

**Explanatory Notes and Samples of Completed Form 1
(Application Form) under the Animals (Control of Experiments)
Regulations (Cap. 340A)
[For renewal 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 Director of Health

I,

Name of applicant

of

The department/school, institute, company where the applicant is working or studying.

on the grounds hereinafter mentioned, hereby apply for —

Indicate the type of licence/ permit/ endorsement(s) apply for by choosing (a), (b), (c) and/or (d).

- (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.
- (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.

Type of experiment(s).

Purpose of experiment(s).

- *If you wish to continue with the same animal experiment as specified in the previously granted licence, that is, **no change of experimental procedures under the type of experiment(s) and purpose of experiment(s)**, you can quote the reference no. of your previously granted licence.*
- *If there are changes of the experiment, we will consider it as a new application.*
- *Please check the information before submission to make sure the **proposed animal experiment is exactly the same as that described in your previously granted licence.***
- *It will be a breach of the Ordinance to conduct experiments not in accordance with the terms of the licence or continue to conduct the experiments after the expiry date of the existing licence.*

Place where experiment(s) may be conducted.

- *Provide the **full address(es)**, including the room number, floor number, name of building and institution, of all the location(s) where the experiment(s) may be conducted.*

Qualifications of Applicant and any posts held.

- *Provide the **qualification(s)** and **post title(s)** (if any) of the applicant.*

Dated _____

Signed _____

Applicant's signature

Annex

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.

1. Type of application:

<input type="checkbox"/> New application <i>I have not been granted a licence for the experiment under application before.</i> [Complete (2), (3), (4a or 4b) and (6) only]	<input type="checkbox"/> Renewal application <i>To continue with the same experiment, that is, <u>no change of experimental procedures under the type of experiment(s) and purpose of experiment(s)</u> of a previously granted licence (Reference number of licence: _____)</i> [Complete (2), (5) and (6) only]
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Provide the reference no. for renewal of a previously granted licence. The format of reference no. is: (XX-X) in DH/HT&A/X/X/X Pt.X

Select the checkbox for renewal application.

Complete the relevant parts of the Annex accordingly.

2. 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

3. Please indicate the type(s) of animals to be used in the experiment

- Amphibian(s) : (Frogs Other(s), please specify: _____)
- Bird(s): (Chickens Other(s), please specify: _____)
- Fish(es): (Zebrafish Other(s), please specify: _____)
- Mammal(s): (Mice Rats Guinea pigs Hamsters Rabbits Pigs
 Other(s), please specify: _____)
- Reptile(s): (Lizards Other(s), please specify: _____)

4. (a) Application for a licence without an "Endorsement to Enable Performance of Experiments without Anaesthetics" under section 10 of the said Ordinance -

- I confirm that throughout the whole 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 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 anaesthetic which has been administered; **AND**
- I confirm that conditions of the animals will be monitored during the experiment; **AND**
- I confirm that animals with signs of severe distress or pain will be euthanized before the end of the study; **AND**
- I confirm that the following method(s) to be used for sacrificing the animals will not cause unnecessary/ prolonged pain to them
- cervical dislocation
 - decapitation
 - overdose of anaesthetic
 - carbon dioxide asphyxiation
 - exsanguination under anaesthesia
 - other(s), please specify: _____

(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-
- 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-

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

“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).

Please provide valid contact information for correspondence and inform the Department of Health immediately fo

Full name** Contact No.:

HK Identity Card/ Passport/ Travel Document No.: Mobile No.:

Email Address :

Provide an official chop of the Institute/ Company where the applicant is working or studying.

(Institute/Company chop)***

Signed

(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

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

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1

Application Form

To : The Director of Health

I, CHAN, Tai Man

of Department of ABC, The University of ABC

on the grounds hereinafter mentioned, hereby apply for —

- * { (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.
(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.

Same as (20-1) in DH/HT&A/8/2/10 Pt.1

Type of experiment(s).

Same as (20-1) in DH/HT&A/8/2/10 Pt.1

Purpose of experiment(s).

Same as (20-1) in DH/HT&A/8/2/10 Pt.1

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 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.

1. Type of application:

<input type="checkbox"/> New application <i>I have not been granted a licence for the experiment under application before.</i> [Complete (2), (3), (4a or 4b) and (6) only]	<input checked="" type="checkbox"/> Renewal application <i>To continue with the same experiment, that is, <u>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: (20-1) in DH/HT&A/8/2/10 Pt.1)</u></i> [Complete (2), (5) and (6) only]
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2. 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

3. Please indicate the type(s) of animals to be used in the experiment

- Amphibian(s) : (Frogs Other(s), please specify: _____)
- Bird(s): (Chickens Other(s), please specify: _____)
- Fish(es): (Zebrafish Other(s), please specify: _____)
- Mammal(s): (Mice Rats Guinea pigs Hamsters Rabbits Pigs
 Other(s), please specify: _____)
- Reptile(s): (Lizards Other(s), please specify: _____)

4. (a) Application for a licence without an "Endorsement to Enable Performance of Experiments without Anaesthetics" under section 10 of the said Ordinance -

- I confirm that throughout the whole 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 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 anaesthetic which has been administered; **AND**
- I confirm that condition of the animals will be monitored during the experiment; **AND**
- I confirm that animals with signs of severe distress or pain will be euthanized before the end of the study; **AND**
- I confirm that the following method(s) to be used for sacrificing the animals will not cause unnecessary/ prolonged pain to them
- cervical dislocation
 - decapitation
 - overdose of anaesthetic
 - carbon dioxide asphyxiation
 - exsanguination under anaesthesia
 - other(s), please specify: _____

(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-
- 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-

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.

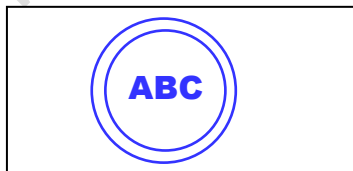
“Experiment” means any experiment performed on a living vertebrate animal and calculated to give pain (section 2 of the Animals (Control of Experiments) Ordinance, Cap. 340).

Please provide valid contact information for correspondence and inform the Department of Health 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



(Institute/Company chop)***

Signed

(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