**[](http://www.vu.edu.au/)**

VICTORIA UNIVERSITY

ANIMAL ETHICS COMMITTEE (AEC)

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| **TISSUE USE NOTIFICATION FORM** |

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| **Important information for all applicants: All animal tissue use for any purpose other than food preparation at VU must be notified to the VU AEC** | |
| A Tissue Notification form should be completed if only dead animals or tissues are used. If live animals are used, or animals are killed specifically for the purpose of research or teaching a full application to the AEC must be submitted and approved prior to use.  Applicants are advised to follow the instructions highlighted in this form.   * Ensure all questions are appropriately answered in plain language. * All applications must be **signed** and approved by all relevant parties. Applications will not be processed without appropriate approval. * Ethical approval will only be finalised once an electronic copy, a signed original and a hard copy have been received by the AEC. * Please consider the environment, double sided copying is preferred.   **YOU ARE REMINDED THAT YOUR PROJECT MAY NOT COMMENCE WITHOUT FORMAL WRITTEN APPROVAL FROM THE APPROPRIATE ANIMAL RESEARCH ETHICS COMMITTEE.** | |
| **Forwarding Details** | |
| All hard copy applications to be delivered to:  **The Victoria University**  **Animal Ethics Committee**  Research Services  Victoria University  PO Box 14428  Melbourne VIC 8001  **Or** deliver in person to:  Research Strategy, Policy and Infrastructure  Research Services  Building C, Room C302  Footscray Park campus. | Electronic applications are to be forwarded to  **The Victoria University**  **Animal Ethics Committee:**  E-mail: aeec@vu.edu.au |

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| **SECTION 1 - ADMINISTRATION** |

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| * 1. **Project Title or Course/unit name and Number** |
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| **1.2 Chief Investigator or Course/Unit Coordinator** | |
| Name (Title, given name, family name) |  |
| Department/College |  |
| Telephone Number |  |
| Email |  |

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| **1.3 Co-Investigator or other Teachers – Copy and paste as required** | |
| Name (Title, given name, family name) |  |
| Department/College |  |
| Telephone Number |  |
| Email |  |

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| **1.4 Period of the Project or Teaching activity. You may request up to five years but are reminded that any changes in that period must be notified to the AEC** | |
| Date the project is due to commence: |  |
| Date that tissue usage is expected to be completed: |  |

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| **1.5 Animal material to be used** |
| (*e.g. bovine heart, ovine liver, tissue samples and blood samples)* |

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| **1.6 Source of animal materials – do not be so specific that it is difficult to comply – for example it is acceptable to state supermarket** |
| (*e.g. butcher, museum or other research activity)* |

*If the material is to be sourced from another approved AEC activity, please complete 1.6.1 to 1.6.3. If not, proceed to 2.1*

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| **1.6.1 Chief Investigator or Course/Unit Coordinator from other AEC approved activity** | |
| Project Title |  |
| AEC Number |  |
| Title and Name |  |
| College/Department |  |
| Phone |  |
| Email |  |

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| **1.6.2 Have you spoken with the Chief Investigator or Course/Unit Coordinator of the AEC approved activity to confirm access to the material is available and acceptable?** | |
| Yes  / No | Provide details |

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| **1.6.3 You must confirm with the Chief Investigator or Course Coordinator of the AEC approved activity that the animals will not be impacted on by the proposed use of tissue (e.g. their euthanasia is not held off or the method changed to suit your proposed use).**  **Will the animals in the already approved project undergo an additional period of housing or any change to already approved activities as a result of your requirement for tissue use?** | |
| No |  |
| Yes | **If there is a change to animal use due to the requirement to use tissue this must be approved by the AEC in a full application, this is not tissue use and this form is not the appropriate way to obtain approval from the AEC.**  Provide details |

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| **SECTION 2 - JUSTIFICATION FOR THE USE OF ANIMALS** |

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| **2.1 Summary of proposed activity and justification for animal tissue use** |
| Provide a brief summary, no more than 200 words, of the proposed activity and how the animal material will be used and why animal tissue use is necessary |

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| **2.2 Location of proposed activity** | |
| Provide the specific location, including room number and certification status. | |
| All animal tissue will fall into a biological risk group.  Has this location (s) been inspected and deemed appropriate for your sample? | |
| Yes |  |
| No | Please justify |

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| **2.3 Where will animal material be stored during and after completion of the project?** | |
| During the project: |  |
| Upon completion of the project: |  |

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| **2.5 How will the animal material be disposed of?** |
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| **2.6 In your opinion, are there any other ethical issues involved in the research or teaching activity?** | |
| Yes  / No | If yes, provide details |

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| **SECTION3 – INVESTIGATOR / TEACHER DECLARATION** | | | |
| I hereby declare that:   1. I am familiar with Part III of the Prevention of Cruelty to Animals Act 1986 (the Act), associated Regulations and the current version of the Australian Code for the Care and Use of Animals for Scientific Purposes (the Code) and accept the responsibilities detailed therein to the extent of my involvement in this project. 2. I accept responsibility for the conduct of all procedures detailed in this application that I undertake, in accordance with the requirements of the Act, the Regulations and the Code and the Animal Ethics Committee. 3. I am aware of and have read the Victoria University Animal Welfare Policy 4. I have undertaken VU AEC training, for those using animal tissue only and not named on full AEC applications the minimum training requirement is the introductory AEC course every three years. | | | |
| **Chief Investigator Name** | **Chief Investigator Signature** | **Date** | **AEC training date** |
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| **Co-Investigator Name** | **Co-Investigator Signature** | **Date** | **AEC training date** |
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**Please Note: Digital signatures are acceptable. The onus is on the Chief Investigator or Course/Unit Coordinator to ensure that all Associate Investigators or Teachers have read the application or revised application.**

*Where required, copy and paste table for additional investigators*

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| **SECTION 4- HEAD OF DEPARTMENT DECLARATION** | | |
| I acknowledge that it is my responsibility to ensure that staff of the department and those working under their supervision who use animals for scientific purposes comply with the conditions laid down by:   1. The *Prevention of Cruelty to Animals Act 1986 and Regulations 2019;* 2. The current version of the *Australian Code of Practice for the Care and Use of Animals for Scientific Purposes*; and 3. The Animal Experimentation Ethics Committee.   I certify that the animals required for this project can be provided 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 and that approval of this project will not compromise the conditions under which other animals in the institution are held. | | |
| **Head of Department Name** | **Head of Department Signature** | **Date** |
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