# **Explanatory Notes and Samples of Completed Form 1 (Application Form) under**

## the Animals (Control of Experiments) Regulations (Cap. 340A)

## [For new application]

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### I. Explanatory Notes for completing Form 1 and its annex

## ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

#### FORM 1 Application Form

| To: The Da   | irector of Health   |                                     |  |  |  |
|--|---|-------------------------------------|--|--|--|
| I,   | Name of applicant   | ]                                   |  |  |  |
| of   | The department/school, i  | institute, company where the app    | licant is working or studying.   |  |  |
| on the grou  | ınds hereinafter mentione   | ed, hereby apply for —              |  |  |  |
| Indicate the type of licence/ permit/ endorsement(s) apply for by choosing (a), (b), (c) and/or (d). | (Cap. 340). (b) an endorsement / tl   | hereto / *to my existing Lic        | ion 8 of the said Ordinance.   |  |  |
| (c) ana/or (a).  |   | / the said Licence / *my ex         |  |  |  |
|  | dated   | / under secti                       | ion 10 of the said Ordinance.  |  |  |
| Grounds fo   | or application.   |                                     |  |  |  |
| Type of exp  • Provide  • Provide  • Outline   | animals and/or plants, or tests any for types of knowledge or; by the order of Provide the reason(s) why living verte.  Type of experiment(s).  Provide a brief description of the proceeding the experimental procedures/measures to be taken to minimise such |                                     | or the experiment.  ain and/or distress to the animals and                   |  |  |
| Purpose of   | experiment(s).  |                                     |  |  |  |
| <ul><li> Indicat</li><li> If appli</li></ul>   | e the <b>research question(s)</b> for icable, indicate the type(s) of t   | manual skill to be attained; and/   | or the purpose(s) of the lectures and the quire form the proposed experiment |  |  |
| Place wher   | Place where experiment(s) may be conducted.   |                                     |  |  |  |
|  | • Provide the <u>full address(es)</u> , including the room number, floor number, name of building and institution, of all the location(s) where the experiment(s) may be conducted.   |                                     |  |  |  |
| Qualification  | ons of Applicant and any  | posts held.                         |  |  |  |
| • Provide  | the <b>qualification(s)</b> and <b>post</b>   | title(s) (if any) of the applicant. |  |  |  |
|  |   | Dated_                              |  |  |  |
|  |   | Signed                              | Applicant's signature  |  |  |

<sup>\*</sup>Delete as appropriate.

|                     | The   | The section below is not part of Form 1 but information supplied would help avoid unnecessary delay in |                                  |                 |   |            |  |  |
|---------------------|---|--|----------------------------------|-----------------|---|------------|--|--|
|                     | processing your application.  |  |                                  |                 |   |            |  |  |
|                     | Please put a 'tick' to the box against each of the followings which are applicable to your application. |  |                                  |                 |   |            |  |  |
| C 1                 | 1.  | Type of application  |                                  |                 |   |            |  |  |
|                     |   | ☐ New applica  | ation                            |                 | ☐ Renewal application                                       |            |  |  |
| Select the checkbox |   | I <u>have not been gr</u>  | <u>ranted a licence</u> fo       | or the          | To continue with the same experiment, that is, no change of | <u>) f</u> |  |  |
| for a <u>new</u>    |   | experiment under   | application befor                | re.             | experimental procedures under the type of experiment(s)     |            |  |  |
| application         | ı.  | [Complete (2), (3)   | , (4a or 4b) and                 | (6) only]       | and purpose of experiment(s) of a previously granted        |            |  |  |
|                     |   |  |                                  |                 | licence (Reference number of licence:                       |            |  |  |
|                     |   |  | <mark>elevant parts</mark> of th | e               |   | _)         |  |  |
|                     |   | Annex accordin   | igly.                            |                 | [Complete (2), (5) and (6) only]                            |            |  |  |
|                     | 2.  | I hereby declare th  | nat in accordance                | with Regul      | ations 4 and 5 of the Animals (Control of Experiments)      |            |  |  |
|                     |   | -  |                                  | _               | shall keep up-to-date a book in the form set out as Form    |            |  |  |
|                     |   |  | , ,                              | *               | tll render to the Director of Health on or before the 1st   |            |  |  |
|                     |   |  | 0                                |                 | set out as Form 7 in the Schedule to the Regulations of     |            |  |  |
|                     |   |  | -                                | -               | eceding twelve months.                                      |            |  |  |
|                     |   | an experiments po  | erjormeu by me ui                | iring ine pr    | eceuing tweive 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:)  | 1          |  |  |
|                     |   | $\Box$ <i>Bird(s):</i>   | (□ Chickens                      | $\Box$ Other(s) | , please specify:)  |            |  |  |
|                     |   | $\Box$ <i>Fish(es):</i>  | (□ Zebrafish                     | $\Box$ Other(s) | , please specify:)  |            |  |  |
|                     |   | $\square$ <i>Mammal(s):</i>  | (□ Mice                          | $\Box$ Rats     | □ Guinea pigs □ Hamsters □ Rabbits □ Pigs                   |            |  |  |
|                     |   |  | $\Box Other(s)$ , plea           | ase specify     | :   | )          |  |  |
|                     |   | $\Box$ Reptile(s):   | $(\Box Lizards$                  | $\Box$ Other(s) | , please specify:)  | ı          |  |  |
|                     | 4. (a) Application for a licence without an "Endorsement to Enable Performance of Experiments           |  |                                  |                 |   |            |  |  |
|                     |   |  |                                  |                 | e said Ordinance -  |            |  |  |
|                     |   | •  | 0                                |                 | experiment the animal is under the influence of some        |            |  |  |
|                     |   | 0 00   |                                  |                 | unimal feeling pain; and if the pain is likely to continue  |            |  |  |
|                     |   |  |                                  |                 | or if any serious injury has been inflicted on the animal,  |            |  |  |
|                     |   |  | d before it recover.             | s from the u    | nfluence of the anaesthetic which has been administered;    |            |  |  |
|                     |   | AND  | ditions of the suin              | ala will ba     | monitored during the amoniments AND                         |            |  |  |
|                     |   | -  | -                                |                 | monitored during the experiment; <u>AND</u>                 |            |  |  |
|                     |   | I confirm that aning study; <u>AND</u>   | nals with signs of               | severe distr    | ess or pain will be euthanized before the end of the        |            |  |  |
|                     |   | · ——   | following method                 | (s) to be use   | ed for sacrificing the animals will not cause               |            |  |  |
|                     |   | -  | onged pain to the                |                 |   |            |  |  |
|                     |   | □ cervical dislo   |                                  |                 |   |            |  |  |
|                     |   | ☐ decapitation   |                                  |                 |   |            |  |  |
|                     |   | □ overdose of a  |                                  |                 |   |            |  |  |
|                     |   | □ carbon dioxid  |                                  |                 |   |            |  |  |
|                     |   | =  | on under anaesthe.<br>·c         | sia             |   |            |  |  |
|                     | □ other(s), please specify:   |  |                                  |                 |   |            |  |  |

