

003

AE

Animal Ethics Committee

**Teaching Application Form**



Scientific use of animals undertaken by Murdoch University staff and students must comply with the requirements of the *Australian Code for the Care and Use of Animals for Scientific Purposes, 2013* (the *Animal 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.

**Animal Ethics Office**

(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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| **Teaching Unit Title and Number:** | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |
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| **Part A -** | | **Personnel information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.1** | **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Chief Investigator / Course Coordinator:**  A staff member with ultimate responsibility for the teaching unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Contact Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.2** | **Other Internal Teaching and General Staff involved:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Title | | | | | Given Name | | | | | | | | | | | | Surname | | | | | | | | | | | | | | | | | |
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|  | **Other Internal Teaching and General Staff involved:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Title | | | | | Given Name | | | | | | | | | | | | Surname | | | | | | | | | | | | | | | | | |
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|  | Contact Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Other Internal Teaching and General Staff involved:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Title | | | | | Given Name | | | | | | | | | | | | Surname | | | | | | | | | | | | | | | | | |
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|  | **Other Internal Teaching and General Staff involved:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Title | | | | | Given Name | | | | | | | | | | | | Surname | | | | | | | | | | | | | | | | | |
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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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| **1.3** | **List the responsibilities of the Staff as they relate to this project.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | **Staff Responsibilities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **CI** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Staff 1** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Staff 2** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Staff 3** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Staff 4** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.4** | **List qualifications, training and experience related 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **CI** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Staff 1** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Staff 2** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Staff 3** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Staff 4** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.5** | **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 teaching unit. 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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| **1.6** | **Resources** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Are adequate resources available for the conduct of the teaching unit, including necropsies which are compulsory under the Code. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part B -** | | **Teaching Unit Educational Objectives**  *In this section, describe the aims and objectives of the unit. It is important to use plain English to ensure that all AEC members understand the proposed unit.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2.1** | **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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| **2.2** | Give a brief, plain English description of the educational objectives of this unit and explain why the use of live animals is relevant to teaching them. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2.3** | Provide details of the student/demonstrator ratio and student/animal ratio. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2.4** | Will the same animals be used for teaching on multiple occasions during the semester / teaching period in this unit? If so, provide details about the number of times this will occur. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2.5** | How will attainment of educational objectives be assessed? Provide a copy of the teaching notes for this unit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2.6** | Does the teaching outlined in this permit represent current best practice? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part C -** | | **Animal Wellbeing and Refinement**  *In this section, identify and justify the impact of all aspects of the teaching unit on the animal’s wellbeing from the time it is obtained until the teaching use is completed. At each step, provide information about how impacts on the animals will be minimised.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.1** | **Cost to the animal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Describe the refinements you have made in your teaching protocol that will minimise the cost to the animals. Identify any potential harm/s to the animal that may arise from the procedures being performed, including pain, distress and loss of life. Identify how harms will be mitigated.  If there are teaching prac notes for this unit, please attach as a document.  Consider providing a flow chart, diagram or timetable of the teaching unit/s to assist the AEC’s understanding. Attach any relevant SOPs in the DOCUMENTS tab in IRMA. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.2** | **Procedures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | List of all the procedures and the likely impact of them on the animals.  Include restraint, sampling and any surgical procedures that may occur. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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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| **3.3** | **Cumulative Impact on Animals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | The AEC is required to consider the cumulative impact of all procedures that will be performed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (i) | | Will any individual animals be used in more than one AEC teaching approved permit?  If yes, please contact the Farm Manager RE: the current teaching timetable and include those details here. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (ii) | | To the best of your knowledge, are you aware of these same animals being used on other previous approved projects (within the last year)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.4** | **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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| **3.5** | **Pregnant Animals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Give details on whether the project will involve the use of pregnant animals. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *Identify the potential causes of adverse impacts on the wellbeing of these pregnant animals and the monitoring plan proposed*. *Include embryos/foetuses from ½ gestation onwards in the animal allocation numbers required for the teaching permit.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.6** | **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? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | If yes, provide further details. If no, provide further details on why it is not necessary. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (iii) | | Is confinement or prolonged restraint a part of this project? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | If yes, provide further details on the appropriateness of the methods, monitoring and intervention points for release from restraint. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.7** | **Animal Housing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (i) | | Where will animals be held during the practical class? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | **Location:** | |  | | | | | | | | | | | | **Room**  *(Where applicable)*: | | | | | | | | |  | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (ii) | | How long will animals be held in this location including acclimatization? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (iii) | | Have the housing requirements and availability 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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|  | (vi) | | Will animals be transported for this teaching purpose? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | If yes, provide details of transportation type, locations, details of length and distance of journey, and SOPs or codes that will be followed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.8** | **Animal Use** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | **Animal Numbers** | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **Species / Strain & Common Name** | | | | | | | | | | **Yr 1** | | | | | **Yr 2** | | | **Yr 3** | | | | | **Yr 4** | | | | | **Yr 5** | | | | | | **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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| **3.9** | **Source of Animals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Outline the source of the animals, e.g. remain in natural habitat, privately owned, commercial farm.  *If the animals are privately owned, attach the Owner Consent Form in the DOCUMENTS tab in IRMA.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.10** | How long will the animals be retained / kept for the purpose of the teaching unit? Provide details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part D -** | | **Replacement**  *In this section, explain what alternatives you have considered and why animals are needed for the project.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.1** | Have you considered potential alternatives to animals for all, or parts, of this unit? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Provide details of the alternatives implemented or why alternatives were not suitable or justify the need for the use of animals in this project. Comment on opportunities for video demonstration, or other methods, to assist in student learning prior to working with live animals. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part E -** | | **Reduction**  *In this section, provide information about the number of animals, the species and strain, the reasons why this number is necessary and strategies you have utilised to minimise the overall number of animals you plan to use.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5.1** | **Originality** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Is this teaching objective being replicated in any other teaching unit at Murdoch University? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | If yes, briefly describe the previous work and justify why this needs to be repeated. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5.2** | What strategies are in place to ensure that only the minimum number of animals necessary for this unit will be used? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part F -** | | **Monitoring and Fate of animals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6.1** | **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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (i) | | Will you be keeping any kind of animal monitoring records? | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  |  | | If yes, provide details, including where monitoring records will be kept. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (ii) | | Provide details of any clinical, behavioural or other signs that will be used to indicate that an intervention is necessary and the actions that you will take if they are observed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6.2** | **Fate of Distressed or Injured Animals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | (i) | | What criteria will be used to decide if a distressed or injured animal needs to be retired from the unit or humanely killed? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (ii) | | 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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| **6.3** | **Humane Killing/Euthanasia**  *Include in this section details of both planned and emergency euthanasia that may need to be performed.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (i) | | Describe the methods of planned or emergency euthanasia. If pharmacological methods will be used, complete the table below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | **Drug** | | | | | | **Dosage** | | | | | | | | | | | | | | **Route Administered** | | | | | | | | | | | | |
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|  | (iii) | | Describe how death will be confirmed using at least **two** criteria. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | (iv) | | What percentage of animals do you expect to die (including from natural causes) or require intervention euthanasia during the unit? Explain likely reasons for the anticipated loss rate. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  |  | | **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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| **6.4** | **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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| **6.5** | **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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| **6.6** | **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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| **Part G -** | | **Legislative and Regulatory Controls** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7.1** | **Permits, Laws and Regulations** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Is the acquisition, retention or use of animals in this unit subject to any permit, law or regulation of the State or Commonwealth, e.g. Reg 23 permit or Section 40? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7.2** | **Potential conflict/s of Interest** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Provide details of 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 Research Act (1985 – Animal Research Regulation 2010), 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 2007).

