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| **Faculty of Health Sciences****Animal Ethics Committee (AEC)****USE OF ANIMAL MATERIAL FOR SCIENTIFIC PURPOSES** |
| * Current forms to be downloaded from either the [UCT Administrative Forms](http://forms.uct.ac.za/forms.htm#HealthSciences) web page or the AEC Forms web page at: <http://www.health.uct.ac.za/fhs/research/animalethics/forms>
* This application form is to seek ethics approval for the Use of Animal Material for Scientific Purposes.
* Please print double-sided where possible.
* **Important:** Animals not specifically killed for this study.
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| **This application must be typed, and one signed completed form submitted to:**Animal Ethics CommitteeG50, Old Main Building, Groote Schuur Hospital,Observatory, 7700Telephone: +27 21 406 6626An electronic copy of the original application (Word format which is saved as a PDF file) is to be forwarded to: fhsanimalresearch@uct.ac.za  | **For office use only** |
| **Application No:** |  |
| Animal Material:  |  |
| Species: |  |
| Source: |  |
| Date received: |  |
| Date approved |  |

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| **1. TITLE OF APPLICATION** |  |
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| **2. DETAILS OF APPLICANT** |
|  Title (e.g. Prof, Dr, Mr, Ms) |  |
| Forenames & Surname  |  |
| Qualifications (e.g. PhD) |  |
| Position or appointment |  |
| If applicant is a **student,** please provide **name of supervisor** |  |
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| **3. CONTACT DETAILS** |  **APPLICANT** | **SUPERVISOR** (if applicant a student) |
| Address for correspondence |  |  |
| Telephone number, extension |  |  |
| Cell phone number |  |  |
| Fax number |  |  |
| E-mail address |  |  |
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| **4.1 ANIMAL MATERIAL REQUESTED** |
| **Species and Strain** |  |
| **Amount of animal material required** |  |
| **Describe Animal Material (e.g. tissues) (max 250 words)** |
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| **5.1 SOURCE OF ANIMAL MATERIAL**Please indicate the source/supplier of the animal material and where and when it was sourced. Please note that an abattoir registration number is required if the animal material is sourced from an abattoir. Was material ethically sourced? Please explain. |
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| **5.2 ANIMALS KILLED**Briefly explain, if known, how and why animals were killed. |
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| **6. STUDY PARTICIPANTS:**  |
| **Name** | **Department** | **Role**  |
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| **7. DURATION OF STUDY**  |
| Period for which the application is required (must not exceed three years) | Years |  | Months |  |
| Start date |  | End date |  |

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| **8. PURPOSE** (select category) |
| Research |  | Teaching/training |  | Other (specify) |  |

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| **9. Briefly describe what you will be doing** If a hypothesis is being tested (explanatory research) please state what it is. |
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| **10. SIGNATURES**  |
| **Applicant signature** |  | **Date** |  |

**Please note: An Annual or Final Report (i.e.** [**FHS004**](http://forms.uct.ac.za/fhs004.doc)**) is required in order to maintain AEC approval.**