**Animal Services Pre-Approval Checklist**

Please submit this form or any queries to the Director of Animal Services at karen.brennan@unsw.edu.au

Once Pre-Approval has been confirmed by Animal Services, **please ensure that this signed form is attached when submitting your ACEC application.**

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| **Project information** |  |
| Project title |  |
| If renewal, previous ACEC# |  |
| Chief Investigator |  |
| Second Chief Investigator |  |
| Contact person |  |
| School/Department |  |
| Anticipated start date |  |
|  |  |
| **Facility requirements** | **Delete options that do not apply** |
| Animal facility*Can select more than one* | C25 Lowy, C27 Wallace Wurth D26 Biological Sciences F25 Samuels R1 RandwickR2 Randwick |
| Animal species*Can select more than one* | MiceRatsRabbitsSheepOther:  |
| Type of housing*Can select more than one* | Individually Ventilated Caging (IVC) Floor pensOpen-top cagingMetabolic cagingDigitally Ventilated Caging (DVC) |
| What is the maximum number of cages or pens you will occupy at any one time? |  |
| Will your occupation be continuous or periodic?*eg 20 cages for a whole year, or 40 cages for 2 months, twice a year* | ContinuousPeriodic |
| What is the longest period for which individual animals are held at UNSW facilities? |  |
| Will breeding be undertaken at UNSW facilities?*UNSW mouse breeding is outsourced to ABR unless justified* | YesNo |
| Will animals be introduced from external institutions other than our approved suppliers?*Suppliers include ABR, ARC, Hay Field Station, Konynen Farm, Pipers Farm* | Yes, please provide detailsNo |
|  |  |
| **Biosafety Questions** |  |
| Will the study involve genetically modified animals or micro-organisms? | YesNo |
| *If yes, your GTRC Record of Assessment number for these dealings must be provided to Animal Services before introduction of GMOs to the facility* |
|  |
| Will the study involve infectious micro-organisms?  | YesNo |
| Will the study involve biological materials such as cell lines, serum or antibodies?  | YesNo |
| Will the study involve toxic or cytotoxic agents?  | YesNo |
| Will the study involve drugs or chemicals of uncertain hazard status or higher than Schedule 3?  | YesNo |
| *If yes, Risk Management documentation will need to be completed and forwarded to Animal Services before work in the facility can commence* |
|  |
| Will any animals have a compromised immune system?  | YesNo |
| Will any staff or students require induction/access into facilities? *If yes, please provide names* | YesNo |
| Will the study require storage and provision of specialised feed and water?  | YesNo |
| Will the study require cold storage for harvested samples or substances to be administered? | YesNo |
| Will the study require specialised equipment to be introduced to the facility?  | YesNo |
| Will the study require special assistance from Animal Services staff (in addition to routine husbandry)?  | Yes, please describe brieflyNo |

Please submit this form or any queries to Karen Brennan at karen.brennan@unsw.edu.au

Please provide your best contact details below in case any further information is required:

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| **ANIMAL SERVICES USE ONLY** |
| Pre-approval confirmed by Animal Services |
| Comments or conditions |  |
| Name |  |
| Signature |  |
| Date |  |