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| --- |
| Project Reference No. |
| Project Title. |
| Principal Investigator |

Office Use Only

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| Zoos Victoria (ZV) Research & Animal Ethics Committee Application Form | | | | | | | | | | | | | | | | | | | | | | | |
| Office Use Only | | | | | | | | | | | | | | | | | | | | | | | |
| **ZV Project Reference No.** | | | | | | | | **ZV....……..** | | | | | | | | | | **Date Received:** | | | **/ /** | | |
| **Approved by ZV Senior Staff:** | | | | | | | | | **AEC Required? Yes  No** | | | | | | | | | **AEC Meeting Date:** | | | **/ /** | | |
| **notes on the completion of this application form**   1. Sections 1 and 4 must be completed for EVERY application. However, depending on the nature of your proposed research, you may not need to complete sections 2 and 3. Applicants should read through the entire form before completing only the sections that apply to your request, and then tick off below the sections that you have completed. 2. Applications must be written in plain English. It should not be assumed that assessors have scientific knowledge or knowledge of your area of research. Consider asking a colleague or person lacking a scientific background to read the application before it is submitted. Where scientific language is used, it must be supported by a clear lay explanation or a glossary of terms.   **This Application Form has the following sections:**   |  |  | | --- | --- | | 1. RESEARCH PROPOSAL DETAILS 2. ADDITIONAL INFORMATION FOR ANIMAL ETHICS COMMITTEE 3. SAMPLE REQUEST 4. APPLICANT DECLARATIONS 5. ZV ENDORSEMENT & DECLARATION (OFFICE USE ONLY) |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| SECTION 1: RESEARCH PROPOSAL DETAILS – ALL APPLICANTS TO COMPLETE | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 1 Project Specifics | | | | | | | | | | | | | | | | | | | | | | | |
| Project Title: | | | | |  | | | | | | | | | | | | | | | | | | |
| New project  New application for an existing project (Please cite previous project number ZV \_\_\_\_\_\_\_\_\_ ) | | | | | | | | | | | | | | | | | | | | | | | |
| **External institution Animal Ethics Committee (AEC) approval no. (if applicable):** | | | | | | | | | | | | | | | |  | | | | | | | |
| Proposed project period: | | | | | | | | | | / / - / / | | | | | | | | | | | | | | |
| *Please note: the maximum period of approval is 3 years. For extensions beyond the finish date, an application for extension must be approved by the AEC prior to that date, otherwise a new application will be required.* | | | | | | | | | | | | | | | | | | | | | | | |
| 1.2 Personnel Details | | | | | | | | | | | | | | | | | | | | | | | |
| 1.2.1 *Principal Investigator (NB:* This should be the student’s supervisor if for an Honours or Masters projects) | | | | | | | | | | | | | | | | | | | | | | | |
| Title & Name: | | | | | | |  | | | | | | | | | | | | | | | | |
| Qualifications: | | | | | | |  | | | | | | | | | | | | | | | | |
| Institution: | | | | | | |  | | | | | | | | | | | | | | | | |
| Department: | | | | | | |  | | | | | | | | | | | | | | | | |
| Work address: | | | | | | |  | | | | | | | | | | | | | | | | |
| City/Suburb: | | | | | | |  | | | | | | | | | | | | | | | | |
| State: | | | | | | |  | | | Postcode: | | |  | | | Country: | | | | |  | | |
| Telephone: | | | | | | |  | | | Mobile: | | |  | | | Fax: | | | | |  | | |
| Email: | | | | | | |  | | | | | | | | | | | | | | | | |
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| 1.2.2 *Associate Investigator(s)* Please list all personnel involved. Add further lines as required. | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | Institution | | | | | | | | Qualifications | | | | | | Telephone | | | | | Email | | |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **1.2.3 Which of the investigator(s) has ultimate responsibility for the conduct of the project and/or care of the animals?** | | | | | |  | | | | | | **1.2.4 Which of the investigator(s) has responsible for the day-to-day running of the project?** | | | | | |  | | | | | | **1.2.5 Who is the Zoos Victoria contact for this project and what is their current role?** | | | | | |  | | | | | | **1.2.6 For each investigator, provide details of their (i) relevant experience and (ii) specific responsibilities within this project, including any training required prior to the commencement of this research and the person(s) who will provide that training.** | | | | | |  | | | | | | **1.2.7 Do any of the investigators have any actual or potential interests, including any financial interest or other relationship or affiliation, that may affect judgements and decisions regarding the wellbeing of animals involved?** | | | | | |  | | | | | | **1.2.8 Please nominate a referee for the Principal investigator, such as a colleague or supervisor at a tertiary institution or workplace.** | | | | | | **Title** | **Name** | **Institution** | **Phone** | **Email** | |  |  |  |  |  | |  |  |  |  |  | | *Please add further lines as required.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.3 Project Description | | | | | | | | | | | | | | | | | | | | | | | |
