$1) \ Sample \ application \ for \ a \ \underline{New} \ licence \ under \ section \ 7 \ of \ the \ Animals \ (Control \ of \ Experiments) \ Ordinance \ to \ conduct \ experiments \ for \ research \ purpose$

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1

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.
(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.
Grounds for application.
Drug A is a newly developed anti-diabetic drug. The side effects of Drug A have to be found
out in a rabbit model prior to clinical testing of the drug on human to ensure the safety of
clinical testing.
Type of experiment(s).
Rabbits will be used in the experiment. Drug A will be fed to the animals daily for two weeks
The animals will then be sacrificed. Liver tissues will be harvested for biochemical
assessment.
Purpose of experiment(s).
To study the side effects of Drug A.
Place where experiment(s) may be conducted.
Room X, X/F, ABC Laboratory Building, The University of ABC, XX Road, Hong Kong
Qualifications of Applicant and any posts held.
PhD in Pharmacology, Research Associate
Dated 1 September 2018
Signed_

^{*}Delete as appropriate.

4				
\boldsymbol{A}	n	n	P	Y

Pl	ease	put a 'tick' to the box against each of the followings which are applicable to your application.
1.	V	I have not been granted a licence for the experiment under application before [please go to (2), (3a or 3b) and (6) only] \underline{OR}
		I am the holder of a valid licence for the experiment under application (Reference number of licence:) [please go to (2), (4) and (6) only] \underline{OR}
		I am not the holder of a valid licence for the experiment under application but I have been previously granted a licence for the experiment under application which has now expired (Reference number of latest licence:) [please go to (2), (5) and (6) only]
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.		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 <u>AND</u>
	✓	I confirm that conditions/ well-being of the animals will be monitored during the experiment <u>AND</u>
	$\overline{\mathbf{V}}$	I confirm that animals with signs of severe distress or pain will be euthanized before the end of the
		study <u>AND</u>
	V	I confirm that the following method(s) to be used for sacrificing the animals will not cause
		unnecessary/ prolonged pain to them
		 □ cervical dislocation (□ under anaesthesia or □ not under anaesthesia) □ decapitation (□ under anaesthesia or □ not under anaesthesia) ☑ overdose of anaesthetic □ carbon dioxide asphyxiation □ exsanguination under anaesthesia □ other(s), please specify:
(b) A]	pplication for a licence with an "Endorsement to Enable Performance of Experiments Without
	1	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-

•	at the experimental procedures * are exactly the same as that of	• • •	•	
number quot	duct any experiment* after the ed above until a new licence is with regulation 4 of the Regulation	issued AND I have	_	· ·
	nat the experimental procedures (s)* are exactly the same as the (ve. AND)	· -	_	
licence und validity per	clare that I have not conducted ler the reference number quoted iod of my previous licence under the Regulations.	l above AND I have	e kept a proper	Form 6 during the
animal experin	do NOT agree to receive SMS Renent application/licence. Deartment of Health cannot guaran			
_	neans any experiment performed Animals (Control of Experiments)			culated to give pain
Full name**	CHAN Tai Man		Contact No.:	2345 6789
HK Identity Card	l/Passport/Travel Document No.:	A123456(7)	Mobile No.:	9876 5432
Email Address :	ctm@abc.com		(Facsimile)	2234 4321
	ABC	Signed		Cre
	(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

2) Sample application for a <u>NEW</u> endorsement under section 8 of the Animals (Control of Experiments) Ordinance to perform experiments for attaining manual skill

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1

To: The Director	of Health			
I,	CHAN, Tai Man			
of	Department of ABC, The University of ABC			
on the grounds he	ereinafter 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.			
perform such p	ication. of performing open heart surgery is essential to cardiothoracic surgeons to rocedures in human. To improve clinical outcome, it is preferable to practise those a pig model first.			
Type of experime Pigs will be use valve replaceme				
Purpose of experi	iment(s). In heart surgical techniques using pigs.			
-	riment(s) may be conducted. ABC Laboratory Building, The University of ABC, XX Road, Hong Kong			
_	Applicant and any posts held. acology, Research Associate			
	Dated 1 September 2018			
	Signed			

^{*}Delete as appropriate.