|                                      | macstift  | ics" under section 10 of the said Ordina  | nce -  |  |                 |
|--------------------------------------|---|---|--|--|-----------------|
|                                      | I confirm   | that the experiment would necessarily be f  | rustrated by-  |  |                 |
| f <u>option (d)</u> is<br>elected in | □ killin  | erformance of such experiment under any<br>g the animal on which such experiment is p<br>y anaesthetic  | ·  | <u>D/OR</u><br>recovers from the influ                                       | ence            |
| Form 1, please rovide the            | Please  | e indicate why-   |  |  |                 |
| ustification.                        |   | ide <u>justification</u> for application for an Endo<br>riments without anaesthetics or without dest  |  | erformance of  |                 |
| 5.                                   | any expert<br>above; <u>AN</u><br>period of   | conduct any experiment after the expiry date of my previous ID I have been keeping a proper Form 6/1 my previous licence under the reference 4 of the Regulations.  | <b>is licence</b> under the<br>I have kept a proper                                | e reference number qu<br>Form 6 during the va                                | ioted<br>lidity |
| 6.                                   | Permit/End  | ad and understood the Personal Informati<br>dorsement Issued under the Animals (Cont<br>t my personal data and information may be   | trol of Experiments)   | Ordinance, Chapter 3   |                 |
| _                                    | □ I hereby d  | eclare that the information provided in thi   |  | <del>-</del>   |                 |
| <br>(S<br>P<br>ii                    | □ I hereby d  "Experiment" section 2 of the   | means any experiment performed on a living the Animals (Control of Experiments) Ordinal description of the valid contact information for corresposor of any changes of information.  Provide the full name of the applicant and HK Identity Card/ Passport/ Travel  | ng vertebrate animal<br>nce, Cap. 340).  | and calculated to give the Department of H                                   | pain            |
| <br>(£<br>in                         | □ I hereby d  "Experiment" section 2 of th  Please provid mmediately j  | means any experiment performed on a living the Animals (Control of Experiments) Ordinal less with the valid contact information for corresponder any changes of information.  Provide the full name of the applicant  | ng vertebrate animal<br>nce, Cap. 340).<br>ndence and inform                       | and calculated to give  the Department of H  Provide contact information for | pain            |
| <br>(s<br><b>F</b><br>in             | □ I hereby d  "Experiment" section 2 of th  Please provid mmediately j  | means any experiment performed on a living the Animals (Control of Experiments) Ordinal less with the valid contact information for corresponder any changes of information.  Provide the full name of the applicant and HK Identity Card/ Passport/ Travel Document number.  Ard/ Passport/ Travel Document No.: | ng vertebrate animal nce, Cap. 340).  ndence and inform  Contact No.:              | and calculated to give  the Department of H  Provide contact                 | pain            |
| Provide an chop of the Company w     | □ I hereby d  "Experiment"  section 2 of th  Please provid  mmediately j  Full name**  HK Identity C  Email Address  official  Institute/ | means any experiment performed on a living the Animals (Control of Experiments) Ordinal less with the valid contact information for corresponder any changes of information.  Provide the full name of the applicant and HK Identity Card/ Passport/ Travel Document number.  Ard/ Passport/ Travel Document No.: | ng vertebrate animal nce, Cap. 340).  ndence and inform  Contact No.:  Mobile No.: | and calculated to give  the Department of H  Provide contact information for | pain            |

(b) Application for a licence with an "Endorsement to Enable Performance of Experiments Without

<sup>\*\*</sup> Full name as appears on HK Identity Card/Passport/Travel Document

<sup>\*\*\*</sup> Please obtain an official chop of the Institute/ Company where you are working or studying