| ***Avoid the use of jargon where possible. If use is unavoidable, provide brief explanations of the terms used. If the research is a part of a larger project, please include an electronic copy of the full proposal.*** | | | | | | | | | | | | | | | | | | | | | | | |
| 1.3.1 Background Information (including key references) | | | | | | | | | | | | | | | | | | | | | | | |
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| 1.3.2 Aims and (where relevant) predicted outcomes | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.3.3 Are there any Occupational Health & Safety risks to the investigators associated with this work that require consideration (e.g. zoonotic diseases)?** | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.4 How will this project be reported? (e.g. report, thesis, publication)** | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.5 Does completion of this project contribute to course requirements?** | | | | | | | | | | | | | | | | | | | | | | | |
| ***No*** | |  | | | | Go to Question 1.6. | | | | | | | | | | | | | | | | | |
| *Yes* | |  | | | | Please provide details of level of study below: | | | | | | | | | | | | | | | | | |
| *Undergraduate* | | | | | | | | | |  | *Masters* | | | | |  | | | *TAFE* | | |  |  |
| *Honours* | | | | | | | | | |  | *PhD* | | | | |  | | | *Other* | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **1.6 Please indicate below which of Zoos Victoria’s key research themes this project addresses:** | | | | | | | | | | | | | | | | | | | | | | | |
| Please note: Research that does not clearly align with one or more of the following themes is unlikely to be supported. Further information regarding these themes can be found at [www.zoo.org.au/fighting-extinction/research](http://www.zoo.org.au/fighting-extinction/research) | | | | | | | | | | | | | | | | | | | | | | | |
|  | Conservation breeding & reintroduction of threatened species | | | | | | | | | | |  | | | Reproductive management and collection sustainability | | | | | | | | |
|  | Animal health and wellbeing relating to collection animals or wildlife | | | | | | | | | | |  | | | Mitigation of key threatening processes for one or more of ZV’s ‘Fighting Extinction’ priority species | | | | | | | | |
|  | Biodiversity assessment of ZV-managed lands | | | | | | | | | | |  | | |  | | | | | | | | |
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| 1.7 Resourcing | | | | | | | | | | | | | | | | | | | | | | | |
| ***Please note: any resource implications for Zoos Victoria should be discussed with relevant Zoos Victoria staff before completing this section.*** | | | | | | | | | | | | | | | | | | | | | | | |
| Have adequate resources already been secured to undertake this project? | | | | | | | | | | | | | | | | | | | | | | | |
| ***Yes***  ***No*** | | | If No, how do you intend to secure the necessary resources? | | | | | | | | | | | | | | | | | | | | |
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| Proposed sources of funding: | | | | | | | | | | | | | | | | | | | | | | | |
| Zoos Victoria (%) | | | | | | | | | External (%) | | | | | | | External Source | | | | | | | |
|  | | | | | | | | |  | | | | | | |  | | | | | | | |
| *If there are direct budgetary implications for Zoos Victoria, please provide the estimated amounts and the account code(s) that will be used (Please add further lines as required).* | | | | | | | | | | | | | | | | | | | | | | | |
| Account Code | | | | | | | | | Budget  Year 1 | | | | | | | | Budget  Year 2 | | | | Budget  Year 3 | | |
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| *Please provide estimates of in-kind support required from Zoos Victoria other than animals (e.g. access to off-limit areas, out-of-hours access, animal records, use of equipment, vehicles, zoo facilities and staff time)* | | | | | | | | | | | | | | | | | | | | | | | |
