Please email completed form to [PIRSA.AnimalEthics@sa.gov.au](mailto:PIRSA.AnimalEthics@sa.gov.au)

The Minor Amendment of a protocol does not involve a change in the main aims of the project

or the asking of a new scientific question.

**Please indicate the amendments requested:**

|  |  |
| --- | --- |
|  | A. Extension of Time of existing approved project |
|  | B. Modification to Procedures in previously approved project |
|  | C. Change to Animals required (number, species, strain etc) |
|  | D. Change of Investigator or Other Personnel |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AEC Project Number:** | Enter text | | **Approval period including existing expiry date:** | Enter date |
| **Title of Project:** Enter text | | | | |
| Name of Primary Applicant | | Enter text | | |
| Applicant’s Institution and Department | | Enter text | | |
| Email address | | Enter text | | |
| Telephone | | Enter text | | |
| Name of contact person for this application (if not the Chief Investigator or Alternate Chief Investigator) | | Enter text | | |
| Email address | | Enter text | | |
| Telephone | | 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.  Enter text |

Animal use previously approved.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Species/Strain** | **Sex** | **Age/Size** | **Original Number of Animals Approved** | **Additional Animals Previously Requested and Approved** | **Number Used to Date** |
| Enter text | Enter text | Enter text | Enter text | Enter text | Enter date |
| Enter text | Enter text | Enter text | Enter text | Enter text | Enter date |
| Enter text | Enter text | Enter text | Enter text | Enter text | Enter date |
| Enter text | Enter text | Enter text | Enter text | Enter text | Enter date |
| Enter text | Enter text | Enter text | Enter text | Enter text | Enter date |
| Enter text | Enter text | Enter text | Enter text | Enter text | Enter date |

SECTION A. Is an extension of time to complete this project requested?

Yes  No

If Yes, complete the table below.

|  |  |
| --- | --- |
| Has an extension of time previously been requested and approved? | Enter text |
| Requested finish date | Enter text |
| Reason for extension | Enter text |

SECTION B. Is a modification to the procedures in this project requested?

Make sure this application describes what the old procedure and the new procedure is so that the reader does not have to refer to the original application to understand what is being asked.

Yes  No

If No, go to Section C.

If Yes, use PLAIN ENGLISH in your response to the following sections – everyday language that can be understood by an educated lay person who has no medical or scientific background.

Do not use scientific jargon and avoid using acronyms.

2.1 Please give a brief lay description of the original project, its aims and progress to date.

Enter text

2.2 Brief lay description of the modification. Give a one sentence/phrase description of each proposed amendment.

Enter text

2.3 Provide a detailed description of the proposed modification and indicate how it will fit within the currently approved project.

Enter text

2.4 Explain the scientific merit of your requested change.

Enter text

2.5 State the welfare impact of the changes on the animals and how that impact will be minimised.

Enter text

2.6 Will this modification require approvals from other AECs, committees or authorities?

Yes  No

If Yes, explain and provide details of additional approvals required/obtained.

Enter text

2.7 Has the pain classification changed?

Yes  No

If Yes, indicate the change below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Category** | **Procedures** | **Extent and Duration of Suffering** |
|  | No pain or distress | Enter text | Enter text |
|  | Mild pain or distress | Enter text | Enter text |
|  | Moderate pain or distress | Enter text | Enter text |
|  | Substantial pain or distress | Enter text | Enter text |
|  | Severe pain or distress (Animals in this category must be humanely killed) | Enter text | Enter text |

2.8 Has the procedure category changed?

Yes  No

If Yes, what will the new category be? Please check the relevant box below and comment on the change.

