

AE

016

Animal Ethics Committee

**Application Form for projects conducted by Murdoch investigators and institutions in other countries outside of Australia**



**Animal Ethics Office**

Scientific use of animals undertaken by, or on behalf of, Murdoch University staff and students must comply with the principles of the *Australian code for the care and use of animals for scientific purposes, NHMRC, 8th Edition, 2013* (‘the *Code’*) and the *Animal Welfare Act 2002* (WA). Persons using animals for scientific purposes must consider the 3 R’s: **Replacement, Reduction, and Refinement** at all times.

Responses to **ALL** questions must be provided on this form. Applicants should not simply refer to an attachment without summarising relevant material on this form.

(08) 9360 7366

animal.ethics@murdoch.edu.au

All applications are to be submitted in the **IRMA** system as attachments to a coversheet.

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| **Project Title:** | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |
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| **Location of proposed animal use (include city, country, and institute if applicable):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part A -** | | Satisfaction of the Australian code for the care and use of animals for scientific purposes, NHMRC, 8th Edition, 2013 (‘the Code’) Sections 2.6.9 – 2.6.14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **1.1** | **Satisfaction of the Code S2.6.9 - 14** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Please answer all the following questions: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | (i) | | Is the project (or any part within) conducted outside Australia. | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
|  | (ii) | | Is the project being conducted on behalf of Murdoch University in another country.  *If ticked ‘Yes’, please provide further details.* | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
|  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (iii) | | Is the work being conducted at a facility operated by Murdoch University, outside of Australia. | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
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| **1.2** | **Satisfaction of the Code S2.6.9 (ii) and S2.6.13 (ii)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Please answer all the following questions: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | (i) | | Is the proposed animal use a species/strain/genetically modified/mutant breeding line or a specific phenotype available within Western Australia. | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
|  |  | | *If ticked ‘Yes’, please provide further information on the justification for overseas animal work.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (ii) | | Please provide any additional justification for why the animal work is required to be conducted overseas. | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | (iii) | | Please indicate the role/affiliation/position at Murdoch University of the Chief Investigator. | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  |  | | If the Chief Investigator is not an internal Murdoch University staff member e.g., Adjunct, external applicant, contact the Animal Ethics Office for further information. | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **1.3** | **Satisfaction of the Code S2.6.11** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **If the original application is not in English, please provide a copy of the application translated into English.**  Please answer all the following questions: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | (i) | | Does the project have approval from a local AEC or equivalent in the country where the animals are required or where the animal work will be conducted?  *If yes, please provide details on the AEC including constitution and guidance.* | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
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|  | (ii) | | Is the Animal Welfare legislation in that country equivalent to the Code.  *If no, please discuss the key differences as relevant to this application and how animal wellbeing will be ensured.* | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
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|  |  | | Has a translated copy of the Animal Welfare Legislation in the country where the animal work is proposed been attached*?* | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
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|  | (iii) | | Can you provide other evidence (in English) signed by the head of the overseas organisation or AEC Chairperson that the approval granted will ensure outcomes that would be equivalent to those expected through application of the Code [S 2.6.11]?  Is the signed confirmation attached?  *If no, please provide an alternative explanation for how equivalent outcomes will be achieved e.g. Animal Welfare guidelines see 1.3 (ii) above.* | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No  Yes  No | | | |
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|  | (iv) | | Does the laboratory/institution where the work will be conducted, have any formal facility accreditation relevant to this animal work?  *If ticked ‘Yes’, provide details.* | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
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| **1.4** | **Satisfaction of the Code S2.6.12** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Please note, that the AEC must ensure that any work conducted overseas can provide an equivalent outcome to that expected through application of the Code. Under section 2.6.12 of the Code, the AEC must determine if they are able to adequately monitor the project.  Provide evidence of how equivalent monitoring may be conducted in the overseas location/institution. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Are there sufficient funds to monitor this project should that be required by the Murdoch University AEC? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.5** | **Satisfaction of the Code S2.6.14** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Please answer all the following questions: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | (i) | | Has the research application been peer reviewed by a person with relevant experience and understanding of the principles of the Code?  *Provide details on the name and experience of this person to undertake a peer review applying the principles of the Code.*  *If ticked ‘No’, explain why it was not considered necessary to undertake a peer review.* | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