| Resource Required | | | | | | | | | | | | | | | | Time required (hrs) and/or  estimated value ($) | | | | | | | |
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| *Please add further lines as required.* | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. **Project Methodology, Design & Animal details** | | | | | | | | | | | | | | | | | | | | | | | |
| 1.8.1 Methodology  *This section should include a clear plan of the research or other activity, included the study design, methods, equipment required, timelines and how Zoos Victoria’s animals, samples or data will be used in this research.* | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.8.2** **Specify the species and number of individuals that you wish to use in your research. Please use a separate line for animals sourced externally and those at each property.** *Melbourne Zoo (MZ), Healesville Sanctuary (HS), Werribee Open Range Zoo (WORZ), Kyabram Fauna Park (KFP).* | | | | | | | | | | | | | | | | | | | | | | | |
| **Species (common & scientific name)** | | | | | | | | | | | | | | | | **Source**  **(include both ZV and external)** | | | | **Estimated total number of animals to be used** | | | |
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| *Please add further lines as required.* | | | | | | | | | | | | | | | | | | | | | | | |
| **1.8.3 If appropriate, what statistical methods do you intend to use to analyse these data?** | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.9 Does this project require AEC approval in accordance with the Australian code for the care and use of animals for scientific purposes?** | | | | | | | | | | | | | | | | | | | | | | | |
| **NB: The final decision whether AEC approval is required will be made by the Chair of the Zoos Victoria AEC and/or Senior Research Manager, Wildlife Conservation & Science, Zoos Victoria.** | | | | | | | | | | | | | | | | | | | | | | | |
| ***Yes***  ***No*** | | | | Proceed to SECTION 2  Go to SECTION 4 (page 15) | | | | | | | | | | | | | | | | | | | |
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| **1.10 Permits** | | | | | | | | | | | | | | | | | | | | | | | |
| **Does this research or activity require approval from the State or Commonwealth government (e.g. Victorian Translocation Panel approval or Wildlife Research Permit)?** | | | | | | | | | | | | | | | | | | | | | | | |
| ***Yes***  ***No*** | | | If yes, attach a copy of the current permit(s) or explain why permit(s) are not attached. | | | | | | | | | | | | | | | | | | | | |

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| **SECTION 2: ADDITIONAL INFORMATION FOR ANIMAL ETHICS COMMITTEE (AEC)** | | | | | | | | | | | | | |
| **Background Information**  All scientific procedures using animals must be carried out in accordance with the *Prevention of Cruelty to Animals Act 1986*, associated Regulations and the *Australian code for the care and use of animals for scientific purposes*.  These legislative requirements specify that an Animal Ethics Committee (AEC) must verify that the use of animals for research or teaching is justified and adheres to the principles of Replacement, Reduction and Refinement. All proposed animal use must be approved by an AEC before commencing the project.  Before completing this section of the application, investigators should be familiar with the following:   * The Australian code for the care and use of animals for scientific purposes (8th Edition). * Part III of the *Prevention of Cruelty to Animals Act 1986* and Regulations 2008. * The ZV Code of Conduct for Scientific Research Practice and Occupational Health and Safety procedures.   Knowledge of these requirements will assist you in completing this section in a satisfactory manner. The above documents can be downloaded from the Zoos Victoria webpage. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **2.1 Is this application accompanied by approval from an external institutional Animal Ethics Committee (AEC)?** | | | | | | | | | | | | | |
| ***Yes*** | | In addition to completing this section of the Zoos Victoria Application, you are required to submit an electronic version of the external AEC application, Approval letter and any other relevant documentation associated with the project. | | | | | | | | | | | |
| ***No*** | | You will need to complete this section to apply for approval from the Zoos Victoria AEC. | | | | | | | | | | | |
| ***Please note that, regardless of external institution AEC approval, the proposal must be approved by the Zoos Victoria AEC before research may commence.*** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **2.2 Animal Welfare** | | | | | | | | | | | | | |