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А	11.	II.	v.	.X

Pleas	e put a 'tick' to the box against each of the followings which are applicable to your application.
1. ☑	I have not been granted a licence for the experiment under application before [please go to (2), (3a or 3b) and (6) only] <u>OR</u>
	I am the holder of a valid licence for the experiment under application (Reference number of licence:) [please go to (2), (4) and (6) only] <u>OR</u>
	I am not the holder of a valid licence for the experiment under application but I have been previously granted a licence for the experiment under application which has now expired (Reference number of latest licence:) [please go to (2), (5) and (6) only]
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
	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 <u>AND</u>
\checkmark	I confirm that conditions/well-being of the animals will be monitored during the experiment <u>AND</u>
V	I confirm that animals with signs of severe distress or pain will be euthanized before the end of the
	study <u>AND</u>
✓	I confirm that the following method(s) to be used for sacrificing the animals will not cause
	unnecessary/ prolonged pain to them
	 □ cervical dislocation (□ under anaesthesia or □ not under anaesthesia) □ decapitation (□ under anaesthesia or □ not under anaesthesia) ☑ overdose of anaesthetic □ carbon dioxide asphyxiation □ exsanguination under anaesthesia □ other(s), please specify:
	pplication 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
	Please indicate why-

experiment(s)* are exactly the same a. above AND	redures under the type of experiment(s)* and the purpose of s that of my existing licence under the reference number quoted
· ·	fter the expiry date of my existing licence under the reference tence is issued AND I have been keeping a proper Form 6 in gulations.
•	cedures under the type of experiment(s)* and the purpose of e as that of my previous licence under the reference number
licence under the reference number	nducted any experiment* after the expiry date of my previous quoted above AND I have kept a proper Form 6 during the ce under the reference number quoted above in accordance with
 I ✓ agree OR □ do NOT agree to receive animal experiment application/licence. 	e SMS Reminder through HK mobile tel. no for matters related to
animal experiment application/licence.	e SMS Reminder through HK mobile tel. no for matters related to
animal experiment application/licence. Remark: The Department of Health cannot	t guarantee successful receipt of SMS message. formed on a living vertebrate animal and calculated to give pain
animal experiment application/licence. Remark: The Department of Health cannot *"experiment" means any experiment per	t guarantee successful receipt of SMS message. formed on a living vertebrate animal and calculated to give pain
animal experiment application/licence. Remark: The Department of Health cannot *"experiment" means any experiment per (section 2 of the Animals (Control of Expe	t guarantee successful receipt of SMS message. formed on a living vertebrate animal and calculated to give pain riments) Ordinance, Cap. 340). Contact No.: 2345 6789



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

3) Sample application for a ${\underline{\rm NEW}}$ teaching permit under section 9 of the Animals (Control of Experiments) Ordinance to perform experiment to illustrate lectures

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1 Application Form

To: The Directo	or of Health	
I,	CHAN, Tai Man	
of	Department of ABC, The Univ	versity of ABC
on the grounds h	hereinafter mentioned, hereby ap	ply 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 se	ection 9 of the said Ordinance.
	(d) an endorsement to / the sa	id Licence / *my existing Licence No.
	dated	/ under section 10 of the said Ordinance.
Grounds for app	olication.	
The respirator	ry system in pigs is physiological	lly similar to that in human. The respiratory system
in pigs will be	e demonstrated to students to enh	ance their physiological knowledge.
Type of experim	nent(s).	
Pigs will be us	sed in the experiment. Under gen	neral anaesthesia, external sensors will be placed in
the upper airw	way and abdominal wall of the ar	nimals. The relationship between the parameters
measured by th	he sensors in the airway and tho	se on the abdominal wall will be examined. After
the experiment	t, the animals will be sacrificed t	before recovery from anaesthesia.
Purpose of exper	eriment(s).	
To demonstrat	te the physiology of respiratory s	ystem using a pig model.
Place where exp	periment(s) may be conducted.	
Room X, X/F,	ABC Laboratory Building, The U	University of ABC, XX Road, Hong Kong
Qualifications of	of Applicant and any posts held.	
PhD in Pharm	nacology, Research Associate	
		Dated 1 September 2018
		Signed
		Digility

^{*}Delete as appropriate.

