rosli
- Dr. Fazhana binti Ismail
- Pn. Zalina binti Ismail

Objektif

- Memastikan semua penyelidikan yang melibatkan haiwan mematuhi garis panduan Akta Kebajikan Haiwan 2015 yang telah berkuatkuasa pada 1 Julai 2017 *(Animal Act Welfare 2015)*.

- Memastikan penggunaan haiwan sebagai subjek dalam penyelidikan akan dapat memberi merit ilmu yang menyumbang manfaat pada manusia sejagat, haiwan dan juga alam sekitar.

Kriteria Penilaian Permohonan



Konsep 3R

- Reduction of animal use
- Methods that minimize the number of animal required for the propose research

- Replacement of animal use
- Methods that **avoid** or **replace** use of animal

- Refinement of animal use
- Methods that minimize pain and suffering and improve animal welfare

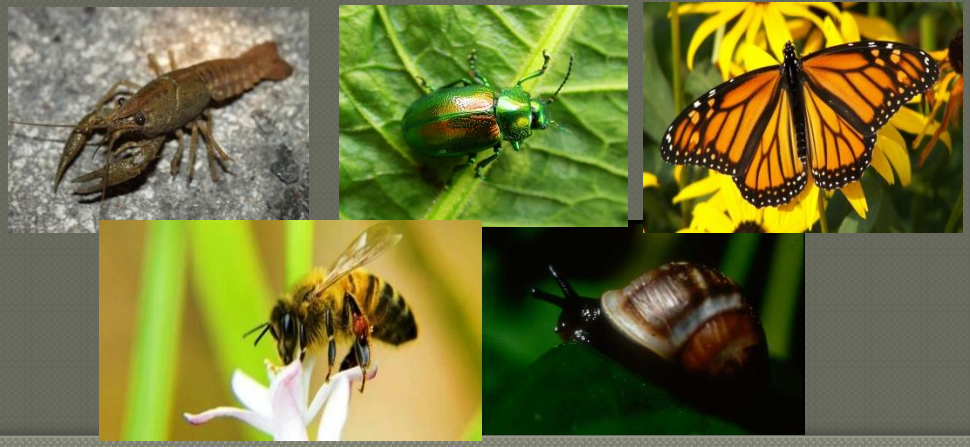
Jenis-jenis haiwan yang memerlukan kelulusan etika penyelidikan haiwan

Haiwan Vertebrata

Jenis-jenis haiwan yang memerlukan kelulusan etika penyelidikan haiwan

Haiwan invertebrata

- Invertebrata selain kelas Cephalopoda
  - Spesies invasif, native atau terancam
  - Terlibat dalam proses kacuk
- Kelas Cephalopoda



Keperluan Borang

- APPLICATION TO USE ANIMAL SUBJECTS FORM (UPSI/PPPI/UPP/BE02)
- APPLICATION FOR ANIMAL PRACTICE WORKSHOP FORM (UPSI/PPPI/UPP/BE06)
- NOTICE OF SUBSTANTIAL AMENDMENT FORM (UPSI/PPPI/UPP/BE04) **(umum digunapakai oleh semua JK etika penyelidikan manusia/haiwan/biokeselamatan)**
- ADVERSE EVENT REPORTING FORM (UPSI/PPPI/UPP/BE05) **(umum digunapakai oleh JK etika penyelidikan manusia/haiwan/biokeselamatan)**

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

- **16 sections need to be completed**

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 & Section 3

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

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 & Section 6

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

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

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

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 & Section 11

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.				

11. GENE TECHNOLOGY / BIOLOGICAL SAFETY

A. 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

12. EXPERIMENTAL PROPOSAL
A. **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)*
A. **The "costs" of the research to the animals** – potential harms, pain, distress, impositions, etc. If using genetically modified animals, please attach phenotype reports
A. **Potential "benefits" of the research** - to humans, animals, or the environment. Please write.

Section 13

13. NON SURGICAL PROCEDURES			
A. Full description of <u>all *non surgical*</u> procedures as listed BELOW. If substances are being administered to animals please include details of route, volumes, frequency, intervals and duration.			
Type of <u>non surgical</u> 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

14. SURGICAL PROCEDURES			
A. 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

15. ANIMAL WELL-BEING

A. **<u>Post-procedural pain and distress</u>** – How will pain and distress be monitored, scored and treated.

B. **<u>Monitoring schedule</u>** – provide a **"Post-Procedural Monitoring Sheet"** and /or **"Long Term Monitoring Sheet"**

C. **<u>Criteria for Euthanasia</u> -** How will animals be assessed for euthanasia

D. **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%*

Section 16

16. COMPLETION OF EXPERIMENT – Fate of the animals at the end of the experiment?

A. 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*

A. Method and Details of Carcass Disposal

Section 17

Section 17. Declaration

I/we, the undersigned:

(i) acknowledge that the information contained in this form is a true and accurate record;

(ii) 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;

(iii) 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;

(iv) understand It is the responsibility of the CI to maintain animal records annually to the AEC on animal usage;

(v) 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;

(vi) will ensure that the qualifications and/or experience of all listed personnel are appropriate to the procedures to be performed;

(vii) 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.

(viii) 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

CHIEF INVESTIGATOR	**SIGNATURE**	**DATE**
CO-INVESTIGATOR	**SIGNATURE**	**DATE**
CO-INVESTIGATOR	**SIGNATURE**	**DATE**

Department Review

Comments:

(_____ **)** **Date:**

Head of Department

Faculty/ Center/ Institute Review

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

APPLICATION FOR ANIMAL PRACTICE WORKSHOP FORM (UPSI/PPPI/UPP/BE06)

1. APPLICANT'S DETAILS	
Name:	**Title:**
Department/Faculty:	
E-mail address:	
Contact phone Number (office):	**Contact HP Number:**
Current Appointment:	**Staff number**: (UPSI staff only)
Degree/Qualifications:	
Supervisor (if student)**:**	
2. ANIMAL EXPERIENCE, TRAINING AND COMPETENCY	
Are you or your co-investigator currently, or have previously, taken part in animal research work at another institution, in Malaysia, or elsewhere? *If Yes, please provide name of institution:* *YES [ ] No [ ]* *Please attach any relevant supporting documents to support this application e.g. Working with animals certificate, or the equivalent from other institutions.*	**Date Completed:**
Please provide details of **ALL** experience and/or training you have gained working with animals. Describe any procedures (eg injections, monitoring, anaesthesia, gavage), species of animal, approximate number of times you have performed the procedure and for approximately how many years. ***IF YOU HAVE NO PREVIOUS ANIMAL EXPERIENCE, DO NOT LEAVE BLANK - PLEASE WRITE 'NONE'.***	

APPLICATION FOR ANIMAL PRACTICE WORKSHOP FORM (UPSI/PPPI/UPP/BE06)

3. AEC APPROVED PROJECTS - List UPSI AEC approved protocol you are listed on as a Principal researcher or co-investigator *(if applicable)*

AEC number	Principal/Co-Investigator	Faculty

Thank you!!

A nation and its moral progress can be judged by the way its animals are treated

...Mahatma Gandhi