| *The purpose of the* ***Australian code for the care and use of animals for scientific purposes*** *(the Code) is to ensure the ethical use and the humane care of animals used for scientific purposes.*  *The Code emphasises the responsibilities of investigators, teachers and institutions using animals to:*   * *Ensure that the use of animals is justified, taking into consideration the scientific or educational benefits and the potential effects on the welfare of the animals.* * *Ensure that the welfare of animals is always considered.* * *Promote the development and use of techniques which replace animal use in scientific and teaching activities wherever possible.* * *Minimise the number of animals used in projects.* * *Minimise pain or distress for each animal used in scientific and teaching activities.*   *To this end, there is a need in scientific and teaching activities to consider:*   * *The replacement of animals with other methods.* * *The reduction in the number of animals used.* * *The refinement of techniques used to reduce the impact on animals.* | | | | | | | | | | | | | |
| * + 1. **Using lay terms, briefly explain the purpose of this project and its value or significance** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| * + 1. **Provide particular justification of the proposed research activities if they involve either:**  1. **Severe compromise to animal wellbeing, and for which Replacement, Reduction and Refinement (the 3R’s) cannot be fully applied for projects to proceed.** 2. **Use of non-human primates** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **2.2.3 Does the project duplicate work that has been carried out previously?** | | | | | | | | | | | | | |
| ***No*** | Please go to Question 2.2.4 | | | | | | | | | | | | |
| ***Yes*** | **Please explain below why it is necessary to duplicate the work.** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| * + 1. **On the basis of the methods described in Section 1.8.1, provide a step-by-step summary of what will happen to each animal, or group of animals, for the duration of the project. Include the number of replicates and time between these actions.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| * + 1. **Describe what steps have been taken to consider and apply the 3R’s (Replacement, Reduction, and Refinement)? Include in this statement an explanation of why any less invasive approaches or methodologies have not been adopted for this project (e.g less invasive methods for marking individuals, computer modelling).** | | | | | | | | | | | | | |
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| **2.2.6 Justify the number of animals requested in terms of statistical and/or other considerations in the experimental design.** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **2.2.7 Have you taken into account other sources of variation that may affect the outcomes of this research such as the biological status (e.g health, age) or living conditions (e.g physical or social environment) of the individual animals involved?** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| * 1. **Source of animals** | | | | | | | | | | | | | |
| **2.3.1 From where will the animals be obtained? (please provide details)** | | | | | | | | | | | | | |
| **Wild Caught** | | | | | | **Captivity (ZV)** | | | | | **Captivity (non-ZV facility)** | | |
|  | | | | | |  | | | | |  | | |
| **2.3.2 Will animals need to be transported from the source location to the location where they will be held for this project?** | | | | | | | | | | | | | |
| ***No*** | Go to Question 2.3.3 | | | | | | | | | | | | |
| ***Yes*** | **Provide details of transportation and acclimatisation procedures below.** | | | | | | | | | | | | |
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| **2.4 Location of animals during the project** | | | | | | | | | | | | | |
| **2.4.1 Will these animals be housed in existing ZV facilities appropriate for this species?** | | | | | | | | | | | | | |
| ***Yes*** | Go to Question 2.4.2 | | | | | | | | | | | | |
| ***No*** | ***Provide the following information:*** | | | | | | | | | | | | |
