

INFORMATION FOR REVIEW OF RESEARCH INVOLVING ANIMALS

CHECK LIST

1. Title of Study: _____

2. Principal Investigator (or Supervisor): _____
3. Co-investigator (or Postgraduate): _____
4. Study Coordinator (if applicable): _____
5. Department/Section in which the study is being carried out: _____

6. Is the project funded? YES () NO ()
7. Source of funding? _____
8. Expected date of commencement of the study: _____
9. Expected date of completion of the study: _____
10. Specie(s) and approximate number of animals required for the study: _____

11. Will animals be killed at the beginning or end of the study? YES () NO ()
12. If "YES", describe the method of euthanasia: _____

13. If "YES", describe the method of disposal of the carcass: _____

14. Will hazardous agents be used in the study? YES () NO ()
(e.g. chemical, biological, radioisotopes etc.)
If "YES", state the agents and the precautions to be undertaken: _____

15. Will the study involve the use of investigational drugs? YES () NO ()

If "YES", state whether the drugs will induce pain or other harm to the animal: _____

16. Will animals be subjected to physical restraint? YES () NO ()

If "YES", state duration: _____

17. Will animals be deprived of food and/or water? YES () NO ()

If "YES", state duration: _____

18. Will animals be subjected to extreme variations in the environment (e.g. heat, cold, noise, light)? YES () NO ()

If "YES", state type and duration: _____

19. Will the study involve exercising animals to exhaustion? YES () NO ()

If "YES", state type, intensity and duration of exercise: _____

20. Will animals be subjected to electric shocks? YES () NO ()

If "YES", state duration, placement, frequency and/or intensity of the shock: _____

21. Will you use any immobilizing agents including muscle relaxants, with anaesthesia? YES () NO ()

22. Is post-operative analgesia contra-indicated with the surgical procedure being used? YES () NO ()

23. Will muscle relaxants or paralytics be used alone during surgery without anaesthesia? YES () NO ()

24. Will animals be subjected to any other stressful or invasive procedure with recovery? YES () NO ()

If "YES" explain: _____

25. Will any of the following be induced?

- | | | | |
|-----|----------------------|---------|--------|
| (a) | Burns? | YES () | NO () |
| (b) | Fractures? | YES () | NO () |
| (c) | Infection? | YES () | NO () |
| (d) | Neoplasms? | YES () | NO () |
| (e) | Other Severe Trauma? | YES () | NO () |

If "YES" state duration, placement, etc.: _____

26. Does the investigation involve any other pain studies? YES () NO ()

If "YES" explain: _____

27. Will the animals be subjected to predator/prey or fighting experiments? YES () NO ()

28. If you answered "YES" to questions 23 – 27 state specific measures to be undertaken to alleviate pain, distress, or suffering:

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Principal Investigator's Signature

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Date