ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1 Application Form

I, of	_		
	grounds hereinafter mentione	ed hereby apply for —	
on the g	(a) a Licence under se (Cap. 340).	ction 7 of the Animals (Control of Experiments) Ordinates	
*	dated	/ under section 8 of the said Ordinance.	
		under section 9 of the said Ordinance.	
		sement to / the said Licence / *my existing Licence No.	
	dated	/ under section 10 of the said Ordinance.	
	ds for application.		
Type of	f experiment(s).		

Purpose of experiment(s).		
Place where experiment(s) may be conducted.		
Qualifications of Applicant and any posts held.		
	Dated	
*Delete as appropriate.	Signed	
Defete as appropriate.		

An	nex								
	• • • • • • • • • • • • • • • • • • • •	ot part of Form 1 but	information supplied would help avoid unnecessary delay in						
	cessing your applicat	-	mjormation supplied would help avoid annecessary delay in						
<i>p.</i> 0.	eessing jour uppneum								
Plea	ase put a 'tick' to the	box against each of the j	followings which are applicable to your application.						
1.	Type of application:								
	☐ New applica	ntion	Renewal application To continue with the same experiment, that is, no change of experimental procedures under the type of experiment(s)						
		anted a licence for the							
	experiment under	application before.							
	[Complete (2), (3)	, (4a or 4b) and (6) only]	and purpose of experiment(s) of a previously granted						
			licence (Reference number of licence:						
			[Complete (2), (5) and (6) only]						
	6 in the Sched of January eac	ule to the Regulations and ch year a return in the fo	ns"), I shall keep up-to-date a book in the form set out as Form I shall render to the Director of Health on or before the 1st day orm set out as Form 7 in the Schedule to the Regulations of all be preceding twelve months.						
3.	Please indicate the type(s) of animals to be used in the experiment:								
	\Box Amphibian(s):	$(\Box Frogs \ \Box Other($	(s), please specify:)						
	\Box <i>Bird(s)</i> :	(□ Chickens □ Other	(s), please specify:)						
	\Box <i>Fish(es):</i>	(□ Zebrafish □ Other	(s), please specify:						
	\Box <i>Mammal(s):</i>	$(\Box Mice \Box Rats)$	□ Guinea pigs □ Hamsters □ Rabbits □ Pigs						
		□ Other(s), please speci	fy:)						
	\Box Reptile(s):	(□ Lizards □ Other	(s), please specify:)						
	() A 1' 4' 4								
4.			n "Endorsement to Enable Performance of Experiments						
	without Anaesthetics or without Destroying the Animal" under section 10 of the said Ordinance –								
	-	_	of the experiment the animal is under the influence of some						
	anaesthetic of sufficient power to prevent the animal feeling pain; and if the pain is likely to co after the effect of the anaesthetic has ceased, or if any serious injury has been inflicted on the o								
	-	the animal is killed before it recovers from the influence of the anaesthetic which has been							
		administered; AND							
		<u></u>	will be monitored during the experiment; AND						
		· ·	evere distress or pain will be euthanized before the end of the						
	study; AND	study; <u>AND</u>							
	☐ I confirm the	at the following method	d(s) to be used for sacrificing the animals will not cause						

unnecessary/prolonged pain to them:

cervical dislocation

overdose of anaesthetic
 carbon dioxide asphyxiation
 exsanguinations under anaesthesia

☐ other(s), please specify:_

decapitation

• • • • • • • • • • • • • • • • • • • •	sement to Enable Performance of Experiments without
	nimal" under section 10 of the said Ordinance –
☐ I confirm that the experiment would necessar	
the performance of such experiment un	· · · · · · · · · · · · · · · · · · ·
	iment is performed before it recovers from the influence of
any anaesthetic.	
Please indicate why –	
5. \[\] <i>I will not conduct any experiment after the ex</i>	epiry date of my existing licence / I have not conducted any
• •	us licence under the reference number quoted above; AND
I have been keeping a proper Form 6 / I ha	ve kept a proper Form 6 during the validity period of my
previous licence under the reference number	er quoted above, in accordance with regulation 4 of the
Regulations.	
6. I have read and understood the Personal Info	ormation Collection Statement Relating to Licence/Permit/
Endorsement Issued under the Animals (Cont	trol of Experiments) Ordinance, Chapter 340. I agree that
my personal data and information may be use	ed for the purposes as set out in the Statement.
☐ I hereby declare that the information provid	ed in this application is true, complete and accurate.
"Experiment" means any experiment performed on a li 2 of the Animals (Control of Experiments) Ordinance, (ving vertebrate animal and calculated to give pain (section Cap. 340).
Please provide <u>valid contact information</u> for correspondent for any changes of information.	ndence and inform the Department of Heath immediately
Full name**:	Contact No.:
HK Identity Card/Passport/ Travel Document No.:	Mobile No.:
Email Address:	
	_
	G: I
	Signed
(Institute/Company chop)***	(Applicant)

^{**} Full name as appears on HK Identity Card/Passport/Travel Document
*** Please obtain an official chop of the Institute/ Company where you are working or studying.

Personal Information Collection Statement Relating to Licence/ Permit/ Endorsement Issued under the Animals (Control of Experiments) Ordinance, Chapter 340

Purpose of Collection

- 1. The personal data are provided by clients with whom the Department of Health (DH) interacts in the delivery of services, and other related activities. The personal data provided will be used by DH for the following purposes:
 - (a) processing matters related to licences/ permits/ endorsements;
 - (b) recording purposes;
 - (c) statistical purposes; and
 - (d) for any other purposes permitted by law.

Failure to provide the requested personal data may lead to delay or an inability to process relevant licence/ permit/ endorsement application.

Classes of Transferees

2. The personal data you provided will be kept confidential for use within DH but they may also be disclosed to other Government bureaux/ departments or relevant parties for the purposes mentioned in paragraph 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance or any other legislation.

Access and Correction to Personal Data

3. You have the right of access and correction with respect to your personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

Enquires

4. Enquiries concerning personal data provided, including the making of access and corrections, should be addressed to:

Principal Medical and Health Officer (Health Technology and Advisory)

Department of Health

21/F, Wu Chung House

213 Queen's Road East

Wan Chai, Hong Kong

Tel: 2961 8975