| 1. ***Where will animals be housed during the project? Include details of shelter provided if housed outside.*** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 1. ***What type of housing will be used? Include details of methods used to ensure that housing meets the specific requirements of the animals being held, and describe any special housing requirements.*** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 1. ***Will any animals need to be housed in conditions that do not cater for species-specific social or environmental requirements? If so, explain why, for how long and how the impact on these individuals will be minimised.*** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **2.4.2 Where will procedures be performed? If animals need to be transported from where they are housed to where the procedures are carried out, provide details of how this will be done.** | | | | | | | | | | | | | |
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| **2.5 Fate of animals at the end of the project** | | | | | | | | | | | | | |
| **2.5.1 Provide details on the fate of individuals used in this project once it has concluded** | | | | | | | | | | | | | |
| **Remain in or return to the wild** | | | | **Maintain in captivity** | | | | **Euthanised** | | **Details** | | | | |
|  | | | |  | | | |  | |  | | | | |
| *Please add further lines as required* | | | | | | | | | | | | | |
| **2.5.2 Does the project involve euthanasia of animals?** | | | | | | | | | | | | | |
| ***No*** | Go to Question 2.5.3 | | | | | | | | | | | | |
| ***Yes*** | **Justify the use and method of euthanasia in the project below.** | | | | | | | | | | | | |
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| **2.5.3 Are anaesthetic, neuromuscular blocking agents, medications or diet supplements to be used in the experimental procedure?** | | | | | | | | | | | | | |
| ***No*** | Go to Question 2.6 | | | | | | | | | | | | |
| ***Yes*** | **Specify below:** | | | | | | | | | | | | |
| ***Agent*** | | | | | ***Dose Rate*** | | ***Duration*** | | ***Route of administration*** | | | ***Potential side effects*** | |
|  | | | | |  | |  | |  | | |  | |
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| *Please add further lines as required.* | | | | | | | | | | | | | |
| **2.6 Sampling from animals within project** | | | | | | | | | | | | | |
| **Will blood, tissues or any other material be sampled directly from animals?** | | | | | | | | | | | | | |
| ***No*** | Go to Question 2.7 | | | | | | | | | | | | |
| ***Yes*** | **Specify below:** | | | | | | | | | | | | |
| ***Sample type*** | | | ***Volume*** | | | | | ***Sample collection site***  ***(e.g. ear notch, femoral vein etc.)*** | | | ***Sampling Frequency*** | | ***Potential complications*** |
|  | | |  | | | | |  | | |  | |  |
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| *Please add further lines as required.* | | | | | | | | | | | | | |
| **2.7 Pain, Discomfort and Distress Mitigation** | | | | | | | | | | | | | |
| **2.7.1 Will animals likely experience any pain, discomfort or distress as a result of the activities undertaken for this project?** | | | | | | | | | | | | | |
| ***No*** | Go to Question 2.7.2 | | | | | | | | | | | | |
| ***Yes*** | * *Describe any sources of expected pain, discomfort or distress for all aspects of this study. Also include potential problems that may arise from procedures detailed in the methodology due to unexpected complications (but are not otherwise routinely considered).* * *Describe the steps that will be taken to minimise or mitigate these sources of pain, discomfort or distress.* | | | | | | | | | | | | |
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| **2.7.2 How will animals be monitored during the project?**  ***-*** *Describe monitoring methods, frequency and person(s) responsible.*  **-** *Describe what clinical, behavioural or other signs will be used to indicate that intervention is needed to alleviate any pain or suffering.*  **-** *Describe what interventions will be taken if these signs are observed.* | | | | | | | | | | | | | |
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| **2.7.3 Who will be responsible for the management of any emergencies, including reporting any adverse incidents to the AEC?**  *Note: unexpected incidents that impact on the welfare of any individual animal or group of animals require an immediate response and must be reported to the Zoos Victoria AEC using the Incident Report Form that can be found on the Zoos Victoria Research webpage.* | | | | | | | | | | | | | |
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| **2.7.4 Are there any additional features of the project that have animal welfare implications that have not been detailed above?** | | | | | | | | | | | | | |
| ***No*** | Go to SECTION 3 if required. | | | | | | | | | | | | |
