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| **Animal Ethics Committee (AEC)**VARIATION FORM |

The *Australian Code for the Care and Use of Animals for Scientific Purposes* (the Australian Code) requires that:

* Before instigating an amendment to an approved project, investigators must obtain written approval from the AEC. (2.4.10)

Changes must not be made and animals must not be ordered until you have received written confirmation from the AEC that this amendment request has been approved.

**What is a variation?** A variation is any change made to your originally approved research protocol. Variations may include, but are not limited to, extensions of time, change of personnel, change of project title, change of location and some procedural changes.

Where researchers are requesting to amend the originally approved purpose number, change the species requested or significantly alter the project they will be required to submit a new application.

**Variations must be approved by the AEC before they are implemented.**

* Care should be taken in the preparation of the variation, ensuring that you **only** **answer the questions** that are relevant to varying the existing, approved protocol. The table in question 1.2 (type of variation requested) will alert you to the relevant questions you must answer depending on what you select.
* Responses to questions must be:
	+ - Entered into the spaces provided – these can be expanded if you require more room, although answers should be kept as concise as possible while at the same time providing the required detail. **Do not** answer questions with “see attached” or “not applicable”.
		- Questions requiring a Yes/No/N/A answer should be answered by **selecting** the relevant check box
		- Written in **plain English**. Where it is necessary to use technical terms, these must be explained in the first instance.

**Before you submit:**

* + - **Incomplete** forms **will not** be accepted; nor will **old** **versions of the form**. It is your responsibility to ensure that your document is complete and on the latest version.
		- The variation must be signed by the Principal Researcher and any new personnel added to the project on this form.
		- Variations should be submitted electronically either as a word document or a colour pdf. Hardcopies will be accepted but must be submitted in colour.

**Submit variation to:** animalethics@une.edu.au

**Questions can be directed to:** Animal Ethics Secretary - 02 6773 2890

Research Services, T.C Lamble Building, University of New England NSW 2351

***It is advisable to*** ***keep an electronic copy, complete with signatures, for your personal records***

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| **Do not submit page 1 with your variation** |

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| Animal Ethics CommitteeVARIATION FORM  |

1. **ADMINISTRATION**

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| **1.1** | **Authority Number:**  |  |
| **Project Title:** |  |
| **Expiry date of this project:** |  |
| **Principal Investigator’s or Supervisor’s Name:**  |  |
| **Phone (work/mobile):** |  |

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| **1.2** | **Type of Variation Requested** (Please complete the relevant sections of the form) |
| **Changing Procedure** (sections 2 & 8) |[ ]  **Change of Personnel** (sections 5 & 8) |[ ]
| **Time Extension** (sections 3 & 8) |[ ]  **Change of location** (sections 6 & 8) |[ ]
| **Additional Animals** (sections 4 & 8) |[ ]  **Other** (sections 7 & 8) |[ ]

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| **1.3** | **Provide details of the variation including justification as to why it is necessary to the approved protocol.** |
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1. **CHANGE TO THE PROCEDURE**

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| **2.1** | **Provide a copy of question B7 from the original approved application** |
| **Species** **No.** | **Procedure No**.Choose all that apply | **Number of animals in cohort** | **Provide details on why you have selected this experimental procedure.**  |
| Select a species | Select a Procedure |  |  |
| Select a species | Select a Procedure |  |  |
| Select a species | Select a Procedure |  |   |
| Select a species | Select a Procedure |  |   |
| Select a species | Select a Procedure |  |   |
| Select a species | Select a Procedure |  |   |

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| **2.2** | **Indicate each of the** [**procedures**](https://www.une.edu.au/__data/assets/word_doc/0019/14266/procedureslist.doc) **that will be involved for each cohort of animals involved in this project (i.e. provide a revised version of question B7 from the original application).***A cohort is defined as animals that underwent the same procedures. For example, Cohort 1 may include 150 animals that were weighed, and their blood was collected. Cohort 2 (n = 450 animals) may have also been weighed but blood was not sampled. Cohorts should be described on a separate line.***This table should reflect the new procedures requested and the revised number of animals in each cohort.** |
| **Species** **No.** | **Procedure No**.Choose all that apply | **Number of animals in cohort** | **Provide details on why you have selected this experimental procedure.**  |
| Select a species | Select a Procedure |  |  |
| Select a species | Select a Procedure |  |  |
| Select a species | Select a Procedure |  |   |
| Select a species | Select a Procedure |  |   |
| Select a species | Select a Procedure |  |   |
| Select a species | Select a Procedure |  |   |

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| **2.3**  | **Nature of Procedural Modification. Please provide both the question number on the original application that the change relates to as well and the original wording on the question.** *When copying information direct from the original application it is easier for the Committee if the changes are highlighted in the proposed amendment section.* |
| **Question No.**  | **Previous submission wording** | **Proposed amendment** (in lay terms) |
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1. **EXTENSION OF TIME**

