

Explanatory Notes and Samples of Completed Form 1
(Application Form) under the Animals (Control of Experiments)
Regulations (Cap. 340A)

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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.

- Explain how the proposed experiment advances scientific knowledge and provides benefits to human beings, animals and/or plants, or tests any former discovery alleged to have been made for the advancement of such types of knowledge or; by the order of any judge or district judge.
- Provide the reason(s) why living vertebrate animals have to be used for the experiment.

Type of experiment(s).

- Provide a brief description of the procedure(s) of the experiment(s).
- Outline the experimental procedures/ conditions which may cause pain and/or distress to the animals and measures to be taken to minimise such pain and/or distress in the animals.

Purpose of experiment(s).

- Indicate the research question(s) for the proposed experiment(s).
- If applicable, indicate the type(s) of manual skill to be attained; and/or the purpose(s) of the lectures and the type(s) of knowledge and skill the attendants of the lectures could acquire from the proposed experiment

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 _____

*Delete as appropriate.

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. ☐ 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" 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
- ☐ exsanguination under anaesthesia
- ☐ other(s), please specify: _____

Select the appropriate box for application of new or renewal of licence.

Provide the reference no. for renewal of valid/ expired licence.

Complete the relevant parts of the Annex accordingly.

(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

If **option (d)** is selected in Form 1, please provide the **justification**.

Please indicate why-

Provide **justification** for application for an Endorsement to enable performance of experiments without anaesthetics or without destroying the animal.

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.

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.

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.

*“experiment” means any experiment of a kind which is likely to cause pain, suffering or distress to a vertebrate animal and calculated to give pain (section 2 of the Ordinance).

Full name**

Provide the **full name** of the applicant and HK Identity Card/ Passport/ Travel Document number.

Contact No.:

Provide **contact information** for correspondence.

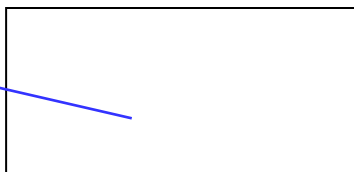
HK Identity Card/ Passport/ Travel Document No.:

Mobile No.:

Email Address :

(Facsimile)

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



(Institute/Company chop)***

Signed

• Applicant's signature

(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 a New 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 —

Select (a) for
application for a
licence for research
purpose.

*

- (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.

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).

Drug A will be fed to the animals daily for two weeks. The animals will 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

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. ☒ 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" 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

☐ 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-

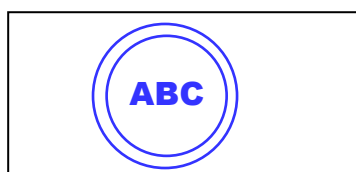
5. ☐ I confirm that the experimental procedures under the type of experiment(s)* and the purpose of experiment(s)* are exactly the same as that of **my existing licence** under the reference number quoted above **AND**
- ☐ I will not conduct any experiment* after the expiry date of **my existing licence** 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.

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.

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.

* “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).

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	(Facsimile)	22222222



(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

III. Sample application for a New endorsement under section 8 of the Ordinance to perform experiments for attaining manual skill

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 —

Select (a) and (b) for application for an endorsement for attaining manual skills.

(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.

The technique of performing open heart surgery is essential to cardiothoracic surgeons to perform such procedures in human. To improve clinical outcome, it is preferable to practise those procedures in a pig model first.

Type of experiment(s).

Under general anaesthesia, the procedures including heart valve replacement and coronary artery bypass grafting will be performed on the animals. The animals will be sacrificed before recovery from anaesthesia.

Purpose of experiment(s).

To practise open heart surgical techniques using pigs.

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. ☒ 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" 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

☐ 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-

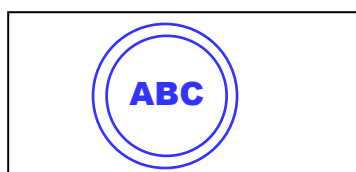
5. ☐ I confirm that the experimental procedures under the type of experiment(s)* and the purpose of experiment(s)* are exactly the same as that of **my existing licence** under the reference number quoted above **AND**
- ☐ I will not conduct any experiment* after the expiry date of **my existing licence** 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.

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.

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.

*“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).

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	(Facsimile)	22222222



(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

IV. Sample application for a New teaching permit under section 9 of the Ordinance to perform experiment to illustrate lectures

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 —

Select (a) and (c) for application for a teaching permit.

- ☒ (a) a Licence under section 7 of the Animals (Control of Experiments) Ordinance (Cap. 340).
- ☒ (c) a teaching permit under section 9 of the said Ordinance.
- ☐ (b) an endorsement / thereto / *to my existing Licence No. _____
dated _____ / under section 8 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.