Annex		
LILLUA		

. 🗹	I have not been granted a licence for the experiment under application before [please go to (2), (3a or				
	3b) and (6) only] <u>OR</u>				
	I am the holder of a valid licence for the experiment under application (Reference number of licence) [Delta of a valid licence for the experiment under application (Reference number of licence) [Delta of a valid licence for the experiment under application (Reference number of licence) [Delta of a valid licence for the experiment under application (Reference number of licence) [Delta of a valid licence for the experiment under application (Reference number of licence) [Delta of a valid licence for the experiment under application (Reference number of licence) [Delta of a valid licence for the experiment under application (Reference number of licence) [Delta of a valid licence for the experiment under application (Reference number of licence) [Delta of a valid licence for the experiment under application (Reference number of licence) [Delta of a valid licence for the experiment under application (Reference number of licence) [Delta of a valid licence for the experiment under application (Reference number of licence) [Delta of a valid licence for the experiment under application (Reference number of licence) [Delta of a valid licence for the experiment under application (Reference number of licence) [Delta of a valid licence for the experiment under application (Reference number of licence) [Delta of a valid licence for the experiment under application (Reference number of licence				
	I am not the holder of a valid licence for the experiment under application but I have been previously granted a licence for the experiment under application which has now expired (Reference number of latest licence:) [please go to (2), (5) and (6) only]				
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.(a)	Application for a licence without an "Endorsement to Enable Performance of Experiments				
•	Without Anaesthetics" under section 10 of the said Ordinance -				
\checkmark	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 \underline{AND}				
\checkmark	I confirm that conditions/well-being of the animals will be monitored during the experiment <u>AND</u>				
✓	I confirm that animals with signs of severe distress or pain will be euthanized before the end of the				
	study <u>AND</u>				
V	I confirm that the following method(s) to be used for sacrificing the animals will not cause				
	unnecessary/ prolonged pain to them				
	\square cervical dislocation (\square under anaesthesia or \square not under anaesthesia)				
	☐ decapitation (☐ under anaesthesia or ☐ not under anaesthesia) ☐ overdose of anaesthetic				
	✓ carbon dioxide asphyxiation				
	cxsanguination under anaesthesia				
	\Box other(s), please specify:				
	pplication for a licence with an "Endorsement to Enable Performance of Experiments Withou				
1	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 <u>AND/OR</u> □ killing the animal on which such experiment is performed before it recovers from the influence of any anaesthetic 				
	Please indicate why-				
	Trease marcare may				

	at the experimental procedures)* are exactly the same as that of		_	
number quot	nduct any experiment* after the ed above until a new licence i with regulation 4 of the Regulatio	s issued AND I have	_	
	nat the experimental procedure (s)* are exactly the same as the ve AND		_	
licence und validity per	clare that I have not conducted ler the reference number quote iod of my previous licence und 4 of the Regulations.	ed above AND I hav	e kept a proper	Form 6 during the
animal experin	do NOT agree to receive SMS nent application/licence. partment of Health cannot guara			
_	neans any experiment performed Animals (Control of Experiment			culated to give pain
Full name**	CHAN Tai Man		Contact No.:	2345 6789
HK Identity Card	d/Passport/Travel Document No.	: A123456(7)	Mobile No.:	9876 5432
Email Address:	ctm@abc.com		(Facsimile)	2234 4321
	ABC	Signed	d	tre
	(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.

4) Sample application for a $\underline{\text{NEW}}$ endorsement under section 10 of the Animals (Control of Experiments) Ordinance to enable performance of experiments without anaesthetics

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.
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).
Mice will be used in the experiment. 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 anesthetic, and tissues will be collected for further analysis.

To study the nociceptive effect of substance X in chronic pain syndromes and the underlying

Purpose of experiment(s).

mechanisms of pain using animal models.

Place where experiment(s) may be conducted.

Room X, X/F, ABC Laboratory Building, The University of ABC, XX Road, Hong Kong

Qualifications of Applicant and any posts held.

PhD in Pharmacology, Research Associate

Dated 1 September 2018

Signed ____

^{*}Delete as appropriate.

