

**ANIMAL ETHICS COMMITTEE
Al Nahrain University/ College of Pharmacy**

**Application for Approval
of a Project Involving the Use of Animals,
and Approval as an Investigator for the Project**

NOTE:

1. Please complete the application form in accordance to the Animal Ethics Committee Guidelines. Incomplete application will result in the return of the application and delay in the granting of the approval.
2. Attach a copy of the proposal (research / elective / teaching / other).
3. Application must be word-processed or typewritten and forwarded to the Chairperson, Animal Ethics Committee (AEC), Pharmacology Department/ Al-Nahrain University/ College of Pharmacy
4. Please submit the application and direct all enquiries to the following address:

**Secretary, Animal Ethics Committee, collage of Pharmacy Al-Nahrain University (Ext; Fax: -6;
Email:)**

TYPE OF APPLICATION: [Please tick (/)]

RESEARCH () / ELECTIVE () / TEACHING () / OTHER () please specify: _____

If teaching / elective project, state course name and code:

NAME OF PRINCIPAL INVESTIGATOR / CO-ORDINATOR / CHAIRPERSON:

College / CENTRE:

PROJECT TITLE:

Received by Secretary, Animal Ethics Committee

AEC File No:

Date:

1. PROPOSAL

1.1 Project Title:

1.2 Project Objectives:

1.3 Summary of the Project (not more than 250 words):

1.4 State the Ethical Implications of the Project:

i.

ii.

iii.

1.5 Explain why techniques, which do not use animals, have been rejected as unsuitable.

1.6 Duration (Please note that ethical clearance can only be given for a maximum period of 3 years starting from the commencement date. The AEC should be informed in writing the actual date of commencement of the project.)

Proposed commencement date :

Estimated duration from : dd/mm/yyyy to: dd/mm/yyyy

1.7 Investigators / Co-ordinators / Chairperson:

Please list the names of persons responsible in handling animals.

No.	Name	Dept/School	I/C / Passport No.	Contact No.	Signature & Date
1.					
2.					
3.					
4.					
5.					
6.					

2. CLASSIFICATION OF PROJECT (Please circle one or more)

- A. Project requiring animals to be sacrificed for the preparation of the whole animals or tissue specimens.
- B. Procedure carried out under anaesthesia and the animals sacrificed without regaining consciousness.
- C. Survival after an intervention, which causes minimal stress of short duration (e.g. venepuncture, brief restraint, and blood vessel cannulation under anaesthesia).
- D. Survival after an intervention, which causes major or prolonged stress (e.g. major surgery, prolonged restraint, administration of toxic or painful substances and major behavioural modification).
- E. Purely breeding projects.
- F. Production of antisera.
- G. Teaching purposes.
- H. Fieldwork.
- I. Other procedures – please specify:

3. ANIMALS REQUIRED

3.1 TABLE OF PROPOSED ANIMAL USAGE:

(NOTE: Ethical Clearance can only be given for work involving **LIVE VERTEBRATES** for a maximum period of three calendar years only.)

No.	Scientific and Common Name	Male (No.)	Female (No.)	Total (No.)
1.				
2.				
3.				
	Grand Total			

3.2 SOURCES OF ANIMALS:

(Address of Source / Supplier:)

3.3 LOCATION OF ANIMALS:

(Please indicate where the animals will be housed during the experimental period)

3.4 ENVIRONMENTAL ENRICHMENT:

(Please indicate type(s) of environmental enrichment (special / specific) to be used)

3.5 CARE OF ANIMALS:

(State the name and contact address of the persons responsible for the daily care of animals (including after office hours, weekends and public holidays))

3.6 PERMITS REQUIRED:

(If protected native species, provide details of appropriate permits held)

Holder :

Issuing Agency :

Date of Issue :

Serial No. :

Period of Validity :

3.7 JUSTIFICATION:

(Please explain the basis for selection of the species and justification for the number of animals to be used.)

NOTE: Minimum number of animals to be used to achieve the objectives of the project.

4. EXPERIMENTAL METHODS

4.1 Procedures to be carried out on the animals: (Please circle)

- (a) Surgery: YES / NO
(If YES, answer 4.2 and 4.3)
- (b) Anaesthesia: YES / NO
(If YES, answer 4.4 and 4.5)
- (c) Other: YES / NO
(If YES, answer 4.6 and 4.7)

4.2 State surgical procedures to be carried out on the animals:

4.3 Name the person(s) having experience in performing the procedures:

4.4 Anaesthetic to be used:

Name :

Dose :

Route of Administration :

Duration :

Clinical signs to ensure anaesthesia are adequate:

4.5 Neuromuscular Blocking Agent to be used: YES / NO

If YES,

Agent: Dose:

Route of Administration: Duration:

Justification for use of neuromuscular blocking agent:

4.6 Outline the procedure:

4.7 Name the person(s) having experience in performing the procedure:

4.8 Supervision during experimentation:

(Detail the extent and method of supervision of animals during experimentation, including methods to be used for assessing and preventing pain and distress).

4.9 Post-procedural care:

(Detailed arrangements made by the investigators for immediate and continuing post-operative and / or post-procedural care, including details of restraint, housing and analgesics to be used).

4.10 Post-procedural survival time for the animals: (hours / days / months / years)

5. COMPLETION OF PROJECT

5.1 Animals to be sacrificed: YES / NO

If YES,

- (i) state the method to be used:

- (ii) name of the person performing euthanasia:

- (iii) method of disposal of euthanized animals:

- (iv) If animals are not sacrificed, state what happen to them:

6. HAZARDOUS MATERIALS

Does the project involved exposure of live animals to any of the following:

6.1 Ionising Radiation: YES / NO

If YES, Agent:

6.2 Carcinogen / Teratogen: YES / NO

If YES, Agent:

6.3 Pathogenic Organisms: YES / NO

If YES, Agent:

6.4 Other: YES / NO

Please give details.

If YES to any above;

Please indicate the health risks to human and / or animals involved in the project:

7. GENETIC MATERIALS

- 7.1 Will you be isolating the DNA? YES / NO
- 7.2 Will you be inserting DNA into live animals? YES / NO

8. ANY OTHER COMMENTS

9. DECLARATION BY PRINCIPAL INVESTIGATOR / COORDINATOR / CHAIRPERSON:

I hereby declare that I and / or co-investigators / co-coordinators / vice chairperson have the appropriate qualifications and experience to perform the procedures described in this project. I am familiar with the provisions of the college of pharmacy/ Al Nahrain university rules and regulation in animals for the Care and Use of Animals for Scientific Purposes; and accept responsibility for the conduct of the experimental procedures detailed above; in accordance with the requirement of the rules and regulation laid down by Al Nahrain Uiversity

I further declare that the procedures described in this project do not constitute unnecessary repetition of work previously carried out by other research workers or myself, and that each person engaged in this project has been adequately instructed in, and is competent to perform, procedures that they are to carry out. If they are not already skilled in the procedures, I will be responsible for seeing that they obtain the necessary training in advance, so that each procedure on an animal will be carried out in the most appropriate manner.

Signature: Principal Investigator

Date

10. CERTIFICATION OF THE AEC (Chairperson / Authorised Representative)

Name :

Signature : _____

Date :