| ***Yes*** | **Provide details below.** | | | | | | | | | | | | |
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| **SECTION 3: TISSUE/FAECAL SAMPLE REQUEST** | | | | |
| ***Requests may be made for tissue samples to be collected and stored for research or to improve species management.* NB: Complete this section only if you are requesting the collection of tissue, faecal or other animal samples by Zoos Victoria staff (i.e. not if you aim to collect the tissue yourself).**  **If samples ARE NOT REQUESTED please go to SECTION 4.** | | | | |
| **3.1 Provide specific details of the sample(s) required** | | | | |
| ***Tissue sample: Specify type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Faecal*** | | | | |
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| **3.2 Provide a brief description of why this sample is being requested, including; rationale, intended use and potential conservation outcomes.** | | | | |
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| **3.3 Specify collection period** | | | | |
| **Earliest date for sample collection: / /**  **Final date for sample collection: / /** | | | | |
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| * 1. **Sample Specifics** | | | | |
| *Specify the number and species from the Zoos Victoria collection for which samples are requested (including whether you require multiple specimens from a single species or individual). Please use a separate line for each species and each property. MZ: Melbourne Zoo, HS: Healesville Sanctuary, WORZ: Werribee Open Range Zoo, KFP: Kyabram Fauna Park.* | | | | |
| **Species (common & scientific name)** | | **Number of samples** | **Other details**  **(sex/age/ARKS #)** | **Property**  **(MZ, HS, WORZ or KFP)** |
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| *Please add further lines as required.* | | | | |
| **3.5 Is this species listed in CITES?** | | | | |
| ***No*** | Go to Question 3.6 | | | |
| ***Yes*** | **Indicate which Appendix it is listed under.**  *Appendix I  Appendix II*  *Appendix III* | | | |
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| **3.6 Is this a species native to Victoria?** | | | | |
| ***No*** | Go to Question 3.7 | | | |
| ***Yes*** | You will need to label specimens in a manner consistent with the requirements of Zoos Victoria’s research permits - details will be provided. | | | |
| *Please note: international movements of animal tissue will require permits.* | | | | |
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| **3.7 Collection Details** | | | | |
| *Applicants may be required to pay for or supply any special containers, storage, preservatives or chemicals used or transportation costs incurred. Depending on the nature of the sample requested, applicants may be asked to come to the zoo and prepare/dissect out requested tissue/samples.* | | | | |
| **3.7.1 Does the request include a blood sample(s)?** | | | | |
| ***No*** | Go to Question 3.7.2 | | | |
| ***Yes*** | **Specify the type of blood sample required below:**  *Serum  Plasma  Anticoagulated Blood  Clotted Blood* | | | |
| **3.7.2 If you request plasma or anticoagulated blood, is there a particular anticoagulant which must be used?** *Please provide details below.* | | | | |
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| **3.7.3 Does the sample require sterile collection?** | | | | |
| ***No  Yes*** | | | | |
| **3.7.4 In what type of container should the sample be collected?** | | | | |
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| **3.7.5 Does the sample require any special treatment or fixative addition, e.g. formalin, alcohol?**  *Please provide precise specifications of fixative and volume required.* | | | | |
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| **3.7.6 Are there any time restraints on sample preparation and storage following collection?**  If so, please give the maximum times within which samples can be prepared and stored as specified.  *E.g. in some cases, plasma must be taken off and frozen within ten minutes of collection.* | | | | |
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| **3.7.7 What is the ideal volume of tissue / fluid required from each animal?**  *If you have requested serum or plasma, please specify here whether you are referring to the required volume of serum / plasma or the original volume of whole blood, e.g. ‘0.5 ml of serum’ or ‘serum from 1.0 ml of whole blood’.* | | | | |
