REF NO: For office use

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**APPLICATION FORM TO USE EXTERNAL DATA FROM ANIMAL SAMPLE COLLECTION:**

**NELSON MANDELA UNIVERSITY RESEARCH ETHICS COMMITTEE (ANIMAL)**

1. Any activity involving the acquisition of 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 carcasses or parts are kept and used where it is protected from other students, staff and private individuals.
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. Get the latest copy of the application form (this file) from the Intranet, and save this Word file with a filename **containing your name**.
8. Complete Sections 1 and 2 in 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](mailto:Imtiaz.Khan@mandela.ac.za) .
9. Print the document, get each page initialled on the lower right hand corner and get Sections 3 and 4 signed by the relevant parties. Hand the signed hardcopy in at the Department of Research Capacity Development.

***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** | |
| 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: |
| 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** | |
| 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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| 1. SUMMARY OF PROPOSED DATA USAGE |
| * 1. Were the samples from which this data has been obtained, ethically acquired?   **Type response here** |
| * 1. Provide details of ethics approval obtained for the animal sample collection:   **Type response here** |
| * 1. Will data collected be stored in any way? If YES, please specify (i) by whom? (ii) How many copies? (iii) For how long? (iv) For what reasons?   **Type response here** |

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| 1. 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 PRINCIPLE INVESTIGATOR/RESEARCHER |  | DATE |  |

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| 1. 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 |  |