## II. Sample application for a New licence under section 7 of the Ordinance to conduct experiments for research purpose

## ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

#### FORM 1

#### **Application Form**

| To: The  | e Director of Health   |  |  |  |  |  |
|--|--|--|--|--|--|--|
| I,   | CHAN, Tai Man  |  |  |  |  |  |
| of   | Department of ABC, The University of ABC   |  |  |  |  |  |
| on the g   | grounds hereinafter mentioned, hereby apply for —  |  |  |  |  |  |
| Select (a) for application for a licence for research purpose. | (a) a Licence under section 7 of the Animals (Control of Experiments) Ordinance (Cap. 340).  (b) an endorsement / thereto / *to my existing Licence No.  |  |  |  |  |  |
| *  | dated/ under section 8 of the said Ordinance.  |  |  |  |  |  |
|  | (e) a teaching permit under section 9 of the said Ordinance.   |  |  |  |  |  |
|  | (d) an endorsement to / the said Licence / *my existing Licence No.  |  |  |  |  |  |
|  | dated / under section 10 of the said Ordinance.  |  |  |  |  |  |
| Drug be for ensur Type of Drug Liver                           | Is for application.  A is a newly developed anti-diabetic drug. The side effects of Drug A have to bund out in a rabbit model prior to clinical testing of the drug on human to be the safety of clinical testing.  If experiment(s).  A will be fed to the animals daily for two weeks. The animals will be sacrificed tissues will be harvested for biochemical assessment.  The of experiment(s). |  |  |  |  |  |
| To st  | To study the side effects of Drug A.   |  |  |  |  |  |
| Place w  | Place where experiment(s) may be conducted.  |  |  |  |  |  |
| Room   | Room X, X/F, ABC Laboratory Building, The University of ABC  |  |  |  |  |  |
| Qualific   | Qualifications of Applicant and any posts held.  |  |  |  |  |  |
| PhD  | PhD in Pharmacology, Research Associate  |  |  |  |  |  |
|  | Dated 31 May 2022  |  |  |  |  |  |
|  | Signed_  |  |  |  |  |  |

| The   | se          | ction below is not pa   | ırt of Form 1 bu       | t information   | supplied would help avoid unnecessary delay in processing       |         |  |
|-------|-------------|---|------------------------|-----------------|---|---------|--|
| your  | · a         | pplication.   |                        |                 |   |         |  |
| Plea  | ise         | put a 'tick' to the b   | oox against each       | h of the follo  | wings which are applicable to your application.                 |         |  |
| 1.    | Tj          | pe of application:  |                        |                 |   |         |  |
|       |             | ✓ New application  I have not been granted a licence for the experiment under application before. |                        |                 | Renewal application   |         |  |
|       |             |   |                        |                 | To continue with the same experiment, that is, no change        | ? of    |  |
|       |             |   |                        |                 | experimental procedures under the type of experiment(s)         | <u></u> |  |
|       |             | [Complete (2), (3),   | , (4a or 4b) and       | d (6) only]     | and purpose of experiment(s) of a previously granted            |         |  |
|       |             |   |                        |                 | licence (Reference number of licence:                           |         |  |
|       |             |   |                        |                 |   | _)      |  |
|       |             |   |                        |                 | [Complete (2), (5) and (6) only]                                |         |  |
| -     |             |   |                        |                 |   |         |  |
| 2.    | 7           | I hereby declare to   | hat in accordar        | ice with Reg    | ulations 4 and 5 of the Animals (Control of Experiments)        |         |  |
|       |             | Regulations, Cap.   | 340A ("the Reg         | ulations"), I   | shall keep up-to-date a book in the form set out as Form 6      |         |  |
|       |             | in the Schedule to  | the Regulations        | s and I shall i | render to the Director of Health on or before the 1st day of    |         |  |
|       |             | January each yea  | er a return in t       | he form set     | out as Form 7 in the Schedule to the Regulations of all         |         |  |
|       |             | experiments perfo   | rmed by me dur         | ing the prece   | ding twelve months  |         |  |
| _     |             |   |                        |                 |   |         |  |
| 3.    | Ρl          | lease indicate the t  | ype(s) of anima        | als to be used  | d in the experiment   |         |  |
|       |             | $\Box$ Amphibian(s):  | $(\Box Frogs$          | $\Box$ Other(s) | ), please specify:  | _)      |  |
|       |             | $\Box$ <i>Bird(s)</i> :   | (□ Chickens            | $\Box$ Other(s) | ), please specify:  | _)      |  |
|       |             | $\Box$ <i>Fish(es):</i>   | (□ Zebrafish           | $\Box$ Other(s) | ), please specify:  | _)      |  |
|       |             |   | (□ Mice                | $\Box$ Rats     | □ Guinea pigs □ Hamsters ☑ Rabbits □ Pigs                       |         |  |
|       |             |   | $\Box Other(s)$ , $pl$ | lease specify   | ;   | )       |  |
|       |             | $\Box$ Reptile(s):  | (□ Lizards             | $\Box$ Other(s) | ), please specify:  | _)      |  |
| 1 (-  | _           | A mulio adio un forma li  |                        | "Ed             |   |         |  |
| 4. (2 | l) <i>I</i> | Application for a li<br>without Anaesthet   |                        |                 | ement to Enable Performance of Experiments                      |         |  |
| v     | 7           |   |                        |                 | riment the animal is under the influence of some anaesthetic    |         |  |
|       | _           | •   |                        |                 | ng pain; and if the pain is likely to continue after the effect |         |  |
|       |             |   | _                      | =               | injury has been inflicted on the animal, the animal is killed   |         |  |
|       |             | before it recovers  | from the influen       | ce of the ana   | esthetic which has been administered; AND                       |         |  |
| 5     | 7           | I confirm that con  | ditions of the ar      | imals will be   | e monitored during the experiment; AND                          |         |  |
| 5     | 7           | I confirm that anim   | nals with signs        | of severe dist  | ress or pain will be euthanized before the end of the study;    |         |  |
|       |             | <u>AND</u>  |                        |                 |   |         |  |
| 5     | 7           |   | following meth         | od(s) to be us  | sed for sacrificing the animals will not cause unnecessary/     |         |  |
|       |             | prolonged pain to   | them                   |                 |   |         |  |
|       |             | ☐ cervical disloc   |                        |                 |   |         |  |
|       |             | □ decapitation  |                        |                 |   |         |  |
|       |             | ✓ overdose of an  |                        |                 |   |         |  |
|       |             | ☐ carbon dioxid ☐ exsanguinatio   |                        | hesia           |   |         |  |