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1. 🗹	I have not been granted a licence for the experiment under application before [please go to (2), (3a or
	3b) and (6) only] <u>OR</u>
	I am the holder of a valid licence for the experiment under application (Reference number of licence:
	I am not the holder of a valid licence for the experiment under application but I have been previously granted a licence for the experiment under application which has now expired (Reference number of latest licence:) [please go to (2), (5) and (6) only]
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.(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 <u>AND</u>
	I confirm that conditions/well-being of the animals will be monitored during the experiment \underline{AND}
	I confirm that animals with signs of severe distress or pain will be euthanized before the end of the study <u>AND</u>
	I confirm that the following method(s) to be used for sacrificing the animals will not cause
	unnecessary/ prolonged pain to them
	□ cervical dislocation (□ under anaesthesia or □ not under anaesthesia) □ decapitation (□ under anaesthesia or □ not under anaesthesia) □ overdose of anaesthetic □ carbon dioxide asphyxiation □ exsanguination under anaesthesia □ other(s), please specify:
(b) A	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- It is because this experiment is to study the nociceptive effect of substance X in chronic pain syndrome, no pain control will 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.

	at the experimental procedures under th)* are exactly the same as that of my exist D	· - · -	
number quo	nduct any experiment* after the expiry do ted above until a new licence is issued A with regulation 4 of the Regulations.		· ·
· ·	hat the experimental procedures under the (s)* are exactly the same as that of my we AND		·
licence und validity per	clare that I have not conducted any expedence the reference number quoted above A riod of my previous licence under the refer 4 of the Regulations.	ND I have kept a proper	Form 6 during the
animal experi	do NOT agree to receive SMS Reminder to nent application/licence. partment of Health cannot guarantee succe		
	means any experiment performed on a livin Animals (Control of Experiments) Ordinan		culated to give pain
Full name**	CHAN Tai Man	Contact No.:	2345 6789
HK Identity Car	d/Passport/Travel Document No.: A12345	6(7) Mobile No.:	9876 5432
Email Address :	ctm@abc.com	(Facsimile)	2234 4321
	ABC	Signed	Cue
	(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

5) Sample application for <u>Renewal of an Existing Licence</u> under section 7 of the Animals (Control of Experiments) Ordinance to conduct experiments for research purpose

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1

To: The Director	r of Health
I,	CHAN, Tai Man
of	Department of ABC, The University of ABC
on the grounds he	ereinafter 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 appl	ication. in DH/HA&P/8/2/10 Pt.1)
Type of experime Same as (16-1)	ent(s). in DH/HA&P/8/2/10 Pt.1)
Purpose of exper	iment(s). in DH/HA&P/8/2/10 Pt.1
Place where expe	eriment(s) may be conducted.
Room X, X/F, A	ABC Laboratory Building, The University of ABC, XX Road, Hong Kong
Qualifications of	Applicant and any posts held.
PhD in Pharma	acology, Research Associate
	Dated 1 September 2018
*Delete as approp	riate.

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. □ I have not been granted a licence for the experiment under application before [please go to (2), (3a or 3b) and (6) only] OR
I am the holder of a valid licence for the experiment under application (Reference number of licence: ((16-1) in DH/HA&P/8/2/10 Pt.1)) [please go to (2),(4) and (6) only] OR ☐ I am not the holder of a valid licence for the experiment under application but I have been previously granted a licence for the experiment under application which has now expired (Reference number of latest licence:) [please go to (2),(5) and (6) only]
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.(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 <u>AND</u> □ I confirm that conditions/ well-being of the animals will be monitored during the experiment <u>AND</u>
☐ I confirm that animals with signs of severe distress or pain will be euthanized before the end of the
study <u>AND</u>
☐ I confirm that the following method(s) to be used for sacrificing the animals will not cause
unnecessary/ prolonged pain to them
 □ cervical dislocation (□ under anaesthesia or □ not under anaesthesia) □ decapitation (□ under anaesthesia or □ not under anaesthesia) □ 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 -

Please indicate why-	

 \Box the performance of such experiment under any anaesthetic $\underline{AND/OR}$