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*.

**Submission Information**

for Animal Ethics submissions

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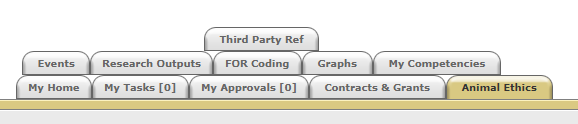
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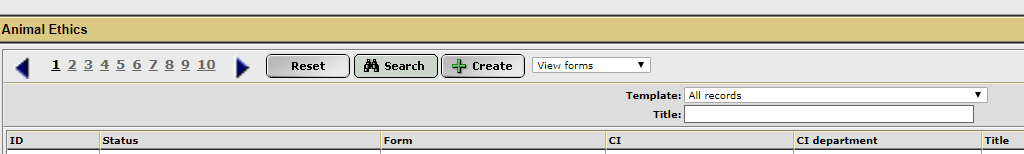
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**How to submit this form:**

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, lodge a request with IT through ServiceNow.



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. A screenshot of a computer

   Description automatically generated with medium confidenceSelect the **New Application** coversheet template from the drop-down list (see below) and then click “**Next**”:
4. A screenshot of a computer error

   Description automatically generated with low confidenceA new screen will appear (see below). Complete the first tab, “**Coversheet**” to provide the researcher and project information. Click on the weblink and download the **“Teaching Application”** form.
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**