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| **3.7.8 What is the minimal volume adequate to your needs?**  In some cases only very small volumes are available. *E.g. you would prefer 1.0 ml but 0.25 ml will be adequate.* | | | | |
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| **3.7.9 At what temperature should the sample be stored following collection?** | | | | |
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| **3.7.10 What is the maximum period that the sample can be stored in this way before you receive it?** | | | | |
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| **3.7.11 Will you collect the sample upon notification?** | | | | |
| ***Yes*** | Go to Question 3.7.12 | | | |
| ***No*** | **Specify how the sample should be delivered to you below:** | | | |
| *Please provide the full address to which a sample should be sent to and any specific details (e.g. name of courier and charge account)* | | | | |
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| **3.7.12 Please list below any other details pertaining to sample type, method of collection, preparation and storage.** | | | | |
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| **3.7.13 What will happen to the tissue sample(s) after completion of research procedure(s)?** | | | | |
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| **SECTION 4: APPLICANT DECLARATIONS** |
| **4.1 Associate Investigator(s). To be signed by each Associate Investigator.** |
| I hereby declare that:   1. I have read the research proposal and accept responsibility for implementing the procedures detailed previously, in accordance with any written conditions specified by Zoos Victoria.   If Animal Ethics Committee approval has been requested:   1. I have read *The Code* for the care and use of animals for scientific purposes. I accept responsibility for implementing the procedures detailed previously, in accordance with the principles contained in The Code and any written conditions specified by Zoos Victoria and/or the Animals Ethics Committee. 2. I have read the *Prevention of Cruelty to Animals Act 1986* (The Act) and Regulations 2008 (The Regulations). I accept legal responsibility for ensuring that the use of animals for scientific purposes complies with the conditions laid down by The Act. 3. I certify that the animals required for this project can be provided, housed and maintained at a standard consistent with the requirements of The Act, The Regulations, The Code and any other condition laid down by the Animal Ethics Committee.   If tissue/faecal samples have been requested:   1. For native species, labelling and cataloguing will be consistent with the requirements of Zoos Victoria’s research permit(s). 2. I shall not transfer the samples or any data provided by Zoos Victoria to another recipient or use these samples or data for purposes other than those detailed in this application without prior consultation with, and approval from, Zoos Victoria.   Name:  Signature: Date:  Name:  Signature: Date:  *Please add further associate investigators as required.* |
| |  | | --- | | **4.2 Zoos Victoria Contact(s).** | | I hereby declare that:   1. I accept responsibility for keeping the relevant Zoos Victoria staff up to date with any amendments made to the project. This includes getting confirmation from property General Manager’s of Life Sciences that requested changes are acceptable before submission is made to the AEC. 2. I will communicate with the Principal Investigator and assist in finding a replacement ZV contact if I can no longer continue my duties as the Zoos Victoria contact (e.g I will be moving to a different department or leaving Zoos Victoria).   Name:  Signature: Date: | |
| **4.3 Principal Investigator(s). To be signed by each Principal Investigator.** |
| I hereby declare that:   1. The qualifications and experience of all personnel conducting research are appropriate to the procedures described in this application. 2. Adequate resources will be available to undertake this project. 3. I agree to discuss any proposed changes to the procedures and/or personnel described in this application with the nominated Zoos Victoria Investigator or contact person for this project, and gain approval from the Zoos Victoria AEC, if required, by submitting a written amendment request, before implementing these changes. 4. I accept responsibility for implementing the project procedures detailed, in accordance with the principles contained in the Code and any written conditions specified by Zoos Victoria and/or the AEC. 5. I acknowledge that Zoos Victoria reserves the right to make changes that may affect this research project and that, although Zoos Victoria will attempt to advise me of changes in advance, prior notice of these changes may not always be possible. 