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**APPLICATION FOR APPROVAL: NELSON MANDELA UNIVERSITY RESEARCH ETHICS COMMITTEE (ANIMAL)**

1. Any activity involving the acquisition, keeping or use of live animals (e.g. research, education, practical work, etc.), hereafter called a study, requires completion of this form and submission for approval to the RESEARCH ETHICS COMMITTEE (ANIMAL) (REC-A).
2. Each Department or equivalent unit has the primary responsibility for ensuring that animal subjects kept or used are protected adequately from undue stress by the application of the appropriate ethical practices.
3. Departmental approval must be obtained before submission of the application to the REC-A.
4. This form has perforce to be generic. Please complete all fields, and enter NA for items not relevant to your study.
5. Ethics approval remains valid for three years, provided that the approved protocols and conditions remain unchanged.
6. **How to proceed:**
7. Read the *Guidelines for Ethical Conduct in the Care and Handling of Animals used for Research and Education at the Nelson Mandela University*, available on the Intranet.
8. Get a copy of the application form (this file) from the Intranet, and save this Word file with a filename **containing your name**.
9. Complete Sections 1-7 typescript (Tab between fields, information may be pasted from existing Word® documents), save (ensuring the filename contains your name), and email the file to Imtiaz.Khan@mandela.ac.za.
10. Print the document, get each page initialled on the lower right hand corner and get Sections 6 and 7 signed by the relevant parties. Hand the signed hardcopy in at the Department of Research Development (RD).
11. Attach confirmation emails for all external co-workers as an addendum to this application.
12. For amendments to a protocol: Any amendment request should be emailed by the PRP/PI to Mr I Khan and Ms U Spies with changes clearly highlighted in the original application form.
13. Weekly animal welfare records should be kept by the PRP and should be available upon request.
14. Completion of Project Form: PRP/PI is responsible to complete the form which is available on the RD website.

***Please note - The Protection of Personal Information Act, 2013 (POPI Act) has been promulgated and implemented on 1 July 2020. All personal identifiable information provided by you shall be treated in accordance with this statute and only used for research ethics application and/or reporting processes, as indicated in the University’s Privacy Policy. By providing your information, you are giving your consent for the use of all of your personal identifiable information, provided to the University, for the aforesaid purposes.***

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| 1. GENERAL PARTICULARS |
| 1. Concise descriptive title of study (must contain key words that best describe the study):

**Type Title here** |
| 1. Name of primary responsible person (PRP) (must be member of permanent academic staff)

**Type name here** **Type Office Address here** |
| 1. Contact number/s of PRP: **Type details here**
 |
| 1. Affiliation of PRP: Faculty ; Department: **Type Department name here**
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| 1. Name and affiliation of principal investigator/researcher (may be same as PRP):

**Type name here** |
| 1. Name(s) and affiliation(s) of all co-workers (e.g. co-investigator/assistant researchers/supervisor/co-supervisor/promoter/co-promoter):

**Type names and affiliations here** |
| 1. Scope of study:
 | 1. If for degree purposes:
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| 1. Funding :

 Additional information (e.g. source of funds or how combined funding is split)**Type additional information here** |
| 1. Are there any restrictions or conditions attached to publication and/or presentation of the study results?

 If Yes, elaborate: (Any restrictions or conditions contained in contracts must be made available to the Committee)**Elaborate here, or type NA** |
| 1. Date of commencement of study: **Type Response here** Anticipated duration of study: **Type Response here**
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| 1. Objectives of the study (the major objective(s) are to be stated briefly and clearly. If the work is part of a complicated series of studies which will be of long duration it may not be possible to detail the complete protocol for these studies without omitting details which are necessary for evaluation of the research proposal. In this instance a brief outline of the overall study should be included):

**Type response here** |
| 1. Background information: briefly (300 words or less) describe the scientific or field observations which have prompted the work. A few (up to three) key scientific references may be included:

**Type response here** |

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| 2. EXPERIMENTAL DESIGN AND PROCEDURES |
| * 1. What animals will be used in this study:

**Type response here** |
| b) Briefly describe how animals will be captured and transported:**Type response here** |
| c) Holding density: Caged animals: give the dimensions (length, width and height) of cages, the number of animals per cage and the average mass of each animal. Aquatic animals: give the dimensions (length, width and height) of tanks, the number of animals per tank and the average mass of each animal. Animals in pasture: give the stocking density.**Type response here** |
| d) What will the animals be fed (quantity and quality): **Type response here** |
| e) Arrangements of experimental animals into categories or groups for various experimental treatments:**Type response here** |
| f) Give the number of animals in the groups and the method of assignment of the animal to these groups (e.g. by random selection or by stated criteria):**Type response here** |
| g) Give details of the drugs and the dosages to be used in the study and the name of a competent practitioner who will assume legal responsibility for supervising the use of these substances: **Type response here** |
| h) State the parameters to be measured and the statistical method to be used for the analysis of results:**Type response here** |
| i) State the methodology to be used for the acquisition and evaluation of the measured parameters. References should be included if the methodology has been reported in published scientific literature. If the methodology has been developed during earlier experiments it should be briefly described: **Type response here** |
| j) Briefly describe surgical techniques:**Type response here** |
| k) Who will be performing the procedures, and why are they considered competent:**Type response here** |
| l) Give details of qualifications and/or experience of supportive personnel providing pre-, intra-, and post-experimental care:**Type response here** |
| m) State the method of euthanasia to be used:**Type response here** |
| n) What other methods of euthanasia have been considered?**Type response here** |
| o) How will carcasses be disposed?**Type response here** |

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| 3. ANIMAL JUSTIFICATION OF STUDY |
| 1. Risks: Will animals be killed? Is there any risk of harm to animals, however slight or temporary? Are all risks reversible? Are remedial measures available? Are alternative procedures available?

**Type response here** |
| 1. Risks: Is there any risk of harm to humans? Is there risk of cross-contamination? Have the people involved in the study any previous experience with the particular risk factors involved?

**Type response here** |
| 1. Benefits of the study (Describe the benefits of the study and how they justify the risks):

**Type response here** |

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| 4. USE OF SCHEDULED SUBSTANCES |
| Please list all controlled substances to be used in this study. State the name and affiliation of the person responsible for prescribing and directing administration of the substance and provide their acceptance of this responsibility by signature. |
| 1.  | **Type response here** |  | **Type response here** |  |
|  | SUBSTANCE |  | AFFILIATION OF RESPONSIBLE PERSON |  |
|   |  |  |  |  |
|  | SIGNATURE OF RESPONSIBLE PERSON |  | DATE |  |
| 2.  | **Type response here** |  | **Type response here** |  |
|  | SUBSTANCE |  | AFFILIATION OF RESPONSIBLE PERSON |  |
|   |  |  |  |  |
|  | SIGNATURE OF RESPONSIBLE PERSON |  | DATE |  |

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| 5. PERMITS |
|  | Have the relevant study permits be obtained for the access or use of animals? If YES, please attach a copy of the permit(s) to this application.**Enter details here, or type 'None'** |  |

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| 6. DECLARATION |
| If any changes are made to the above arrangements or procedures, I will bring these to the attention of the Research Ethics Committee (Animal). I have read, understood and will comply with the *Guidelines for Ethical Conduct in the Care and Handling of Animals used for Research and Education at the Nelson Mandela University* and have taken cognisance of the availability (on-line) of the Medical Research Council Guidelines on Ethics for Research. All participants are aware of any health hazards or risks associated with the use of the animals involved. I am aware of the following potential conflict(s) of interest which should be considered by the Committee:**Enter details here, or type 'None'** |
|   | ……………………………………………………………….. ……………………………………..SIGNATURE OF PRIMARY RESPONSIBLE PERSON DATE………………………………………………………………. …………………………………….SIGNATURE OF PRINCIPAL INVESTIGATOR/RESEARCHER DATE……………………………………………………………….. ……………………………………..SIGNATURE OF CO-WORKER (S) DATE(Note: External co-workers to attach an confirmation email to this application) |  |

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| 7. DEPARTMENTAL APPROVAL |
| This proposal has been discussed and approved at Departmental level. This is attested to by the signature below of a Departmental (e.g. HoD) or Faculty (e.g. RTI or Postgraduate Studies) representative, who may not be a previous signator. |
|   |  |  |  |  |
|  | NAME |  | CAPACITY |  |
|   |  |  |  |  |
|  | SIGNATURE |  | DATE |  |