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|  | (ii) | | Please indicate how the proposed project can meet the principles of the Code taking into account local requirements and legislation. | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **1.6** | **Collaborative project** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (i) | | Is this a collaborative project between Murdoch University and another institution?  *If ticked ‘Yes’, state the name and location of the other institution/s.* | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
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|  | (ii) | | Provide the name of the main contact/s for the other institution/s. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (iii) | | State how the facilities of the other institution/s will be used. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.7** | **Permits, Laws, and Regulations** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | (i) | | Is the acquisition, retention, or use of animals in this project, subject to any local permit, law, licence, or regulation in the country where the work is proposed? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | |
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| **Part B -** | | **Investigator information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **2.1** | **Chief Investigator / Supervisor:**  A Murdoch University internal staff member with ultimate responsibility for the project  If you are not an internal Murdoch University staff member e.g., Adjunct, external applicant, contact the Animal Ethics Office for further information. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title/Status | | | | | Given Name | | | | | | | | | | | Surname | | | | | | | | | | | | | | | |
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|  | Institute | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Contact Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Telephone No. | | | | |  | | | | | | | | | | | Email | | | | |  | | | | | | | | | | |
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| **2.2** | **Co-Investigator 1:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title | | | | | Given Name | | | | | | | | | | | Surname | | | | | | | | | | | | | | | |
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|  | Institute | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Contact Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Telephone No. | | | | |  | | | | | | | | | | | Email | | | | |  | | | | | | | | | | |
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|  | **Co-Investigator 2:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title | | | | | Given Name | | | | | | | | | | | Surname | | | | | | | | | | | | | | | |
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|  | Institute | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Contact Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Telephone No. | | | | |  | | | | | | | | | | | Email | | | | |  | | | | | | | | | | |
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|  | **Co-Investigator 3:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title | | | | | Given Name | | | | | | | | | | | Surname | | | | | | | | | | | | | | | |
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|  | Institute | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Contact Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Telephone No. | | | | |  | | | | | | | | | | | Email | | | | |  | | | | | | | | | | |
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|  | **Co-Investigator 4:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Title | | | | | Given Name | | | | | | | | | | | Surname | | | | | | | | | | | | | | | |
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|  | Institute | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Contact Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Telephone No. | | | | |  | | | | | | | | | | | Email | | | | |  | | | | | | | | | | |
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|  | *If there are more than 4 Co-Investigators, complete the “Additional Co-Investigator” form,*  *and attach in the DOCUMENTS tab in IRMA.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2.3** | **List the responsibilities of the Chief and Co-Investigators as they relate to this project.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | **Responsibilities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | CI | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Co-I 1 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Co-I 2 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Co-I 3 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Co-I 4 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2.4** | **List qualifications, training and experience and how they relate to responsibilities for each investigator.**  Briefly summarise how they are appropriate to the procedures to be performed and species to be used. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | **Qualifications, training, experience relevant to this project:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **CI** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Co-I 1** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Co-I 2** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Co-I 3** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Co-I 4** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2.5** | **Identify any training needs and indicate how these will be provided.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2.6** | **Specific responsibilities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Although some investigators have specific responsibilities, all investigators have personal responsibility for all matters that relate to the wellbeing of animals that they use for the duration of the approved period until provisions are made for the animal at the conclusion of their use. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Primary Contact**  *Provide the name of the investigator who oversees the day-to-day aspects of the project. This need not be the Chief Investigator.* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | **Emergency Contact**  *Provide the name of the investigator who can be contacted in an emergency.* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | **Routine Care Contact**  *Provide the name of the person is responsible for the routine care of the animals e.g. if they are housed on a farm or in an animal house. Is this person the same as the primary contact?* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | **Monitoring Contact**  *Provide the name of the investigator responsible for the ongoing monitoring of the animals, including weekdays, weekends / out of hours, and holiday periods (i.e. Christmas).* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | **Nominated Person**  *Who will be responsible for completing the annual reports and providing the yearly animal usage numbers?* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | **Euthanasia**  *Provide the name of the person/s responsible for conducting the humane killing/euthanasia.* | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| **2.7** | **Resources** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (i) | | Outline whether this project is externally funded and indicate the source of funds. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (ii) | | If external funding is not obtained, will the project still proceed? Are adequate resources available for the conduct of the project e.g. repeat field visits, necropsies, equipment such as cages etc.? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part C -** | | **Justification**  *In this section, provide an overview of the project, its aims, design and intended outcomes. It is important to use plain English to ensure that all* [*AEC members*](http://our.murdoch.edu.au/Research-Ethics-and-Integrity/Animal-ethics/Committee/) *understand the proposed project.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.1** | **Keywords** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Provide a list of and definitions for any technical terms and acronyms to assist the AEC to understand this application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Term** | | | | | | |  | | **Lay Explanation** | | | | | | | | | | | | | | | | | | | | | | |
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| **3.2** | Provide a brief plain English description of the hypothesis, aims of this project, the proposed research design and methods, and the projected outcomes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **HYPOTHESIS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **AIMS**  *The aims may include an outline of how this project relates to an overall program of work/ the bigger research picture. Provide any useful information or context to this project including peer-reviewed literature, where possible. (Maximum one page)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **RESEARCH DESIGN/METHOD**  *Provide an overview of how the project is designed in relation to its aims.*  *(Maximum one page)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **PROJECTED OUTCOMES**  *Include the projected benefits to humans, animals or the environment, and how these benefits support the proposed use of animals.*  *(Maximum one page)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.3** | **Originality** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Is this a repetition of any previously performed study? i.e. has this study previously been undertaken anywhere in the world, in Australia or at Murdoch? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | If yes, briefly describe the previous work and justify why this needs to be repeated.  If no, how has this been determined? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part D -** | | **Animal Wellbeing and Refinement**  *In this section, identify and justify the impact of all aspects of the project on the animal’s wellbeing from the time it is obtained until the project is completed. At each step, provide information about how impacts on the animals will be minimised.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.1** | **Describe in detail all procedures to be performed for each experiment**  Provide details for each experiment. Include information about animal numbers, sex, age, disease status and identify any potential harm/s to the animal that may arise from this research, including pain, distress and loss of life. Identify how harms will be mitigated.  This may include the steps taken to consider and apply the 3Rs and a brief explanation why the particular species, strain or breed was chosen.  Attach any relevant SOPs and flowcharts in the DOCUMENTS tab in IRMA. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.2** | **Flowchart** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Provide a flowchart to summarise the experimental procedures. Confirm that you have attached this or, if a flowchart has not been attached, provide an explanation why it is not necessary. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.3** | **Procedures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Provide a list of all procedures and the likely impact of them on the animals. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Type of procedure** *e.g. surgery, tagging, ear notching, weighing, handling, restraint* | | | | | | **Duration**  *e.g. of the procedure and the impact afterwards* | | | | | | **Expected impacts of the procedure**  *e.g. temporary pain* | | | | | **Expected frequency of adverse impacts**  *e.g. always, 2%, rarely* | | | | | | | | | | **Refinements taken to minimise adverse impacts**  *e.g. analgesia provided* | | | | |
