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| The Australian Code for the Care and Use of Animals for Scientific Purposes 8th ed. (2013) requires that:Before commencing a project, or an amendment to an approved project, investigators must: (i) submit an application to the AEC (ii) obtain written approval from the AEC (Clause 2.4.10)Investigators must not deviate from the approved application without written approval from the AS-AEC.An amendment is a modification to an approved project that remains within the same aims of the original project, and does not significantly change, or reduces the impact on animal welfare. Amendments may include, but is not limited to:* a request for additional animals, but not so many that the AEC question the integrity of experimental design or aims of the project
* a change in the location where research will be carried out
* a change in technique/procedure/drug doses where impact on animal welfare is minimal or improved
* a change in personnel listed on the application

An amendment that falls outside of these guidelines or increases the impact on animal welfare should be submitted as a new application. Contact the AS-AEC Executive Officer for advice.An urgent amendment request that requires review out-of-session must be approved by the AEC Chairperson to do so. The Chief Investigator must adequately justify the requirement for urgent review on the amendment request form. Urgent amendment requests will only be considered in emergency situations where the application cannot be held in abeyance until the next scheduled meeting. Clear and specific justification must be given by the Chief Investigator and these must relate primarily to issues of animal welfare or sudden and unexpected incidents which may have arisen.This form should be used to request an amendment to an approved project. Investigators must use plain English in the amendment form to ensure all members of the AEC are provided with sufficient information to participate effectively in the assessment of the amendment. Ensure you use Microsoft Word or Microsoft Word for Mac. Once complete, submit this form to the AS-AEC Executive Officer by email to aec@synchrotron.org.au**Complete all sections****Changes must not be implemented until full written approval is obtained from the Australian Synchrotron Animal Ethics Committee.** |

**Application for amendment to an approved AEC project**

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| **1. Approved project details** |
| AS-AEC project number | Click here to enter text. |
| Project title | Click here to enter text. |
| Chief Investigator | Click here to enter text. |
| Project duration | Start date | Select date | End date | Select date |
| Species | Click here to enter text. |
| **2. Details of previous amendments** |
| Are there any previously approved amendments to this project?*If ‘YES’ briefly describe each amendment below. Add more rows if required.* | [ ]  YES [ ]  NO |
| Date approved | Amendment description |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

*Add/delete rows as required*

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| **3. Project progress to date** |
| **3.1** Animal use |
| **a)** Animal numbers currently approved | Click here to enter text. | **b)** Number of animals used to date | Click here to enter text. |
| **3.2** Briefly describe the aims of the project in lay terms. You may insert the aim(s) as written in the approved application. |
| Click here to enter text. |
| **3.3** Provide a brief progress report on the project to date.*Include how the animals that have been used to date have been allocated to the experimental groups.* |
| Click here to enter text. |
| **4. Amendment details** |
| **4.1** Is this amendment urgent? *Urgent amendment requests must be justified on the basis of animal welfare or to prevent the waste of animals already housed in the facility.* |
| [ ]  YES [ ]  NO | Justification for urgent amendment |
| **4.2** Are you requesting additional animals? | [ ]  YES (complete section 4.2)[ ]  NO (go to 4.3) |
| **a)** Provide details of the additional animal requirements for this amendment in the table below: |
| **Species/strain/gender/age** | **Number requested in this amendment** | **New total number** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **b)** Does the source of animals differ from the approved application? |
| [ ]  YES [ ]  NO | If YES, provide details. |
| **4.3** Are you requesting to add new personnel to the project? | [ ]  YES (complete section 4.3)[ ]  NO (go to 4.4) |
| *Investigators have personal responsibility for all matters that relate to the wellbeing of animals that they use, including their housing, husbandry and care. This responsibility begins when an animal is allocated to the approved project and ends with the specified fate of the animal at the completion of the project (Clause 2.4.1).**The Australian Synchrotron AEC must be assured that all personnel working on live animals in this project are appropriately experienced, or will be adequately trained and supervised in the techniques described.**For new personnel, list the procedure(s) they will be performing and their level of experience with the species. Use a separate line for each species and/or procedure. If not competent in a procedure, provide details of who will provide training and how competency will be obtained. Note that investigators requiring training must not perform procedures unsupervised until deemed competent.**External users of the Australian Synchrotron are required to provide copies of relevant competency certification obtained from their home institute. This must be provided to the Australian Synchrotron Animal Welfare Officer. The Animal Welfare Officer must also provide certification of competency for each procedure.* **New personnel must sign the declaration at 7.2.** |
| **a)** Complete the following table for new personnel to be added. Copy and insert additional tables for each new investigator as required. |
| **Full name:** Click here to enter text. |
| Procedures to be undertaken | Level of experience in procedure to be performed | How will training and competency be obtained if required? | Is competency certification from the home institute attached to the application? |
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| **4.4** Are you requesting to remove personnel from the project? | [ ]  YES (complete section 4.4) [ ]  NO (go to 4.5) |
| **a)** Provide full name of person(s) to be removed. |
| Click here to enter text. |
| **4.5** Are you requesting to modify the radiation dose used in experiments? | [ ]  YES (complete section 4.5)[ ]  NO (go to 4.6) |
| **a)** Provide details of the modified radiation dose and outline which experiments the new dose(s) will apply to, including number of animals in the group(s). |
| Click here to enter text. |
| **4.6** Are you requesting to modify and/or add procedure(s)?  | [ ]  YES (complete section 4.6)[ ]  NO (go to 4.7) |
| **a)** Describe the procedure(s) in full. Describe how the procedure(s) differ from the approved application. Include an updated flow chart with timelines that incorporate the new procedures.  |
| Click here to enter text. |
| **b)** If you are requesting a change/addition of injectable anaesthesia not included in the approved application, complete the following table. |

