## **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 Dire	ector of Health				
I,	Name of applica	nt			
of	The department/s	school, ir	nstitute, company where the app	licant is working or studying.	
on the ground	ds hereinafter m	entione	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 endorsem dated (c) a teaching p (d) an endorsem	nent / th	nereto / *to my existing Lic / under section Inder section 9 of the said 0 / the said Licence / *my ex	on 8 of the said Ordinance.  Ordinance.  isting Licence No.	
	dated		/ under sect	on 10 of the said Ordinance.	
Grounds for a		prev the trefer  If th	viously granted licence, that is, type of experiment(s) and purperence no. of your previously granter are changes of the experiment	the animal experiment as specified in the though of experimental procedures und the	n.
Purpose of ex	aperiment(s).	• It we the t	<mark>eriment is exactly the same as t</mark> nce. ill be a breach of the Ordinance	hat described in your previously granted  to conduct experiments not in accordance to conduct the experiments after the expiry	with
• Provide th		including		r, name of building and institution, of	
Qualification	s of Applicant a	nd any	posts held.		
• Provide th	e <b>gualification(s)</b> d	and <u>post</u>	title(s) (if any) of the applicant.		
			Dated		
			Signed_	Applicant's signature	

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

The section below is not part of Form 1 but info	ormation supplied would help avoid unne	ecessary delay in
processing your application.		
Please put a 'tick' to the box against each of the f		
1. Type of application:		t the checkbox for <u>renewal</u>
☐ New application	☐ Renewal application	<del>:auon.</del>
I have not been granted a licence for the	To continue with the same experim	ent, that is, <u>no change of</u>
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 p	previously granted
Provide the <b>reference no.</b> for renewal	licence (Reference number of lice	
of a previously granted licence. The		relevant par of the Annex
format of reference no. is: (XX-X) in DH/HT&A/X/X/X Pt.X	[Complete (2), (5) and (6) only]	accordingly.
2.   I hereby declare that in accordance with Re	· ·	,
Regulations, Cap.340A ("the Regulations")		
6 in the Schedule to the Regulations and I		-
day of January each year a return in the fo	orm set out as Form 7 in the Schedule to t	he Regulations of
all experiments performed by me during th	e preceding twelve months	
3. Please indicate the type(s) of animals to be a		,
$\square$ Amphibian(s): ( $\square$ Frogs $\square$ Bird(s): ( $\square$ Chickens	<ul><li>☐ Other(s), please specify:</li><li>☐ Other(s), please specify:</li></ul>	
$\Box$ Fish(es): ( $\Box$ Zebrafish	Other(s), please specify:	
$\square$ Mammal(s): ( $\square$ Mice $\square$ Ra		Rabbits Pigs
☐ Other(s), please	_ 10 _	i raoons i rigs
	<pre>Double of the control of the co</pre>	
$\square$ Reptile(s): ( $\square$ Lizards	Otner(s), please specify.	
(a) Application for a license without an "End	overament to Enable Devicements of Evr	
4. (a) Application for a licence without an "Endo without Anaesthetics" under section 10 of	-	eriments
☐ I confirm that throughout the whole of the		nfluence of some
anaesthetic of sufficient power to prevent t	•	· ·
after the effect of the anaesthetic has cease		•
the animal is killed before it recovers from to	he influence of the anaesthetic which has b	een administered;
<u>AND</u>		
$\square$ I confirm that conditions of the animals will	be monitored during the experiment; $AN$	<u>D</u>
$\Box$ I confirm that animals with signs of severe $a$	listress or pain will be euthanized before t	the end of the
study; <u>AND</u>		
$\Box$ I confirm that the following method(s) to be	e used for sacrificing the animals will not	cause
unnecessary/ prolonged pain to them		
☐ cervical dislocation		
$\square$ decapitation		
overdose of anaesthetic		
☐ carbon dioxide asphyxiation☐ exsanguination under anaesthesia		
☐ other(s), please specify:		
<u> </u>	[Sample Form 1 Re	enew (Apr 2024)]

Annex

□ 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 Heath immediately for Provide the full name of the applicant and HK Identity Card/Passport/Travel	-	hat the experiment would necessarily be fi	rustrated by-	
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	□ killin	erformance of such experiment under any g the animal on which such experiment is p	anaesthetic <u>AND/C</u>	
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 Heath immediately for Provide the full name of the applicant and HK Identity Card/ Passport/ Travel Document number.  Contact No.:  Provide contact information for correspondence and inform the Department of Heath immediately for Provide the full name of the applicant and HK Identity Card/ Passport/ Travel Document No.:  Email Address:  Signed  Applicant's signature  Applicant's signature	Please	indicate why-		
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 Heath immediately for the full name of the applicant and HK Identity Card/ Passport/ Travel Document number:  Contact No.:  Provide contact informat correspondence.  HK Identity Card/ Passport/ Travel Document No.:  Email Address:  Signed  Applicant's signature	any experi above; <u>AN</u> period of	ment after the expiry date of $my$ previou $\underline{D}$ I have been keeping a proper Form 6 / 1 $my$ previous licence under the reference	<b>s licence</b> under the re have kept a proper Fo	eference number quoted orm 6 during the validity
Please provide valid contact information for correspondence and inform the Department of Heath immediately for the full name of the applicant and HK Identity Card/ Passport/ Travel Document number.  HK Identity Card/ Passport/ Travel Document No.:  Email Address:  Contact No.:  Mobile No.:  Email Address:  Signed  Applicant's signature	Licence/ Chapter out in th	Permit/Endorsement Issued under the Ai 340. I agree that my personal data and in e Statement.	nimals (Control of Exp formation may be used	periments) Ordinance, If for the purposes as set
immediately for and HK Identity Card/ Passport/ Travel Document number:  HK Identity Card/ Passport/ Travel Document No.:  Email Address:  Contact No.:  Provide contact informate correspondence.  Mobile No.:  Signed  Applicant's signature  Applicant's signature	_	n 2 of the Animals (Control of Experiments)	Ordinance, Cap. 340).	-
Full name**    Contact No.:   correspondence.	Please provid	<b>A</b>		
HK Identity Card/ Passport/ Travel Document No.:  Email Address:  de an official of the Institute/ any where the vant is working or  Mobile No.:  Signed  • Applicant's signature		Provide the <u>full name</u> of the applicant		
de an official of the Institute/ any where the vant is working or	immediately f	Provide the <u>full name</u> of the applicant and HK Identity Card/ Passport/ Travel	Contact No.:	Provide contact informati
of the Institute/ any where the cant is working or  Signed  • Applicant's signature	immediately f	Provide the <u>full name</u> of the applicant and HK Identity Card/ Passport/ Travel Document number.		
cant is working or	immediately f  Full name**  HK Identity Co	Provide the full name of the applicant and HK Identity Card/ Passport/ Travel Document number.  ard/ Passport/ Travel Document No.:		
0.	immediately f  Full name**  HK Identity Co  Email Address	Provide the full name of the applicant and HK Identity Card/ Passport/ Travel Document number.  ard/ Passport/ Travel Document No.:	Mobile No.:	