The respiratory system in pigs is physiologically similar to that in human. The respiratory system in pigs will be demonstrated to students to enhance their physiological knowledge.

Type of experiment(s).

Under general anaesthesia, external sensors will be placed in the upper airway and abdominal wall of the animals. The relationship between the parameters measured by the sensors in the airway and those on the abdominal wall will be examined. After the experiment, the animals will be sacrificed before recovery from anaesthesia.

Purpose of experiment(s).

To demonstrate the physiology of respiratory system using a pig model.

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. ☒ 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" 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

☐ 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-

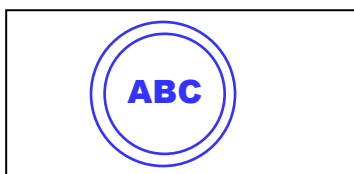
5. ☐ I confirm that the experimental procedures under the type of experiment(s)* and the purpose of experiment(s)* are exactly the same as that of **my existing licence** under the reference number quoted above **AND**
- ☐ I will not conduct any experiment* after the expiry date of **my existing licence** 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.

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.

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.

*“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).

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	(Facsimile)	22222222



(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

V. Sample application for a New endorsement under section 10 of the 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 —

Select (a) and (d) for application for an endorsement to enable performance of experiments without anaesthetics.

- (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).

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°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 anaesthetic, and tissues will be collected for further analysis.

Purpose of experiment(s).

To study the nociceptive effect of substance X in chronic pain syndromes and the underlying mechanisms of pain using animal models.

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



Sample

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" 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
- ☐ 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

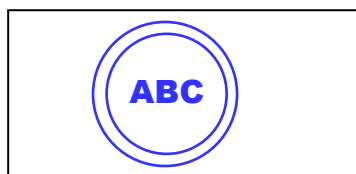
Please indicate why- *It is because this experiment is to study the nociceptive effect of substance X in chronic pain syndrome, no pain control will be applied to the animals after chronic pain established to ensure the pain responses from the animals is not affected by influence of drugs before and after the behaviors tests.*

Provide justification for performing the experiment without administering any anaesthetic to the animal or without killing the animal before it recovers from the influence of such anaesthetic, as the case may be.

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.
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.
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.

*“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).

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	(Facsimile)	22222222



(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

VI. Sample application for Renewal of an Existing 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

If you wish to continue with the same animal experiment as specified in the existing licence, i.e. the same experimental procedures under the type of experiment(s) and the same purpose of experiment(s), you can quote the reference no. of your existing licence.

If there are changes in any of the above, we will consider it as a new application.

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. ☐ 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: (20-1) in DH/HT&A/8/2/10 Pt.1) [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]

Please tick the appropriate box and quote the reference number of your existing licence.

Complete the relevant parts in 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: _____)
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- ☐ 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/ 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**
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- ☐ 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-

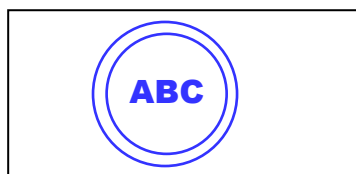
5. ☒ I confirm that the experimental procedures under the type of experiment(s)* and the purpose of experiment(s)* are exactly the same as that of **my existing licence** under the reference number quoted above **AND**
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7. ☒ I have read and understood 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.
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HK Identity Card/Passport/ Travel Document No.:	X123456(7)	Mobile No.:	98765432
Email Address :	ctm@abc.com	(Facsimile)	



(Institute/Company chop)***

Signed

(Applicant)

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VII. Sample application for Renewal of an Expired licence under section 7 of the Ordinance to conduct experiment 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 —

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

Type of experiment(s).

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

Purpose of experiment(s).

Same as (20-2) 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

If you wish to continue with the same animal experiment as specified in the previous licence, i.e. the same experimental procedures under the type of experiment(s) and the same purpose of experiment(s), you can just quote the reference no. of your expired licence.

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Dated 31 May 2022

Signed



Annex

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☒ 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: **(20-2) in DH/HT&A/8/2/10 Pt.1**) [please go to (2), (6) and (7) only]

Please tick the appropriate box and quote the reference number of your expired licence.

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

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☐ 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 -**

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Please indicate why-

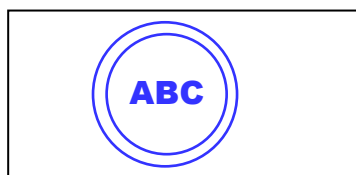
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