|  |  |  |
| --- | --- | --- |
| Drug/agent |       |       |
| Concentration (mg/mL) |       |       |
| Dose (mg/kg) |       |       |
| Volume (mL/kg) of final stock solution |       |       |
| Diluent |       |       |
| Route of administration |       |       |
| Maximum size of needle/catheter |       |       |
| Estimated duration of anaesthesia |       |       |
| Procedure(s) requiring anaesthesia |       |       |

*Add columns if required*

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| **c)** If you are requesting a change/addition of gas anaesthesia not included in the approved application, complete the following table. |

|  |  |  |
| --- | --- | --- |
| Drug/agent | [ ]  Isoflurane[ ]  Sevoflurane[ ]  Other: Provide details | [ ]  Isoflurane[ ]  Sevoflurane[ ]  Other: Provide details |
| Dose (%) | [ ]  Induction: Provide %[ ]  Maintenance: Provide % | [ ]  Induction: Provide %[ ]  Maintenance: Provide % |
| Diluent/gas | [ ]  Oxygen[ ]  Medical air[ ]  Other: Provide details | [ ]  Oxygen[ ]  Medical air[ ]  Other: Provide details |
| Delivery | [ ]  Induction box[ ]  Mask/nosecone[ ]  Intubation | [ ]  Induction box[ ]  Mask/nosecone[ ]  Intubation |
| Size/type ET tube |       |       |
| Estimated duration of anaesthesia |       |       |
| Procedure requiring anaesthesia |       |       |

*Add columns if required.*

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| **d)** If you are requesting a change/addition of analgesia not included in the approved application, complete the following table. |

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| Drug/agent |       |       |
| Concentration (mg/mL) |       |       |
| Dose (mg/kg, mass/kg) |       |       |
| Volume (mL/kg) of final stock solution |       |       |
| Transdermal μg/mL/hr |       |       |
| Diluent |       |       |
| Route of administration |       |       |
| Maximum size of needle (if applicable) |       |       |
| Frequency and duration of use |       |       |
| Procedure requiring analgesia |       |       |

