* The purpose of this form is to inform the Animal Ethics Committee of the potential welfare implications of the animals you wish to introduce/breed. It also informs the AEC of the proportion of animals bred which are ultimately useful for your purposes (i.e. the wastage rate).
* If the animals being bred are genetically modified, the attachment ‘Phenotype Passport - Phenotype report for geneticallymodified (GM) animals’ must be completed and submitted with this application. If there is no phenotype passport please explain why.
* Email completed form(s) to [PIRSA.AnimalEthics@sa.gov.au](mailto:PIRSA.AnimalEthics@sa.gov.au)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Office Use  Only | Project Number: | Click or tap here to enter text. | Date Received: | Click or tap to enter a date. | Revision Number: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Name of the Colony | Click or tap here to enter text. |
| Name of Primary Applicant | Click or tap here to enter text. |
| Species/Strain(s) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Expected date for animal use to begin | Click or tap here to enter text. |
| Expected date for animal use to end | Click or tap here to enter text. |
| Project duration | Click or tap here to enter text. |
| Approval to share information | By submitting this application I give approval for this application and any information relating to it to be shared by South Australian Animal Ethics Committees and the Animal Welfare Unit within the Department for Environment and Water for the purposes of administration, approval and monitoring.  I approve |
| Declaration of interest | Is there any actual or potential interest, including financial interest or other relationship or affiliation by any research/team member involved in the project that may affect judgements and decision regarding the wellbeing of the animals involved? See Code [Clause 2.7.4](https://www.nhmrc.gov.au/about-us/publications/australian-code-care-and-use-animals-scientific-purposes#toc__1229) [xxi]  Yes  No  If Yes, outline the potential and any steps to be taken to ensure the ethical integrity of the project.  Click or tap here to enter text. |

Primary Applicant

Reminder: All higher degree studies must be approved by the institutional AEC. The applicant must be the degree candidate supervisor.

|  |  |  |
| --- | --- | --- |
| Name (include title) | Click or tap here to enter text. | |
| Applicant's Institution and Department | Click or tap here to enter text. | |
| Contact details  (including After Hours) | Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Mobile | Click or tap here to enter text. |
| Correspondence to | Click or tap here to enter text. | |

Co-Applicant

|  |  |  |
| --- | --- | --- |
| Name (include title) | Click or tap here to enter text. | |
| Institution and Department | Click or tap here to enter text. | |
| Contact details  (including After Hours) | Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Mobile | Click or tap here to enter text. |

Other Applicant(s)

|  |  |  |
| --- | --- | --- |
| Name (include title) | Click or tap here to enter text. | |
| Institution and Department | Click or tap here to enter text. | |
| Contact details  (including After Hours) | Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Mobile | Click or tap here to enter text. |
| Name (include title) | Click or tap here to enter text. | |
| Institution and Department | Click or tap here to enter text. | |
| Contact details  (including After Hours) | Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Mobile | Click or tap here to enter text. |
| Name (include title) | Click or tap here to enter text. | |
| Institution and Department | Click or tap here to enter text. | |
| Contact details  (including After Hours) | Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Mobile | Click or tap here to enter text. |
| Name (include title) | Click or tap here to enter text. | |
| Institution and Department | Click or tap here to enter text. | |
| Contact details  (including After Hours) | Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Mobile | Click or tap here to enter text. |
| Name (include title) | Click or tap here to enter text. | |
| Institution and Department | Click or tap here to enter text. | |
| Contact details  (including After Hours) | Email | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Mobile | Click or tap here to enter text. |

Animal Details

1. Is this a continuation from a previous breeding application? If so, what is the previous approval number?

Click or tap here to enter text.

2. Is this application being submitted to another AEC?

Yes  No

If so, which AEC(s)?

Click or tap here to enter text.

3. Justification for establishing the colony. What is the intended scientific or teaching purpose?

Click or tap here to enter text.

4. What is the species of this breeding colony?

Click or tap here to enter text.

5. Nomenclature of this breed/strain:

Click or tap here to enter text.