 $\square$  other(s), please specify:\_\_

| A  | plication for a licence with an "Endorsement to Enable l<br>naesthetics" under section 10 of the said Ordinance -  |   |  |  |
|--|--|---|--|--|
| $\Box$ $I$                                   | confirm that the experiment would necessarily be frustrated  | by-   |  |  |
|  | <ul> <li>□ the performance of such experiment under any anaesthe</li> <li>□ killing the animal on which such experiment is performed any anaesthetic</li> </ul>  | any anaesthetic <u>AND/OR</u>   |  |  |
|  | Please indicate why-   |   |  |  |
| a<br><u>A</u><br>m                           | will not conduct any experiment after the expiry date of <b>my</b> ny experiment after the expiry date of <b>my previous licence</b> unto the land of the land o | nder the reference nu<br>per Form 6 during t  | umber quoted above;<br>the validity period of  |  |
| 6. 🔽   | I have read and understood the Personal Information Co<br>Permit/Endorsement Issued under the Animals (Control of  |   | e e  |  |
|  | agree that my personal data and information may be used for I hereby declare that the information provided in this apply periment" means any experiment performed on a living vertextion 2 of the Animals (Control of Experiments) Ordinance, Cap.   | r the purposes as set ication is true, comp   | out in the Statement.<br>plete and accurate.   |  |
| "Exp<br>(sect<br>Plea<br>imm                 | agree that my personal data and information may be used for I hereby declare that the information provided in this apply periment" means any experiment performed on a living vertestion 2 of the Animals (Control of Experiments) Ordinance, Cap. Use provide valid contact information for correspondence are diately for any changes of information.  | r the purposes as set ication is true, composet brate animal and ca 340).   | out in the Statement. plete and accurate.  lculated to give pain  epartment of Heath |  |
| "Exp<br>(sect<br>Plea<br>imm                 | agree that my personal data and information may be used for I hereby declare that the information provided in this apply periment" means any experiment performed on a living vertexion 2 of the Animals (Control of Experiments) Ordinance, Cap.  Table 1 (Control of Experiments) or correspondence are diately for any changes of information.  | r the purposes as set ication is true, compose brate animal and ca 340).  and inform the Description of the | out in the Statement. plete and accurate. lculated to give pain epartment of Heath   |  |
| "Exp<br>(sect<br>Plea<br>imm<br>Full<br>HK I | agree that my personal data and information may be used for I hereby declare that the information provided in this apply periment" means any experiment performed on a living vertestion 2 of the Animals (Control of Experiments) Ordinance, Cap. Use provide valid contact information for correspondence are diately for any changes of information.  | r the purposes as set ication is true, composet brate animal and ca 340).   | out in the Statement. plete and accurate.  lculated to give pain  epartment of Heath |  |

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<sup>\*\*</sup> 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

## III. Sample application for a <u>New endorsement</u> under section 8 of the Ordinance to perform experiments for attaining manual skill

## ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

#### FORM 1

#### **Application Form**

| To: The D   | irector of Health  |                      |  |  |  |  |  |
|---|--|----------------------|--|--|--|--|--|
| I,  | CHAN, Tai Man  |                      |  |  |  |  |  |
| of  | of Department of ABC, The University of ABC on the grounds hereinafter mentioned, hereby apply for — |                      |  |  |  |  |  |
| on the grou   |  |                      |  |  |  |  |  |
| elect (a) and (b) for pplication for an ndorsement for training manual kills. | (Cap. 340).  (b) an endorsement / the dated  (e) a teaching permit under (d) an endorsement to /     | ereto / *to my ex/ u | xisting Lice<br>ander section<br>the said Or<br>the / *my exis | n 8 of the said Ordinance. rdinance. sting Licence No.         |  |  |  |
|   | dated  | / u                  | inder section  | n 10 of the said Ordinance.                                    |  |  |  |
| The tech<br>to perfo  |  | uman. To impr        |  | ial to cardiothoracic surgeons<br>outcome, it is preferable to |  |  |  |
| Under ge<br>coronary  | periment(s).  eneral anaesthesia, the partery bypass grafting  d before recovery from a              | will be perform      | -  | valve replacement and<br>animals· The animals will be          |  |  |  |
| Purpose of  | Purpose of experiment(s).  |                      |  |  |  |  |  |
| To pract  | To practise open heart surgical techniques using pigs.   |                      |  |  |  |  |  |
| Place when  | Place where experiment(s) may be conducted.  |                      |  |  |  |  |  |
| Room X  | Room X, X/F, ABC Laboratory Building, The University of ABC  |                      |  |  |  |  |  |
|   | ons of Applicant and any p<br>Pharmacology, Research   |                      |  |  |  |  |  |
|   |  |                      | Dated  | 31 May 2022  |  |  |  |
|   |  |                      | Signed_  | tre  |  |  |  |