*Add columns if required*

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| **e)** If you are requesting a change/addition of administration of other compounds/drugs, diets, chemicals, hormones, biological of radioactive agents not included in the approved application, complete the following table. |

|  |  |  |
| --- | --- | --- |
| Drug/agent |       |       |
| Purpose of use |       |       |
| LD50 dose according to the species (if known) |       |       |
| Concentration (mg/mL) |       |       |
| Dose (mg/kg or mass/kg) |       |       |
| Volume (mL/kg) of final stock solution |       |       |
| Diluent |       |       |
| Route of administration |       |       |
| Maximum size of needle (if applicable) |       |       |
| Frequency and duration of use |       |       |
| Adverse or side effects |       |       |
| Previously used by personnel listed in this application | Choose an item | Choose an item |

*Add columns if required*

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| **4.7** Are you requesting other modification(s) not listed above (4.2-4.5)? | [ ]  YES (complete section 4.7)[ ]  NO (go to 5) |
| **a)** Provide full details of the modification(s) you are requesting |
| Click here to enter text. |
| **5. Justification** |
| **5.1** Provide justification for the modifications requested.*Include why the proposed amendment is necessary to meet the aims of the project. If the request is for additional animals, justification must include the results of appropriate statistical procedures such as sample size and power calculations for each group or subgroup of animals.* |
| Click here to enter text. |
| **6. Animal welfare** |
| **6.1** For changes in procedures, what are the anticipated positive and/or negative impacts of the proposed modification(s) on animal welfare? *Include all potential adverse impacts on animal welfare. Describe how any potential adverse impacts will be minimised. Include any new/modified monitoring sheet(s), monitoring criteria and interventions.* |
| Click here to enter text. |

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| **7. Declarations** |
| **7.1 Declaration by the Chief Investigator**I hereby declare that:I have read the [*Australian Code 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[*Prevention of Cruelty to Animals Act 1986*](https://www.legislation.vic.gov.au/in-force/acts/prevention-cruelty-animals-act-1986/096)and the [*Prevention of Cruelty to Animals Regulations 2019*](https://www.legislation.vic.gov.au/in-force/statutory-rules/prevention-cruelty-animals-regulations-2019/002) and accept the responsibilities detailed therein.I accept responsibility for the conduct of all procedures and the care of animals detailed in this application, in accordance with the requirements of the Code, the Act, the Regulations and the AEC.If new personnel are engaged in this project, they have been listed under Section 4.3 of this form. I consider that they have the qualifications, experience and training appropriate for their role in the project; and that they are competent to perform procedures described to the extent of their role. If any person is not already skilled in the procedures, I will ensure that they obtain all necessary training in advance of performing any procedure independently.I am aware that prior to commencing procedures, all personnel must be certified as competent in all procedures for which they will independently undertake by the Australian Synchrotron Animal Welfare Officer. All personnel have been made aware of their role and responsibilities in this project, and have been given copies of all necessary documentation |

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| --- | --- | --- |
| **Full name** | **Signature** | **Date** |
|       |  |       |

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| **7.2 Declaration by the new personnel** (if applicable to this request)I hereby declare that:I have read the [*Australian Code 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[*Prevention of Cruelty to Animals Act 1986*](https://www.legislation.vic.gov.au/in-force/acts/prevention-cruelty-animals-act-1986/096)and the [*Prevention of Cruelty to Animals Regulations 2019*](https://www.legislation.vic.gov.au/in-force/statutory-rules/prevention-cruelty-animals-regulations-2019/002) and accept the responsibilities detailed therein to the extent of my involvement with this project.I have read this application and agree to my participation in the proposed work.I accept responsibility for the conduct of all experimental procedures detailed in this application that I will undertake.I will only undertake procedures for which I have been listed for under section 4.3 of this request form.I am aware that I must not conduct procedures on live animals unsupervised until I have been trained and assessed as competent in those procedures. I must also be certified as competent in all procedures for which I will independently undertake by the Australian Synchrotron Animal Welfare Officer prior to commencing procedures. |

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| **Full name** | **Signature** | **Date** |
|       |  |       |
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*Add rows as necessary*

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| **8. Contact details of new personnel involved in the project** |
| Complete the table below for new personnel added to the project (if applicable to this request) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Full name** | **Phone number** | **WhatsApp number**(if applicable) | **Email** |
|       |       |       |       |
|       |       |       |       |
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*Add rows as necessary*