6. Is this breed/strain of animals genetically modified?

Yes  No

7. If genetically modified, list the Institutional Biosafety Committee and Office of the Gene Technology Regulator Dealing number(s) that relate to the holding and breeding of this strain

Click or tap here to enter text.

8. Source of animals (i.e. in-house, or specified external laboratory source)

Click or tap here to enter text.

9.1 Where will the colony be housed and bred? (name the institution and the animal facility)

Click or tap here to enter text.

9.2 What is the approximate size of the colony? (i.e. number of breeding pairs/cages and stock cages to be held at any one time)

Click or tap here to enter text.

10. What is the required health and bio-containment status (once the colony is established/rederived)?

Cross (x) where appropriate.

|  |  |
| --- | --- |
|  | Conventional |
|  | Barrier |
|  | PC 1 |
|  | PC 2 |
|  | Other: Click or tap here to enter text. |

11. Will the Animal Facility Standard Operating Procedure (SOP) which relates to routine breeding be followed?

Yes  No

If No, please attach SOPs you intend to use at the end of the document, and enter the title and number below.

Click or tap here to enter text.

12. **From this breeding colony, approximately how many and what animals will be used for scientific purposes?** The AEC understands that there will be a number of animals which cannot be used for research purposes. The AEC needs to be informed of the number used and the number generated by the colony during the approval period.

Please note: This form is designed to inform the AEC of your desire to establish a breeding colony. It recognises that you may not know exactly the number of animals in excess of requirements which will be bred.

Click or tap here to enter text.

***Skip this question if this is a genetically modified animal.***

13 Are there any welfare impacts involved in the breeding of this animal/species? If so, what steps will be taken to lower the impact on the animal?

Click or tap here to enter text.

14. How will the colony be monitored?

Click or tap here to enter text.

15. Has the Animal Facility been consulted to ensure that the appropriate animal housing is available for this project?

Yes  No

16. Is the acquisition, retention or use of the animals subject to any permit, law or regulation of the State or Commonwealth?

(e.g. your licence number for teaching, research or experimentation in South Australia under the Animal Welfare Act 1985, Scientific permit number under the National Parks and Wildlife Act 1972, Protected native or imported species, Australian Bird and Bat Banding Scheme (ABBBS) Banding Authority, Ministerial Exemption under Section 115 of the Fisheries Management Act 2007, SA Health Department Controlled Substances Licence (if required))

Yes  No

If Yes, please provide details of the permit number and permit holder.

Click or tap here to enter text.

Credentials of all those involved in the project

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name and Qualification | Detail the experience each participant has in the procedures to be undertaken with the species being used (if no experience, describe how relevant training and supervision will be obtained) | In which  procedure(s) is this person involved? | Date this  person  attended an  Animal Users  Training Day | Animal Users Permit (if applicable) |
| Chief Applicant(s) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other People Participating | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Attachments Summary Checklist

|  |  |
| --- | --- |
| Type | Attachment |
| 1. Relevant SOPs (relates to Q11) | Yes  No |
| 2. Other  Please detail: | Yes  No  Click or tap here to enter text. |

Declarations

|  |  |
| --- | --- |
| Name of colony: | Click or tap here to enter text. |

Section 1: Declaration by the Primary Applicant

I hereby declare that:

i) I and all others involved in this project are familiar with and will comply with the relevant Commonwealth and State or Territory legislation and the requirements of the <https://www.nhmrc.gov.au/about-us/publications/australian-code-care-and-use-animals-scientific-purposes> (The Code)

(ii) To the best of my knowledge this proposal conforms to the Code (8th Edition 2013) and the South Australian Animal Welfare Act 1985.

(iii) I have read [Section 2 of the Code](https://www.nhmrc.gov.au/about-us/publications/australian-code-care-and-use-animals-scientific-purposes#toc__303) which sets down the responsibilities of investigators. I accept responsibility for the conduct of all procedures detailed in this application and for the supervision of all personnel delegated to perform any such procedures.

