The University of Manchester (Form Cat B)

Ethical Review Process For Category B Work *The use of living vertebrates in scientific procedures similar to* Category A Work (*The use of living vertebrates in scientific procedures within the University and the UK which are regulated by ASPA) but conducted outside the United Kingdom*.

Please complete Section A electronically and e-mail to Katrina.Ashton@manchester.ac.uk

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| Section A:  |
| 1. Title of proposed project:
 |  |
| 1. Name of PI
 |  |
| 1. Telephone number
 |  |
| 1. Address for correspondence
 |  |
| 1. E-mail address
 |  |
| 1. Do you already hold a project licence?
 | YES [ ]  If yes, please give PPL Number |
| NO [ ]  |
| 1. If you do not hold a project licence is your application accompanied by a Module 5 certificate of training?
 | YES [ ]  |
| NO [x]  |
| 1. Have you ever been a deputy project licence holder?
 | YES [ ]  If yes, please give PPL Number |
| NO [ ]  |
| 1. Do you hold a personal licence?
 | YES [ ]  If yes, please give species, categories and reference number |
| NO [ ]  |
| 1. Please provide the names and positions of any other University of Manchester staff or students that are involved with the project.
 |  |
| 1. Brief summary of the purpose of the project (in lay terms) including potential benefits:
 |  |
| 1. Briefly describe in lay terms what you intend doing to the animals, the adverse effect the procedures may have on the animal, and how you intend to minimise such effects on the animals:
 |  |
| 1. Please show that the purpose of the programme to be specified in the licence cannot be achieved satisfactorily by any other reasonably practicable method not entailing the use of protected animals:
 |  |
| 1. Please show that the regulated procedures to be used are those which: Use the minimum number of animals; involve animals with the lowest degree of neurophysiological sensitivity; cause the least pain, suffering, distress or lasting harm; and are most likely to produce satisfactory results:
 |  |
| 1. Please show that the regulated procedures to be used are those where the benefit likely to accrue as a result of the programme of work specified in the application should outweigh the likely adverse effects on the animals concerned:
 |  |
| 1. The experimental and statistical design associated with this application has been agreed with:
 | Signature: |
| Date: |
| Position: |
| 1. Species to be used?
 |  |
| 1. Approximate total numbers?
 |  |
| 1. Source, level and date of funding:
 |  |
| 1. Where will the animal work be carried out?
 | Please provide the full name of the institution including Country |
| 1. Please explain why the work is not being conducted at The University of Manchester?
 |  |
| 1. Who will be carrying out the in vivo procedures?
 |  |
| 1. Has the proposal been ethically reviewed at the host establishment?
 | Yes [ ]  Please attach the relevant approval letters |
| No [ ]  |
| 1. Please supply the names and contact details of the appropriate person from the host institution to complete the following sections (25-36) if you are not able to complete them:
 |  |
| 1. Is the establishment accredited by a recognised body?
 | YES [ ]  If yes, by whom and date of accreditation |
| NO [ ]  |
| 1. Is there a system for assessing and recording competency of the individuals involved in the project?
 | YES [ ]  If yes, please attach supporting documentation |
| NO [ ]  |
| 1. Does the establishment actively engage with the principles of the 3Rs?
 | If yes, please provide a brief statement of how: |
| 1. What arrangements are in place for veterinary advice and inspection?
 |  |
| 1. What is the profile of the care staff? (eg. Qualifications, experience with the species)
 |  |
| 1. How will the animals be housed?
 |  |
| 1. Is there an environmental enrichment strategy?
 | YES [ ]  How will it be applied for this project? |
| NO [ ]  |
| 1. Is there a routine animal health screening programme in place?
 | YES [ ]  If yes, please attach supporting documentation |
| NO [ ]  |
| 1. Is there continual monitoring of the environmental conditions, with appropriate alarms, and a 24 hour response plan?
 | YES [ ]  |
| NO [ ]  |
| 1. Is there standby electrical power?
 | YES [ ]  What capacity does the generator have? |
| NO [ ]  |
| 1. Is there a disaster plan?
 | YES [ ]  What are the greatest risks in the locality? |
| NO [ ]  |
| 1. What will be the fate of the animals at the end of the project?
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| Section B: For BSF Admin use only: |
| NVS comments: |  |
| NVS Name |  |
| NVS Signature | Date: |
| NACWO comments:  |  |
| NACWO Name |  |
| NACWO Signature | Date: |
| Any other advice (name and status) |  |
| Group comments/advice: |  |
| Certificate Holders approval to proceed: | YES [ ]  |
| NO [ ]  |
| Certificate Holders Name |  |
| Certificate Holders Signature: | Date: |