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:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Principal Investigator’s Signature ..................................................
Date ........................................................