<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

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

#### ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

# FORM 1 Application Form

To: The Di	rector of Health	
I,	CHAN, Tai Man	
of	Department of ABC, The Univer	rsity of ABC
on the groun	nds hereinafter mentioned, hereby ap	oply for —
	(a) a Licence under section 7 of the	e Animals (Control of Experiments) Ordinance
	(Cap. 340).	
	(b) an endorsement / thereto / *to i	my existing Licence No.
*	dated	/ under section 8 of the said Ordinance.
	(e) a teaching permit under section	n 9 of the said Ordinance.
	(d) an endorsement to / the said Li	cence / *my existing Licence No.
	dated	/ under section 10 of the said Ordinance.
Grounds for	r application.	
Same as	(20-1) in DH/HT&A/8/2/10 Pt	-7
Type of exp	periment(s).	
Same as	(20-1) in DH/HT&A/8/2/10 Pt	-7
Purpose of o	experiment(s).	
Same as	(20-1) in DH/HT&A/8/2/10 Pt	-7
Place where	e experiment(s) may be conducted.	
Room X,	X/F, ABC Laboratory Building, 1	The University of ABC
Qualificatio	ons of Applicant and any posts held.	
PhD in P	Pharmacology, Research Associate	
		Dated 31 May 2022
		Signed

Annex
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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.

	☐ New applica	ntion	☑ Renewal application
	I <u>have not been gr</u>	anted a licence for the	To continue with the same experiment, that is, no change o
	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:
			(20-1) in DH/HT&A/8/2/10 Pt.1 )
			[Complete (2), (5) and (6) only]
	I hereby declare t	that in accordance with Reg	gulations 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 yea	ar 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 prec	eding twelve months
P	Please indicate the t	type(s) of animals to be use	d in the experiment
	$\Box$ Amphibian(s):	$(\Box Frogs \qquad \Box Other$	r(s), please specify:
	$\Box$ <i>Bird(s):</i>	$(\Box Chickens \Box Other$	(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
		$\Box Other(s)$ , please specify	<u>;</u>
	$\Box$ <i>Reptile(s):</i>	$(\Box Lizards \Box Other$	r(s), please specify:
	without Anaesthet I confirm that throu of sufficient powe of the anaesthetic before it recovers	tics" under section 10 of the upon the whole of the expert to prevent the animal feels has ceased, or if any serious from the influence of the an	ement to Enable Performance of Experiments  the said Ordinance -  riment the animal is under the influence of some anaesthetic  ring pain; and if the pain is likely to continue after the effect  is injury has been inflicted on the animal, the animal is killed  aesthetic which has been administered; AND  monitored during the experiment; AND
	-	-	ress or pain will be euthanized before the end of the study;
	-	iais wiin signs of severe aisi	ress or pain will be eathanized before the end of the study,
	AND	following mathod(a) to be w	and for according the animals will not easier runnessessam/
	-		sed for sacrificing the animals will not cause unnecessary/
	prolonged pain to □ cervical disloc □ decapitation	cation	
	□ overdose of ar □ carbon dioxid	le asphyxiation	
	☐ carbon dioxid	le asphyxiation on under anaesthesia	

AMACSHICHCS UHUCI SCCHVII IV UI	Endorsement to Enable Performance of Experiments Without the said Ordinance -
☐ I confirm that the experiment would	
☐ the performance of such expen	
Please indicate why-	
experiment after the expiry date of <u>AND</u> I have been keeping a proper	ter the expiry date of <b>my existing licence</b> / I have not conducted any f <b>my previous licence</b> under the reference number quoted above; Form 6 / I have kept a proper Form 6 during the validity period of rence number quoted above, in accordance with regulation 4 of the
Permit/ Endorsement Issued under the agree that my personal data and info  ✓ I hereby declare that the information  "Experiment" means any experiment perf	rsonal Information Collection Statement Relating to Licence/ ne Animals (Control of Experiments) Ordinance, Chapter 340. I rmation may be used for the purposes as set out in the Statement. on provided in this application is true, complete and accurate. formed on a living vertebrate animal and calculated to give pain
(section 2 of the Animals (Control of Expe	riments) Ordinance, Cap. 340).
immediately for any changes of infor	
	Contact No.: 23456789
immediately for any changes of information for the second	Contact No.: 23456789

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