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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Faculty of Health Sciences**  **Animal Ethics Committee (AEC)**  **FHS032 - PILOT FEEDBACK REPORT FORM** | | | | | | | | |
| **A. ADMINISTRATION** | | | | | | | | |
| **This form should be typed and submitted to:**  The Administrative Office  Research Ethics Office, Faculty of Health Sciences  Room G50, Old Main Building, Groote Schuur Hospital  **Phone number: 0216505057**  **Email:** [**sidney.engelbrecht@uct.ac.za**](mailto:sidney.engelbrecht@uct.ac.za) | | | | **FOR OFFICE USE ONLY** | | | | |
| APPLICATION NUMBER: | | | |  |
| DATE RECEIVED: | | | |  |
| DATE APPROVED: | | | |  |
| **B. PERIOD** | | | | | | | | |
| Period | |  | | | | | | |
| **C. PI DETAILS** | | | | | | | | |
| Name | |  | | | | | | |
| Department | |  | | | | | | |
| Tel Nr. | |  | | | | | | |
| E-mail | |  | | | | | | |
| **D. PROJECT DETAILS:** | | | | | | | | |
| Title | |  | | | | | | |
| Approval date | |  | | | | | | |
| Valid until | |  | | | | | | |
| Starting date | |  | | | | | | |
| Expected duration | |  | | | | | | |
| Date of completion | |  | | | | | | |
| **E. ANIMALS** | | | | | | | | |
| Species | |  | | | | | | |
| Number requested | |  | | | | | | |
| Number used | |  | | | | | | |
| Number euthanised: | |  | | | | | | |
| 1. At humane endpoint | |  | | | | | | |
| 2. At experimental endpoint | |  | | | | | | |
| **F. WELFARE** | | | | | | | | |
| Adverse events: | |  | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **G. SUMMARY OF FINDINGS** |  | | | |  | | | |
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| **H. WHAT ARE THE NEXT PHASE OF THE STUDY?** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **I. SIGNATURES** | | | | | | | | |
| Signature of the PI | | |  | | | Date |  | |
| Signature of the FHS AEC Chairperson | | |  | | | Date |  | |