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| **4.4** | **Identification of Animals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Provide details on how animals be marked for identification and/or recapture. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Include details on the impact of the technique on the animal/s, how they will be marked, and what alternatives have been considered / rejected. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.5** | **Cumulative Impact on Animals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | The AEC is required to consider the cumulative impact of all scientific procedures that will be performed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (i) | | Will any individual animals be used in more than one AEC approved permit?  If yes, provide justification for the re-use and AEC permit number/s: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (ii) | | To the best of your knowledge, are you aware of these same animals being used on other previous or concurrently approved projects? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.6** | **Summary of Pharmacological Agents and Substances Administered** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Agent / Substance** | | | | | | | | **Drug** | | | | | | **Dosage** | | | | | **Frequency** | | | | | | | **Route Administered** | | | | | |
|  | **Anaesthetic Agent** | | | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |
|  | **Post-Operative Analgesic** | | | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |
|  | **Tranquilliser** | | | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |
|  | **Antibiotic** | | | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |
|  | **Other** | | | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |
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| **4.7** | **Pregnant Animals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | If there is a possibility that the project will involve the use of pregnant animals, provide details. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Identify the potential causes of adverse impacts on the wellbeing of these pregnant animals. Include embryos/foetuses from ½ gestation onwards in the animal allocation numbers required for the research. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.8** | **Animal handling and restraint** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (i) | | Will the animal/s be handled or restrained during the course of this project? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (ii) | | Has the use of chemical restraint been considered? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Provide further details and justify why it is or is not necessary. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (iii) | | Is confinement or prolonged restraint a part of this project? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Provide further details on the appropriateness of the methods, monitoring and intervention points for release from restraint. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.9** | **Animal Housing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (i) | | Where will animals be held? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | **Location:** | |  | | | | | | | | | | | **Room**  *(where applicable)***:** | | | | | |  | | | | | | | | | | |
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|  | (ii) | | How long will animals be held in this location including acclimatization? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (iii) | | Have the housing requirements for the animals been discussed with staff at the proposed animal facility? Provide the name of the person who has been consulted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (iv) | | What measures will be taken to enhance animal welfare during the time the animals are part of the project? Consider issues such as housing design, handling and conditioning. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (v) | | Will enrichment be provided? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Describe the enrichment program or justify why enrichment is not required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (vi) | | Does this research involve transport of animals? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Provide details of transportation type, locations and SOPs or codes that will be followed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.10** | **Animal Use** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | **Location** | | | | | **Animal Numbers** | | | | | | | | | | | | | | | |  |
|  | **Species / Strain & Common Name** | | | | | | | | | | *Country* | | | | | **Yr 1** | | | **Yr 2** | | | | | | **Yr 3** | | | | | | | **Total** |
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|  | *If more than 6 species or strains of animals will be used in this project, attach a separate table in the DOCUMENTS tab in IRMA*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.11** | **Source of Animals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Outline the source of the animals. e.g. remain in natural habitat, privately owned, commercial farm. etc.  If the animals are privately owned, attach the Owner Consent Form in the DOCUMENTS tab in IRMA. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part E -** | | **Replacement**  *In this section, explain what alternatives you have considered and why animals are needed for the project.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5.1** | Have you considered potential alternatives to animals for all, or parts, of this project? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Provide details of the alternatives implemented or why alternatives were not suitable or justify the need for the use of animals in this project. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5.2** | Will the results of this project assist in developing techniques that do not require the use of animals? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part F -** | | **Reduction**  *In this section, provide information about the number of animals, the species and strain, the reasons why this number is necessary, whether there is an opportunity for sharing tissues or animals and strategies you have utilised to minimise the overall number of animals you plan to use.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6.1** | What strategies are in place to ensure that only the minimum number of animals necessary for this project will be used? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6.2** | **Statistical Explanation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (i) | | To decide on the number of animals you plan to use, what statistical calculations have you used? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (ii) | | Will statistical comparisons be made as part of the investigation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | If yes, provide details of the types of statistical analyses which are planned. How does this match the number of animals you expect to use for the study? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6.3** | If you have consulted a statistician or biometrician for advice on the statistical calculations for this project, provide the name and contact details for the person you have consulted (the statistician or biometrician does not need to be an investigator on the project). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part G -** | | **Monitoring and Fate of animals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7.1** | **Animal Monitoring** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *Attach a monitoring chart to clearly indicate intervention points and responses in the DOCUMENTS tab in IRMA*. *For assistance, contact the Animal Welfare Officer at* [*animal.ethics@murdoch.edu.au*](mailto:animal.ethics@murdoch.edu.au) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (i) | | Harm or potential harm to the animal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Describe clinical symptoms or changes in behaviour you might see during this research. How will the animals be monitored? What are the intervention points and what kinds of interventions will be undertaken? Attach the relevant Monitoring Sheets in the DOCUMENTS tab in IRMA. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (ii) | | Where will monitoring records be kept? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Animal monitoring records should ordinarily be retained as close as possible to the animals and must be available to Murdoch University Animal Ethics Office staff on request. Investigators are encouraged to retain copies of records in another location. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (iii) | | What criteria will be used to decide if a distressed, unwell, or injured animal needs to be retired from the project or humanely killed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (iv) | | Provide the name, contact details and relevant experience of the nominated veterinarian who is available for monitoring or assessment of animals and confirm that they have agreed to this role.  If this is not required, justify the reason. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7.2** | **Humane Killing/Euthanasia**  *Include in this section details of both planned euthanasia and euthanasia that may need to be performed in an emergency.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (i) | | List the details of the humane killing/euthanasia method that will be used for each species. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (ii) | | Justify the choice of method for humane killing/euthanasia. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (iii) | | Provide details of the pharmacological methods to be used. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Attach the relevant SOP in the DOCUMENTS tab in IRMA. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | **Drug** | | | | | | | | | **Dosage** | | | | | | | | | | | **Route Administered** | | | | | | | | | |
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|  | (iv) | | Do you have a euthanasia method for emergencies that is species appropriate? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | State the emergency method or explain why this is unnecessary, impractical or not warranted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (v) | | Will a registered veterinarian be consulted before a decision to humanely kill an animal is made? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | If no, explain why this is unnecessary, impractical or not warranted. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (vi) | | What provision is available for any dependent offspring? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (vii) | | Describe how death will be confirmed using at least **two** criteria. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (viii) | | Outline the percentage of animals you expect to die (including from natural causes) or require intervention euthanasia during the project. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | **Potential cause of death or euthanasia**  *e.g. pregnancy toxaemia* | | | | | | | | | | | **Steps taken to minimise impact**  *Regular monitoring, supportive treatment, veterinary assessment* | | | | | | | | | | | | | | | **Percentage of animals affected**  *<1%* | | | |
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| **7.3** | Has provision been made for a post-mortem in the event of an unexpected death or euthanasia? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Provide details of who will conduct the post-mortem, where it will be performed and whether issues of body storage and transport have been addressed or, if no, provide an explanation as to why. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7.4** | **Disposal of Carcasses** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (i) | | How will carcasses be disposed of? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (ii) | | Will there be opportunity to use carcasses or tissues in any other project? Specify what consideration has been given to this possibility. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7.5** | **Fate of remaining animals at the end of the project** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Outline what will happen to any remaining animals once the project is completed.  e.g. planned humane killing, returned to the natural environment, etc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part H -** | | **Other Considerations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.1** | **Other ethical considerations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Are there any other features of your proposal, which raise other ethical considerations such as a requirement for human ethics approval? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **8.2** | **Potential conflict/s of Interest** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Do you have any actual or potential interest, including any financial interest or other relationship or affiliation that may affect judgements and decisions regarding the wellbeing of the animals involved? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**External Investigators Approval Form**