| The se        | ection below is not po             | art of Form 1 but information      | n supplied would help avoid unnecessary delay in processing   |         |
|---------------|------------------------------------|------------------------------------|---|---------|
| your o        | application.                       |                                    |   |         |
| Pleas         | e put a 'tick' to the l            | box against each of the follo      | owings which are applicable to your application.  |         |
| 1. <i>Typ</i> | pe of application:                 |                                    |   |         |
|               | ✓ New applica                      | <br>ıtion                          | ☐ Renewal application   |         |
|               |                                    | anted a licence for the            | To continue with the same experiment, that is, no change  | of      |
|               | experiment under                   | application before.                | experimental procedures under the type of experiment(s)   | _       |
|               | [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]  |         |
|               |                                    |                                    |   |         |
| 2. 🗹          | I hereby declare t                 | hat in accordance with Reg         | gulations 4 and 5 of the Animals (Control of Experiments)   |         |
|               | Regulations, Cap.                  | 340A ("the Regulations"), I        | I shall keep up-to-date a book in the form set out as Form 6  |         |
|               | in the Schedule to                 | the Regulations and I shall        | render to the Director of Health on or before the 1st day of  |         |
|               | January each yea                   | ir a return in the form set        | out as Form 7 in the Schedule to the Regulations of all   |         |
|               | experiments perfo                  | rmed by me during the prece        | eding twelve months   |         |
|               |                                    |                                    |   |         |
| 3. <i>F</i>   | Please indicate the t              | ype(s) of animals to be use        | ed in the experiment  |         |
|               | $\Box$ Amphibian(s):               | $(\Box Frogs \qquad \Box Other(s)$ | s), please specify:   | )       |
|               | $\Box$ Bird(s):                    |                                    | s), please specify:   | )       |
|               | $\Box$ Fish(es):                   |                                    | s), please specify:   | )       |
|               | ✓ Mammal(s):                       | $(\Box Mice \Box Rats)$            | □ Guinea pigs □ Hamsters □ Rabbits ☑ Pig  | _<br>!S |
|               | ( )                                | $\Box$ Other(s), please specify    | 7 0   | ,       |
|               | □ Reptile(s):                      |                                    | s), please specify:   | )       |
| -             |                                    |                                    |   |         |
| 4. <b>(a)</b> |                                    |                                    | ement to Enable Performance of Experiments  |         |
|               |                                    | tics" under section 10 of th       |   |         |
| $\checkmark$  |                                    | -                                  | eriment the animal is under the influence of some anaesthetic   |         |
|               |                                    |                                    | ing pain; and if the pain is likely to continue after the effect sinjury has been inflicted on the animal, the animal is killed |         |
|               |                                    | •                                  | aesthetic which has been administered; <u>AND</u>   |         |
| ✓             |                                    | ,                                  | e monitored during the experiment; <u>AND</u>   |         |
| ☑             | -                                  | -                                  | tress or pain will be euthanized before the end of the study;   |         |
| v             | -                                  | nais with signs of severe ais      | tress or path will be eathanized before the end of the study,   |         |
| _             | <u>AND</u>                         |                                    |   |         |
| ✓             | -                                  | -                                  | sed for sacrificing the animals will not cause unnecessary/   |         |
|               | prolonged pain to                  |                                    |   |         |
|               | □ cervical disloc                  | cation                             |   |         |
|               | ☐ decapitation<br>☑ overdose of ar | naesthetic                         |   |         |
|               | □ carbon dioxid                    |                                    |   |         |
|               |                                    | n under anaesthesia                |   |         |

□ other(s), please specify:\_\_\_\_

| (b) A                  |  | a licence with an "Endorsement to En under section 10 of the said Ordinance   |   | xperiments Without                             |  |  |  |  |
|------------------------|--|---|---|--|--|--|--|--|
|                        | I confirm that                         | the experiment would necessarily be frust<br>rmance of such experiment under any and  | trated by-  |  |  |  |  |  |
|                        | o o                                    | lling the animal on which such experiment is performed before it recovers from the influence of ay anaesthetic  |   |  |  |  |  |  |
|                        | Please ind                             | icate why-  |   |  |  |  |  |  |
| 5. 🗆                   | any experiment<br><u>AND</u> I have be | duct any experiment after the expiry date t after the expiry date of <b>my previous licen</b> ten keeping a proper Form 6 / I have kept cence under the reference number quoted | nce under the reference r<br>a proper Form 6 during | number quoted above;<br>the validity period of |  |  |  |  |
| <ul><li>6. ✓</li></ul> | Permit/ Endor. agree that my p         | and understood the Personal Information sement Issued under the Animals (Contropersonal data and information may be used are that the information provided in this a            | ol of Experiments) Ordined for the purposes as se   | nance, Chapter 340. I tout in the Statement.   |  |  |  |  |
| (sec                   | ction 2 of the Ani                     | ns any experiment performed on a living value of mals (Control of Experiments) Ordinance, Callid contact information for correspond   | Cap. 340).  |  |  |  |  |  |
|                        |  | iny changes of information.   |   | 7  |  |  |  |  |
| Fi                     | ull name**                             | CHAN Tai Man  | Contact No.:  | 23456789                                       |  |  |  |  |
| Н                      | K Identity Card/I                      | Passport/ Travel Document No.: X123456  | (7) Mobile No.:                                     | 98765432                                       |  |  |  |  |
| Er                     | mail Address :                         | ctm@abc.com   |   |  |  |  |  |  |
|                        |  | ABC   | Signed  | (Inplicant)                                    |  |  |  |  |
|                        | L                                      | (Institute/Company chop)***   | (   | (Applicant)                                    |  |  |  |  |
| ** /                   | Full name as app                       | ears on HK Identity Card/Passport/Travel I  | Document  |  |  |  |  |  |