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| **3.1**  | **If an extension of time is required, please indicate the new end date.** |
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1. **ADDITIONAL ANIMALS**

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| **4.1** | **Please indicate which animals you are currently approved to use in this project.** |
| **Species Category No.** | **Strain** | **Common Name** | **Total No. animals previously approved** | **No. of extra Animals requested** | **New Total No. of animals required** |
| Select a Species |  |  |  |  |  |
| Select a Species |  |  |  |  |  |

 *(Add rows as necessary)*

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| **4.2** | **Indicate each of the** [**procedures**](https://www.une.edu.au/__data/assets/word_doc/0019/14266/procedureslist.doc) **that will be involved for each cohort of animals involved in this project.**(If you are also requesting a change of procedure, and have completed questions 2.1-2.3, proceed to the next relevant question).*A cohort is defined as animals that underwent the same procedures. For example, Cohort 1 may include 150 animals that were weighed and their blood was collected. Cohort 2 (n = 450 animals) may have also been weighed but blood was not sampled. Cohorts should be described on a separate line.* **This data should reflect the new TOTAL number of animals used in the project.** |
| **Species** **No.** | **Procedure No**.Choose all that apply | **Number of animals in cohort** | **Provide details on why you have selected this experimental procedure.**  |
| Select a species | Select a Procedure |  |  |
| Select a species | Select a Procedure |  |  |
| Select a species | Select a Procedure |  |   |
| Select a species | Select a Procedure |  |   |
| Select a species | Select a Procedure |  |   |
| Select a species | Select a Procedure |  |   |

1. **CHANGE OF PERSONNEL**

List all personnel to be added to the project who will be involved in the care and use of animals on this project. **CART staff** do not need to be included for unless conducting tasks specific to this project.

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| **5.1** | **Name** | **UNE Staff/ Student Number** | **Animal Ethics course number** | **Procedure(s) this person will be undertaking** | **Evidence of competency for each procedure or if training will be required.** |
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***Insert extra rows when required***

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| **5.2** | **Have any of the above researchers ever had a research authority cancelled?**  | **YES**  | [ ]  |
| **NO** | [ ]  |
| *If* ***Yes****, include the relevant details i.e. authority no., reason, etc.:* |

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| **5.3** | **Removal of personnel listed on the approved protocol:** *List all personnel to be removed from the protocol and their date of departure.* |
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1. **CHANGE OF LOCATION**

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| **6.1** | **Does this request involve changes to the location** | **YES** | [ ] *(give details below)* |
| **NO** | [ ]  |
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| **6.2** | If ‘**Yes’** have you confirmed with the facility Manager that the facility is available | **YES** | [ ]  |
| **NO** | [ ]  |

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| **6.3** | If the proposed property in D6.1 is managed by UNE CART or SMART farms do you permit the UNE AEC officer to include CART and SMART farms in project correspondence  | **YES** | [ ]  |
| **NO** | [ ]  |

**7. OTHER**

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| **7.1** | **Other changes not specified above**. Provide details and justification. |
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**8. ETHICAL ISSUES, BENEFITS AND ADDITIONAL PERMISSIONS**

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| **8.1** | **Will this change/alter the risks or ethical issues associated with the study?** | **YES**  | [ ] *(give details below)* |
| **NO** | [ ]  |
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| **8.2** | **Will this alter the benefits associated with the study?** | **YES**  | [ ] *(give details below)* |
| **NO** | [ ]  |
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| **8.3** | **Will this variation require permissions or approvals from other authorities?** | **YES** | [ ] *(give details below)* |
| **NO** | [ ]  |
| **N/A** | [ ]  |
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**Declaration of New Personnel:**

I confirm that I have read the project application nominated above and agree to comply with the procedures described and any conditions imposed by the Animal Ethics Committee. I have read the Australian Code for the Care and Use of Animals for Scientific Purposes, 2013 (updated 2021) and the NSW Animal Research Act 1985 and NSW Animal Research Regulation 2010 and agree to work within the requirements of these documents.

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| **Print Name** | **Signature** | **Date** |
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*(Add rows as necessary)*

**Declaration of Principal Investigator (Person with ultimate responsibility):**

I certify that the use of animals in this project will conform to the Australian Code for the Care and Use of Animals for Scientific Purposes, 2013 (updated 2021) and the NSW legislation. I accept responsibility for the conduct of all procedures detailed in the approved application, and for the supervision of all personnel delegated to perform any such procedures.

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| **Print Name** | **Signature** | **Date** |
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| **Comments**You are invited to add comments to supplement your variation if you think something has not been covered, or to provide feedback on this form. |
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