Animal Ethics Committee

**New Application**

**External Investigators Approval Form**

**Protocol ID.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permit No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Protocol Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chief Investigator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of External Investigator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job / Position at Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role on project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Qualifications/Experience:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Relevant to this project)**

**DECLARATION OF RESEARCHER**

By signing below, you agree to the following:

1. I confirm that I will conduct the research in accordance with the protocol as approved by the Murdoch University Animal Ethics Committee (AEC) and in compliance with the *Animal Welfare Act 2002* (WA), the 8th Edition of the Australian code for the care and use of animals for scientific purposes (NHMRC, 2013) and the Australian code for the responsible conduct of research (NHMRC 2018).

2. I confirm that as an external investigator, I have informed my organisation’s AEC about this collaborative research, and I am are aware that, depending on my organisation’s policies, I may be required to submit an application to my AEC. Please refer to Section 2.4.9 of the Australian code for the care and use of animals for scientific purposes 8th Edition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name) (Signature) (Date)*

*Once complete, attach in the DOCUMENTS tab in IRMA*.

for Animal Ethics forms

**Submission Information**

013

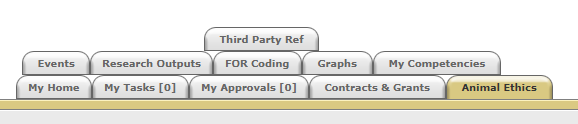
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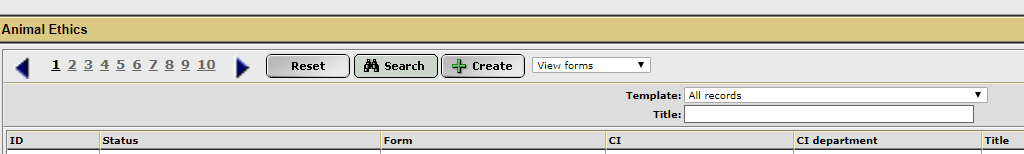
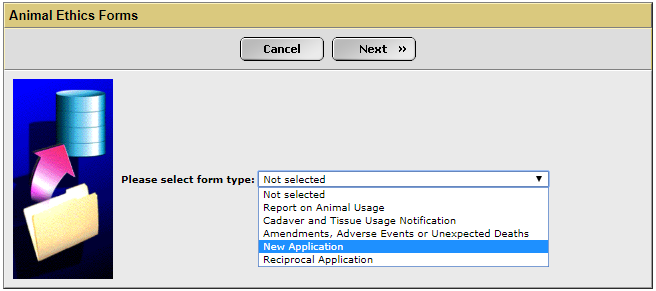
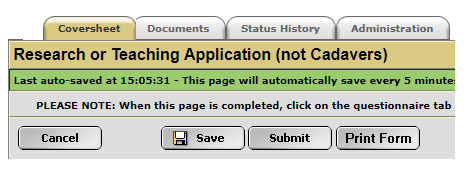
**How to submit this form:**

013

All forms are received and processed through the IRMA system. To do this, you will need to create a “**Coversheet**” in IRMA and attach this form and any supporting documents as part your submission.

1. Begin by creating a Coversheet. Log into IRMA and click on “**Researcher Profile**” (found in the top right-hand corner of your screen). If you do not have IRMA access, contact the Animal Ethics IRMA Support Team on (08) 9360 6472 to register.



1. Click on the “**Animal Ethics**” tab:
2. Ensure the drop-down option is showing as “**View Forms**”, and click the “**Create**” button to create a new coversheet:
3. Select the coversheet template from the drop-down list (see below) that is most suited to your submission, and then click “**Next**”:
4. A new screen will appear (see below). Complete the first tab, “**Coversheet**” to provide the researcher and project information. This is only required for **new applications**. Any amendments or notifications to existing protocols will have this information pre-filled.
5. When this form is complete, save the document to your computer and upload a copy into the IRMA coversheet. Click on the “**Documents**” tab (shown in 5. picture) and upload the form by clicking the “+ **Add**” button. Include any other supporting documentation, e.g. monitoring sheets, owner consent forms, SOPs, etc., in the “**Documents**” tab. Ensure each attachment is clearly labelled when uploading.
6. Once this form has been uploaded into IRMA, return to the “**Coversheet**” tab and click the “**Submit**” button (as shown in pic in 5.).

**TASK COMPLETE**