<sup>\*\*\*</sup> Please obtain an official chop of the Institute/ Company where you are working or studying

## IV. Sample application for a New teaching permit under section 9 of the Ordinance to perform experiment to illustrate lectures

#### ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

#### FORM 1

|                 | Application Form  |  |  |  |  |
|-----------------|---|--|--|--|--|
| Т               | To: The Director of Health  |  |  |  |  |
| I,              | CHAN, Tai Man   |  |  |  |  |
| o               | Department of ABC, The University of ABC  |  |  |  |  |
| o               | on the grounds hereinafter mentioned, hereby apply for —                                |  |  |  |  |
| Select (a) and  | (c) for (a) a Licence under section 7 of the Animals (Control of Experiments) Ordinance |  |  |  |  |
| application for | (Cap. 5 10).  |  |  |  |  |
| teaching perm   | (b) an endorsement / thereto / *to my existing Licence No.                              |  |  |  |  |
| *               | dated/ under section 8 of the said Ordinance.   |  |  |  |  |
|                 | (c) a teaching permit under section 9 of the said Ordinance.                            |  |  |  |  |
|                 | (d) an endorsement to / the said Licence / *my existing Licence No.                     |  |  |  |  |
|                 | dated/ under section 10 of the said Ordinance.  |  |  |  |  |
|                 |   |  |  |  |  |
|                 | Grounds for application.  |  |  |  |  |
|                 | The respiratory system in pigs is physiologically similar to that in human. The         |  |  |  |  |
|                 | respiratory system in pigs will be demonstrated to students to enhance their            |  |  |  |  |
| _               | physiological knowledge·  |  |  |  |  |
| Т               | Type of experiment(s).  |  |  |  |  |
|                 | Under general anaesthesia, external sensors will be placed in the upper airway and      |  |  |  |  |
|                 | abdominal wall of the animals. The relationship between the parameters measured by      |  |  |  |  |
|                 | the sensors in the airway and those on the abdominal wall will be examined. After       |  |  |  |  |
| _               | the experiment, the animals will be sacrificed before recovery from anaesthesia         |  |  |  |  |
| P               | Purpose of experiment(s).   |  |  |  |  |
| _               | To demonstrate the physiology of respiratory system using a pig model·                  |  |  |  |  |
| P               | Place where experiment(s) may be conducted.   |  |  |  |  |
| _               | Room X, X/F, ABC Laboratory Building, The University of ABC                             |  |  |  |  |
| C               | Qualifications of Applicant and any posts held.   |  |  |  |  |
| _               | PhD in Pharmacology, Research Associate   |  |  |  |  |
|                 |   |  |  |  |  |
|                 | Dated 31 May 2022   |  |  |  |  |
|                 |   |  |  |  |  |
|                 | Signed  |  |  |  |  |
|                 |   |  |  |  |  |

| your          | application.                                     |                                 |  |
|---------------|--|---------------------------------|--|
| Pleas         | se put a 'tick' to the l                         | oox against each of the follo   | owings which are applicable to your application.                   |
| 1. <i>Typ</i> | pe of application:                               |                                 |  |
|               | ✓ New applica                                    | tion                            | Renewal application  |
|               |  | anted a licence for the         | To continue with the same experiment, that is, <u>no change of</u> |
|               | experiment under                                 | -                               | experimental procedures under the type of experiment(s)            |
|               | -  | , (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]                                   |
|               |  |                                 |  |
| 2. 🗹          | I hereby declare t                               | hat in accordance with Reg      | rulations 4 and 5 of the Animals (Control of Experiments)          |
|               | Regulations, Cap.                                | 340A ("the Regulations"), I     | shall keep up-to-date a book in the form set out as Form 6         |
|               |  | -                               | render to the Director of Health on or before the 1st day of       |
|               |  | _                               | out as Form 7 in the Schedule to the Regulations of all            |
|               |  | ormed by me during the pred     |  |
|               | experiments perj                                 | ormea by me auring the prec     | eating twerve months   |
| 3. <i>I</i>   | Please indicate the t                            | ype(s) of animals to be use     | d in the experiment  |
|               | $\Box$ Amphibian(s):                             |                                 | ), please specify:   |
|               | $\Box$ Bird(s):                                  | $(\Box Chickens \Box Other(s)$  |  |
|               | $\Box$ <i>Bira</i> (s). $\Box$ <i>Fish</i> (es): | $(\Box Zebrafish \Box Other(s)$ |  |
|               |  |                                 |  |
|               | ✓ Mammal(s):                                     |                                 |  |
|               | D (11)   | $\Box$ Other(s), please specify |  |
|               | $\Box$ Reptile(s):                               | $(\Box Lizards \ \Box Other(s)$ | ), please specify:)  |
| 4. (a)        | Application for a li                             | cence without an "Endorse       | ement to Enable Performance of Experiments                         |
|               | without Anaesthet                                | tics" under section 10 of th    | e said Ordinance -   |
| $\checkmark$  | I confirm that thro                              | ughout the whole of the expe    | riment the animal is under the influence of some anaesthetic       |
|               | of sufficient power                              | r to prevent the animal feeling | ng pain; and if the pain is likely to continue after the effect    |
|               | of the anaesthetic                               | has ceased, or if any serious   | injury has been inflicted on the animal, the animal is killed      |
|               | before it recovers                               | from the influence of the and   | nesthetic which has been administered; <u>AND</u>                  |
| $\checkmark$  | I confirm that con                               | ditions of the animals will be  | e monitored during the experiment; <u>AND</u>                      |
| V             | I confirm that anim                              | nals with signs of severe dist  | tress or pain will be euthanized before the end of the study;      |
|               | <u>AND</u>                                       |                                 |  |
| V             | I confirm that the                               | following method(s) to be u.    | sed for sacrificing the animals will not cause unnecessary/        |
|               | prolonged pain to                                | them                            |  |
|               | ☐ cervical dislo                                 | cation                          |  |
|               | $\square$ decapitation                           |                                 |  |
|               | ✓ overdose of an                                 |                                 |  |
|               | □ carbon dioxid                                  | = :                             |  |
|               | □ exsanguinauo □ other(s), pleas                 | n under anaesthesia             |  |
|               | - other(s), pieas                                | e specijy.                      |  |