Enter text

|  |  |
| --- | --- |
|  | Observational Studies: e.g. behavioural study, feeding trial, pitfall trapping, obtaining weights and body measurements. |
|  | Animal Unconscious: No Recovery: Animal killed prior to commencement of project or killed while under general anaesthetic e.g. killing animals for voucher specimens. |
|  | Minor Conscious Intervention: No Anaesthesia: e.g. injections, leg-banding, blood sampling, fitting radio-collars, attaching transmitters with glue or tape, toe or ear clipping for identification purposes, implanting microchips without anaesthesia. |
|  | Minor Procedures with Recovery: e.g. organ biopsies, attaching radio-collars or transmitters under anaesthesia, implanting microchips under anaesthesia, removing teeth, micro CT, embryo transfers. |
|  | Major Surgery with Recovery: e.g. bone surgery, implanting abdominal radio-transmitters. |
|  | Minor Physiological Challenge: e.g. minor infection, minor or moderate genetic deformity, early oncogenesis, residue testing. |
|  | Major Physiological Challenge: e.g. major infection, oncogenesis without pain alleviation, environmental deprivation for extended periods. |
|  | Death as an Endpoint: e.g. lethality testing, vaccine testing where death is a planned and necessary part of the study (see Code definition and [Clause 1.13](https://www.nhmrc.gov.au/about-us/publications/australian-code-care-and-use-animals-scientific-purposes#toc__167)). |

2.9 Monitoring.

Will animals be monitored as outlined in the currently approved protocol?

Yes  No

If No, provide details of the new monitoring requirements and attach an amended or additional monitoring checklist if appropriate.

Enter text

SECTION C. Are additional animals or change of species/strain required?

Yes  No

If Yes, please refer to the relevant institutional guidelines relating to the maximum number of animals that may be requested prior to completing the section below. This will help you determine whether or not a new protocol application is required.

If No, go to Section D.

3.1 Additional Animals/Change of Species Requested

|  |  |
| --- | --- |
|  | Additional animals |
|  | Change of species/strain |
|  | Additional species/strain |

|  |  |  |  |
| --- | --- | --- | --- |
| **Species/Strain** | **Sex** | **Age/Size** | **Number Requested** |
| Enter text | Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text | Enter text |
| Enter text | Enter text | Enter text | Enter text |

3.2 Provide justification for this request.

Enter text

SECTION D. Change of investigator or other personnel.

If no change, go to Section E.

Reminder: If the Chief Investigator leaves the project, an application for a new project may need to be submitted to the AEC. Contact the AEC Executive Officer for further advice.

4.1 Investigator(s) leaving project

Please describe what the impacts of personnel leaving will be to the project.

|  |  |  |
| --- | --- | --- |
| **Investigator’s name** | **Impacts of personnel leaving project** | **Effective date** |
| Enter text | Enter text | Enter date |
| Enter text | Enter text | Enter date |
| Enter text | Enter text | Enter date |

4.2 New investigators on project

For each new person involved with the use of animals in this project, outline their level of experience in the use of the proposed techniques and procedures, in handling the selected animal species and the experimental steps in which they will be involved, plus the date on which they attended Animal Users Training Day Course.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **New investigators** | **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** |
| **Investigator** | Enter text | Enter text | Enter text | Enter date |
| Other people participating | Enter text | Enter text | Enter text | Enter date |

4.3 Investigator(s) continuing with project

|  |  |
| --- | --- |
| **Investigator’s name** | **Date started** |
| Enter text | Enter date |
| Enter text | Enter date |
| Enter text | Enter date |

SECTION E. Investigator declaration of responsibilities

(Note: **Where the answer is NO,** please review your application. The submission of a new Application may be required.)

|  |  |
| --- | --- |
| **I have reviewed the particulars set out on the original application to the AEC for this project and certify:** | |
| (i) That the aims of the project are unchanged | Yes  No |
| (ii) That any licences or permits that are required have been obtained and   are current | Yes  No |
| (iii) That the “Purpose” classification of the project is unchanged | Yes  No |
| (iv) That the “Procedure” classification of the project is unchanged | Yes  No |
| **except where this is discussed in the Minor Amendment application.** | |

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 [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)

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

(v) Sufficient and adequate resources will be available to undertake the proposed study.

|  |  |  |
| --- | --- | --- |
| **Primary Applicant's Name** | **Primary Applicant's Signature** | **Date** |
| Enter text |  | Enter date |

|  |  |  |
| --- | --- | --- |
| **Other Applicant's Name** | **Other Applicant's Signature** | **Date** |
| Enter text |  | Enter date |
| Enter text |  | Enter date |
| Enter text |  | Enter date |
| Enter text |  | Enter date |
| Enter text |  | Enter date |

|  |  |  |
| --- | --- | --- |
| **AEC Use Only** | | |
| Date Received:  Enter date | Action Taken:  Enter text  Date of AEC meeting for consideration:  Enter date | Signature of Chair, AEC |