

# ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

## FORM 1 Application Form

To : The Director of Health

I,

of

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.



Type of experiment(s)



Purpose of experiment(s).

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Place where experiment(s) may be conducted.

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Qualifications of Applicant and any posts held.

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Dated \_\_\_\_\_

Signed \_\_\_\_\_

\*Delete as appropriate.

## 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), (3), (4a or 4b) and (7) only] **OR**  
☐ I am the holder of a valid licence for the experiment under application; (Reference number of licence: \_\_\_\_\_) [please go to (2), (5) and (7) 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), (6) and (7) 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. 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        ☐ 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 or without Destroying the Animal" 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/ well-being 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    ( ☐ under anaesthesia    OR    ☐ not under anaesthesia )  
☐ decapitation    ( ☐ under anaesthesia    OR    ☐ not under anaesthesia )  
☐ overdose of anaesthetic  
☐ carbon dioxide asphyxiation  
☐ exsanguinations under anaesthesia  
☐ other(s), please specify: \_\_\_\_\_

**(b) Application for a licence with an “Endorsement to Enable Performance of Experiments without Anaesthetics or without Destroying the Animal” 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 –

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5. ☐ I confirm that the experimental procedures under the type of experiment(s)\* and the purpose of experiment(s)\* are exactly the same as that of **my existing licence** under the reference number quoted above; **AND**
- ☐ I will not conduct any experiment\* after the expiry date of **my existing licence** under the reference number quoted above until a new licence is issued AND I have been keeping a proper Form 6 in accordance with regulation 4 of the Regulations.

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6. ☐ I confirm that the experimental procedures under the type of experiment(s)\* and the purpose of experiment(s)\* are exactly the same as that of **my previous licence** under the reference number quoted above; **AND**
- ☐ I hereby declare that I have not conducted any experiment\* after the expiry date of **my previous licence** under the reference number quoted above AND 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.

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7. ☐ 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.

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\*“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).

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Full name\*\*:

Contact No.:

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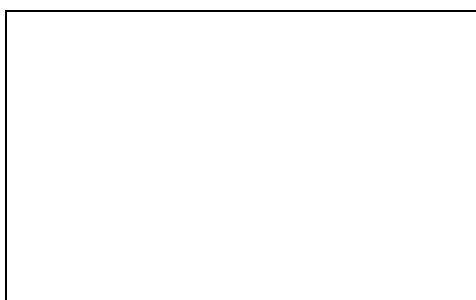
HK Identity Card/Passport/ Travel Document No.:

Mobile No.:

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Email Address:

(Facsimile)



(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.

**Personal Information Collection Statement**  
**Relating to Licence/ Permit/ Endorsement Issued under**  
**the Animals (Control of Experiments) Ordinance, Chapter 340**

**Purpose of Collection**

1. The personal data are provided by clients with whom the Department of Health (DH) interacts in the delivery of services, and other related activities. The personal data provided will be used by DH for the following purposes:

- (a) processing matters related to licences/ permits/ endorsements;
- (b) recording purposes;
- (c) statistical purposes; and
- (d) for any other purposes permitted by law.

Failure to provide the requested personal data may lead to delay or an inability to process relevant licence/ permit/ endorsement application.

**Classes of Transferees**

2. The personal data you provided will be kept confidential for use within DH but they may also be disclosed to other Government bureaux/ departments or relevant parties for the purposes mentioned in paragraph 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance or any other legislation.

**Access and Correction to Personal Data**

3. You have the right of access and correction with respect to your personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

**Enquires**

4. Enquiries concerning personal data provided, including the making of access and corrections, should be addressed to:

Principal Medical and Health Officer (Health Technology and Advisory)  
Department of Health  
21/F, Wu Chung House  
213 Queen's Road East  
Wan Chai, Hong Kong  
Tel : 2961 8975