| (D) <i>F</i> | Application for a licence with Anaesthetics" under section   |  |  | mance of E                   | xperiments without                            |  |  |  |
|--------------|--|--|--|------------------------------|---|--|--|--|
|              | I confirm that the experiment would necessarily be frustrated by-  |  |  |                              |   |  |  |  |
|              | <ul> <li>□ the performance of such experiment under any anaesthetic <u>AND/OR</u></li> <li>□ killing the animal on which such experiment is performed before it recovers from the influence of any anaesthetic</li> </ul>  |  |  |                              |   |  |  |  |
|              | Please indicate why-   |  |  |                              |   |  |  |  |
| 5. 🗆         | I will not conduct any expering any experiment after the expired AND I have been keeping a proper my previous licence under the Regulations.   | y date of <b>my previous lice</b><br>coper Form 6 / I have kep | <b>ence</b> under the<br>t a proper Fo | e reference n<br>rm 6 during | umber quoted above;<br>the validity period of |  |  |  |
|              | <ul> <li>I have read and understood the Personal Information Collection Statement Relating to Licence Permit/ Endorsement Issued under the Animals (Control of Experiments) Ordinance, Chapter 340. agree that my personal data and information may be used for the purposes as set out in the Statemen          <ul> <li>✓ I hereby declare that the information provided in this application is true, complete and accurate</li> </ul> </li> </ul> |  |  |                              |   |  |  |  |
|              | Experiment" means any experim<br>section 2 of the Animals (Control of  |  |  | nimal and co                 | alculated to give pain                        |  |  |  |
| F            | ull name** CHAN Tai  | Man  | Cont                                   | act No.:                     | 23456789                                      |  |  |  |
| Н            | IK Identity Card/Passport/ Travel  | Document No.: X123456  | 6(7) Mobi                              | ile No.:                     | 98765432                                      |  |  |  |
| E            | imail Address : ctm@abc.c  | om   |  |                              |   |  |  |  |
|              | ABO  |  | Signed                                 |                              | tre   |  |  |  |
|              | (Institute/Compo   | •                        | (Applicant)                            |                              |   |  |  |  |
|              | * Full name as appears on HK Ide   | , ,  |  | 1.                           |   |  |  |  |
| ~~~          | Please obtain an official chop of  | ine institute/ Company wh                                      | ere you are wo                         | orкing or stua               | iying   |  |  |  |

V. Sample application for a <u>New endorsement</u> under section 10 of the Ordinance to enable performance of experiments without anaesthetics

#### ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

#### FORM 1

#### **Application Form**

| I,   | CHAN, Tai Man  |   |
|--|--|---|
| of   | Department of ABO  | C, The University of ABC  |
| on the gr  | ounds hereinafter mentio                                     | ned, hereby apply for —   |
| Select (a) and (d) for application for an endorsement to enable performance of experiments without anaesthetics. | (Cap. 340). (b) an endorsement / dated (c) a teaching permit | thereto / *to my existing Licence No.  / under section 8 of the said Ordinance.  t under section 9 of the said Ordinance.  to / the said Licence / *my existing Licence No. |
|  |  |   |
|  | dated  | / under section 10 of the said Ordinance.   |

#### Grounds for application.

To: The Director of Health

Chronic pain is a prevalent disorder that affects severely the quality of life of patients after traumatic injury. The pathological pathway of inflammatory pain remains unknown. Some studies propose that substance X may be involved in pain syndromes. As the physiology of mice is very similar to human, mice will be used in this experiment in order to evaluate the role of substance X in peripheral and central nervous system and its pathophysiologic mechanisms.

#### Type of experiment(s).

Inflammatory pain model will be established by injection of Freund's adjuvant and complete cell suspension or formalin into the hindpaws of the animals. An antagonist will be injected intrathecally before and after pain model establishment to determine substance X and its receptors in the peripheral and the central nervous systems. A catheter will be inserted into the spinal cord under anaesthesia to facilitate subsequent multiple intrathecal drug deliveries. Non-invasive thermal pain behaviour tests will be conducted. In brief, a thermal stimulus (maximum level <  $30^{\circ}$ C) will be applied onto the animals' hindpaws and the duration before paw withdrawal responses will be measured. During the experiment, conditions of the animals will be monitored. Animals with serious injury or showing significant pain will be euthanized by an overdose of anaesthetic. At the end of the experiment, the animals will be sacrificed by an

overdose of anaesthetic, and tissues will be collected for further analysis.