6. I agree to submit a final report within eight weeks of the approval date elapsing, and (for projects more than 12 months duration) to submit annual progress reports within one month of the anniversary of the approval period commencing. 7. I will provide Zoos Victoria with copies of any reports, theses or publications arising out of the research; and will acknowledge Zoos Victoria’s assistance in any such reports and publications. 8. I will provide information on this research project for Zoos Victoria’s website on request.   If tissue/faecal samples and/or data have been requested:   1. I shall not transfer the samples or any data provided by Zoos Victoria to another recipient or use these samples or data for purposes other than those detailed in this application without prior consultation with, and approval from, Zoos Victoria.   If Animal Ethics Committee approval has been requested:   1. I have read the NH&MRC Australian code for the care and use of animals for scientific purposes (The Code). I accept responsibility for implementing the procedures detailed previously, in accordance with the principles contained in The Code and any written conditions specified by Zoos Victoria and/or the AEC. 2. I have read the *Prevention of Cruelty to Animals Act 1986* (The Act) and Regulations 2008 (The Regulations). I accept legal responsibility for ensuring that the use of animals for scientific purposes complies with the conditions laid down by The Act. 3. I certify that the animals required for this project can be provided, housed and maintained at a standard consistent with the requirements of The Act, The Regulations, The Code and any other condition laid down by the Animal Ethics Committee. 4. I will inform the Zoos Victoria AEC immediately of any unexpected incidents which result in death, euthanasia, or pain and suffering for the animals used in the project.   Name:  Signature: Date: |

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| **SECTION 5: ZV ENDORSEMENT & DECLARATION (OFFICE USE ONLY)** | |
| **5.1 Endorsement of Director, Wildlife Conservation and Science** | |
| This project has been discussed with me, and I am satisfied that it is consistent with the current research and conservation objectives of Zoos Victoria. | |
| Name: **Dr Sally Sherwen**  Signature: Date: | |
| **5.2 Endorsement of Chair Zoos Victoria Animal Ethics Committee (If applicable)** | |
| The ZV Animal Ethics Committee is satisfied that the qualifications and experience of all personnel conducting research are appropriate to the procedures described in this application and that animal welfare and other ethical issues have been adequately addressed.  I confirm that all third parties which require notification or consultation regarding this research have been contacted.  Name: **Prof Andrew Fisher**  Signature: Date: | |
| **5.3 Endorsement of Property-based General Manager of Life Sciences** | |
| This project has been discussed with me, and I am satisfied that the relevant Zoos Victoria staff have been consulted, and that time and resources are available for the project to commence.  Name:  Signature: Date: | |
| **5.4 Endorsement of Zoos Victoria Senior Property Veterinarian** | |
| I am satisfied that all aspects of this project have been discussed with the relevant Zoos Victoria staff, that the proposed use of animals is acceptable, and that (where relevant) the proposed use of tissue samples presents no disease/health risks.  Name:  Signature: Date: | |
| **5.5 Endorsement of Zoos Victoria Property Director** | |
| I am satisfied that all aspects of this project have been discussed with the relevant Zoos Victoria staff; that the objectives of the project fall within the scope of Zoos Victoria’s Vision; that the proposed use of animals is acceptable; and that time and resources are available to implement the project.  Name:  Signature: Date: | |
| All correspondence for research at Zoos Victoria should be directed to [research@zoo.org.au](mailto:research@zoo.org.au) | |
| OFFICE USE ONLY | |
| **Initial approval received:** | Date: |
| **Last update made:** | Date: |

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| **SECTION 6: APPLICATION HISTORY (Office use only)** | | | | |
| **#** | **Type** | **Date submitted** | **Summary** | **Date Approved** |
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