4. ✓ I confirm that the experimental procedures under the type experiment(s)* are exactly the same as that of my existing to above <u>AND</u>	
✓ I will not conduct any experiment* after the expiry date of number quoted above until a new licence is issued AND I accordance with regulation 4 of the Regulations.	· · · · · · · · · · · · · · · · · · ·
i. ☐ I confirm that the experimental procedures under the type experiment(s)* are exactly the same as that of my previous quoted above AND	
☐ I hereby declare that I have not conducted any experimenticence under the reference number quoted above AND validity period of my previous licence under the reference regulation 4 of the Regulations.	I have kept a proper Form 6 during the
animal experiment application/ licence. Note that the Department of Health cannot quarantee successful.	
Remark: The Department of Health cannot guarantee successful *"experiment" means any experiment performed on a living ver	tebrate animal and calculated to give pain
(section 2 of the Animals (Control of Experiments) Ordinance, C	ap. 340).
Full name** CHAN Tai Man	Contact No.: 2345 6789
HK Identity Card/Passport/Travel Document No.: A123456(7)	Mobile No.: 9876 5432
Email Address : ctm@abc.com	(Facsimile) 2234 4321
	(Facsimile) 2234 4321 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

6) Sample application for <u>Renewal of an Expired licence</u> under section 7 of the Animals (Control of Experiments) Ordinance to conduct experiments for research purpose

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1

To: The Director	of Health
I,	CHAN, Tai Man
of	Department of ABC, The University of ABC
on the grounds h	ereinafter 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 appl	ication. in DH/HA&P/8/2/10 Pt.1
Type of experime	
Purpose of exper	iment(s). in DH/HA&P/8/2/10 Pt.1
	eriment(s) may be conducted. ABC Laboratory Building, The University of ABC, XX Road, Hong Kong
	Applicant and any posts held. acology, Research Associate
	Dated 1 September 2018
*Delete as approp	Signed

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	section below is not part of Form 1 but information supplied would help avoid unnecessary delay in
proc	essing your application.
Plea	se put a 'tick' to the box against each of the followings which are applicable to your application.
1. □	I have not been granted a licence for the experiment under application before [please go to (2),(3a or 3b) and (6) only] <u>OR</u>
	I am the holder of a valid licence for the experiment under application (Reference number of licence. () [please go to (2), (4) and (6) only] <u>OR</u>
V	I am not the holder of a valid licence for the experiment under application but I have been previously granted a licence for the experiment under application which has now expired (Reference number of latest licence: (16-2) in DH/HA&P/8/2/10 Pt.1) [please go to (2), (5) and (6) only]
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.(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 <u>AND</u>
	I confirm that conditions/ well-being of the animals will be monitored during the experiment \underline{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
	\square cervical dislocation (\square under anaesthesia or \square not under anaesthesia)
	\square decapitation (\square under anaesthesia or \square not under anaesthesia) \square overdose of anaesthetic
	☐ carbon dioxide asphyxiation
	exsanguination under anaesthesia
	\Box other(s), please specify:

Anaesthetics" under section 10 of the said Ordinance
I confirm that the experiment would necessarily be frustrated by-

[[onfirm that the experiment would necessarily be frustrated by- the performance of such experiment under any anaesthetic <u>AND/OR</u> killing the animal on which such experiment is performed before it recovers from the influen	nce of
any c	anaesthetic	
	Please indicate why-	
L		

. ☐ I confirm that the experimental procedures under the experiment(s)* are exactly the same as that of my existing above AND	e type of experiment(s)* and the purpose of ing licence under the reference number quoted
☐ I will not conduct any experiment* after the expiry da number quoted above until a new licence is issued Al accordance with regulation 4 of the Regulations.	
. ✓ I confirm that the experimental procedures under the experiment(s)* are exactly the same as that of my quoted above AND ✓ I hereby declare that I have not conducted any experiment.	previous licence under the reference number
licence under the reference number quoted above A	ND I have kept a proper Form 6 during the
1.1.	conce number quoted above in accordance with
validity period of my previous licence under the refer	ence number quotea above in accordance with
regulation 4 of the Regulations.	ence number quoieu above in accordance wiin
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(Institute/Company chop)***

ABC

(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