Purpose of experiment(s).

To study the nociceptive effect of substance X in chronic pain syndromes and the underlying mechanisms of pain using animal models.

Place where experiment(s) may be conducted.

Room X, X/F, ABC Laboratory Building, The University of ABC

Qualifications of Applicant and any posts held.

PhD in Pharmacology, Research Associate

Dated 31 May 2022

Signed

| Annex  |   |   |  |  |  |  |
|--|---|---|--|--|--|--|
| The section below is not part o  | f Form 1 but information  | on supplied would help avoid unnecessary delay in processing  |  |  |  |  |
| your application.  | •   |   |  |  |  |  |
| Please put a 'tick' to the box   | against each of the fol   | lowings which are applicable to your application.   |  |  |  |  |
| 1. Type of application:  |   |   |  |  |  |  |
| ✓ New application  I have not been granted a licence for the experiment under application before.  [Complete (2), (3), (4a or 4b) and (6) only]  |   | Renewal application  To continue with the same experiment, that is, no change of experimental procedures under the type of experiment(s) and purpose of experiment(s) of a previously granted licence (Reference number of licence:  [Complete (2), (5) and (6) only]   |  |  |  |  |
| I hereby declare that in accordance with Regulations 4 and 5 of the Animals (Control of Experiments) Regulations, Cap.340A ("the Regulations"), I shall keep up-to-date a book in the form set out as Form 6 in the Schedule to the Regulations and I shall render to the Director of Health on or before the 1st day of January each year a return in the form set out as Form 7 in the Schedule to the Regulations of all experiments performed by me during the preceding twelve months |   |   |  |  |  |  |
|  | Please indicate the type(s) of animals to be used in the experiment  □ Amphibian(s): (□ Frogs □ Other(s), please specify:   |   |  |  |  |  |
| -  | _   | er(s), please specify:  |  |  |  |  |
|  |   | er(s), please specify:  |  |  |  |  |
|  |   |   |  |  |  |  |
|  | Other(s), please speci  | fy:)  |  |  |  |  |
| $\Box$ Reptile(s): ( $\Box$  | □ Lizards □ Othe  | er(s), please specify:  |  |  |  |  |
| without Anaesthetics'  □ I confirm that throughed of sufficient power to of the anaesthetic has before it recovers from □ I confirm that conditio □ I confirm that animals AND □ I confirm that the follow prolonged pain to the □ cervical dislocation  | y under section 10 of to put the whole of the exp prevent the animal feet ceased, or if any serious the influence of the animals will be with signs of severe distribution (☐ under anaesthe under anaesthesia (a) thetic aphyxiation ander anaesthesia | sement to Enable Performance of Experiments  the said Ordinance -  eriment the animal is under the influence of some anaesthetic  ling pain; and if the pain is likely to continue after the effect  us injury has been inflicted on the animal, the animal is killed  maesthetic which has been administered; AND  the monitored during the experiment; AND  stress or pain will be euthanized before the end of the study;  used for sacrificing the animals will not cause unnecessary/  esia OR not under anaesthesia)  OR not under anaesthesia) |  |  |  |  |

(b) Application for a licence with an "Endorsement to Enable Performance of Experiments Without Anaesthetics" under section 10 of the said Ordinance -

- ☑ I confirm that the experiment would necessarily be frustrated by-
  - $\ensuremath{\square}$  the performance of such experiment under any anaesthetic AND/OR
  - □ killing the animal on which such experiment is performed before it recovers from the influence of any anaesthetic

Please indicate why- It is because this experiment is to study the nociceptive effect of substance X in chronic pain syndrome, no pain control will be applied to the animals after chronic pain established to ensure the pain responses from the animals is not affected by influence of drugs before and after the behaviors tests.

Provide justification for performing the experiment without administering any anaesthetic to the animal or without killing the animal before it recovers from the influence of such anaesthetic, as the case may be.

- 5. □ I will not conduct any experiment after the expiry date of my existing licence / I have not conducted any experiment after the expiry date of my previous licence under the reference number quoted above;

  AND I have been keeping a proper Form 6 / I have kept a proper Form 6 during the validity period of my previous licence under the reference number quoted above, in accordance with regulation 4 of the Regulations.
- 6. ✓ I have read and understood the Personal Information Collection Statement Relating to Licence/ Permit/Endorsement Issued under the Animals (Control of Experiments) Ordinance, Chapter 340. I agree that my personal data and information may be used for the purposes as set out in the Statement.
  - ☑ *I hereby declare that the information provided in this application is true, complete and accurate.*

Please provide <u>valid contact information</u> for correspondence and inform the Department of Heath immediately for any changes of information.

Full name\*\* CHAN Tai Man Contact No.: 23456789

HK Identity Card/Passport/ Travel Document No.: X123456(7) Mobile No.: 98765432

Email Address: ctm@abc.com

ABC

(Institute/Company chop)\*\*\*

Signed

(Applicant)

<sup>\* &</sup>quot;experiment" means any experiment performed on a living vertebrate animal and calculated to give pain (section 2 of the Animals (Control of Experiments) Ordinance, Cap. 340).

<sup>\*\*</sup> Full name as appears on HK Identity Card/Passport/Travel Document

<sup>\*\*\*</sup> Please obtain an official chop of the Institute/ Company where you are working or studying