(iv) In the case of establishing and maintaining a breeding colony of genetically modified animals, I am familiar with the [NHMRC Animal Welfare Committee Guidelines for the generation, breeding, care and use of genetically modified and cloned animals for scientific purposes (December 2006)](https://www.nhmrc.gov.au/sites/default/files/documents/attachments/gm-guidelines-2007-appendix-1.pdf)

(v) I agree to comply with procedures described and any conditions imposed by the Animal Ethics Committee.

(vi) Sufficient and adequate resources will be available to undertake the proposed breeding colony.

|  |  |  |
| --- | --- | --- |
| Primary Applicant's Name | Primary Applicant's Signature | Date |
| Click or tap here to enter text. |  | Click or tap to enter a date. |

Section 2: Declaration by Other Applicant

I hereby declare that:

i) I am familiar with and will comply with the relevant Commonwealth and State or Territory legislation and the requirements of the [Australian Code of Practice for the care and use of animals for scientific purposes, 8th Edition 2013](https://www.nhmrc.gov.au/about-us/publications/australian-code-care-and-use-animals-scientific-purposes) (The Code) and the South Australian Animal Welfare Act 1985 and its regulations.

(ii) In the case of establishing and maintaining a breeding colony of genetically modified animals, I am familiar with the [NHMRC Animal Welfare Committee Guidelines for the generation, breeding, care and use of genetically modified and cloned animals for scientific purposes (December 2006)](https://www.nhmrc.gov.au/sites/default/files/documents/attachments/gm-guidelines-2007-appendix-1.pdf)

|  |  |  |
| --- | --- | --- |
| Other Applicant's Name | Other Applicant's Signature | Date |
| Click or tap here to enter text. |  | Click or tap to enter a date. |
| Click or tap here to enter text. |  | Click or tap to enter a date. |
| Click or tap here to enter text. |  | Click or tap to enter a date. |
| Click or tap here to enter text. |  | Click or tap to enter a date. |
| Click or tap here to enter text. |  | Click or tap to enter a date. |

Section 3: Declaration by the Institution’s Nominated Authority

(not the Primary Applicant) i.e. Supervisor/Head of Division/Department/Institute

I hereby declare that:

(i) I am satisfied that the Primary Applicant has the appropriate qualifications and experience to carry out the work with minimum distress to the animals.

(ii) I believe this work meets the requirements of the [Australian Code of Practice for the care and use of animals for scientific purposes, 8th Edition 2013](https://www.nhmrc.gov.au/about-us/publications/australian-code-care-and-use-animals-scientific-purposes) (The Code) and the South AustralianAnimal Welfare Act 1985 and its regulations.

(iii) I have read the application and I am satisfied that this work is of sufficient scientific merit for my department to be involved in it and sufficient and adequate resources will be available to undertake the proposed study.

|  |  |  |
| --- | --- | --- |
| Nominated Authority’s Name | Nominated Authority’s Signature | Date |
| Click or tap here to enter text. |  | Click or tap to enter a date. |

Section 4: Declaration by Animal Facility Supervisor

This declaration must be signed by the supervisor of the animal house where animals will be housed.

I hereby declare that:

1. I am aware of my obligations with regard to this request and that the breeding colony requested can be suitably accommodated within the named animal facility.
2. If Animal Facility staff are to be involved in the breeding colony, their responsibilities are clear and they will be appropriately trained.

|  |  |  |
| --- | --- | --- |
| Animal Facility Supevisor’s Name | Animal Facility Supervisor’s Signature | Date |
| Click or tap here to enter text. |  | Click or tap to enter a date. |

|  |  |  |
| --- | --- | --- |
| AEC Use Only | | |
| Date Received:  Click or tap to enter a date. | Action Taken:  Click or tap here to enter text.  Date of AEC meeting for consideration:  Click or tap to enter a date. | Signature of Chair, AEC: |

Attachment: Relevant SOPs (Question 11)

Attach as pdf pages or if text by copy-paste into field below

Attachment: Other

Attach as pdf pages or if text by copy-paste into field below