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: Th	The Director of Health	
I,	Name of applicant	
of	The department/school, institute, company	wwhere the applicant is working or studying.
on the	e grounds hereinafter mentioned, hereby appl	ly for —
Indicate the type of licence/ permit/ endorsement(s)		Animals (Control of Experiments) Ordinance y existing Licence No.
apply for by choosing (a), (b),	dated	/ under section 8 of the said Ordinance.
(c) and/or (d).	(c) a teaching permit under section 9	
	(d) an endorsement to / the said Lice	
	dated	/ under section 10 of the said Ordinance.
Groun	nds for application.	
an typ	·	
Type o	of experiment(s).	
• 0	Provide a <u>brief description</u> of the procedure(s) of the o Outline the experimental <u>procedures/ conditions whic</u> <u>measures</u> to be taken to minimise such pain and/or dis	ch may cause pain and/or distress to the animals and
Purpos	ose of experiment(s).	
• <i>If</i>	Indicate the research question(s) for the proposed exp If applicable, indicate the type(s) of manual skill to be type(s) of knowledge and skill the attendants of the lec	attained; and/or the purpose(s) of the lectures and the
Place v	where experiment(s) may be conducted.	
	Provide the <u>full address(es)</u> , including the room numball the location(s) where the experiment(s) may be con	
Qualif	fications of Applicant and any posts held.	
• P	Provide the qualification(s) and post title(s) (if any) o	of the applicant.
		Dated
*Delet	ete as appropriate.	Applicant's signature

	Annex			
Select the	The section belov	w is not part of Form	1 but information supplied would help avoid unnecessary delay in	•••
appropriate box for	processing your a	application.		
application	Please put a 'tick	to the box against eac	ch of the followings which are applicable to your application.	
of <u>new or</u>	$1. \square$ I have not b	been granted a licence j	for the experiment under application before [please go to (2), (3), (4a	
<mark>renewal</mark> of licence.	or 4b and ((7) only] <u>OR</u>		Complete the
	\Box I am the ho	older of a valid licence	for the experiment under application (Reference number of licence:	relevant parts of the Annex
	_ /) [please go t	o (2), (5) and (7) ontyJ <u>OR</u>	accordingly.
Provide the	☐ I am not th	he holder of a valid lice	ence for the experiment under application but I have been previously	
<mark>reference no.</mark> For renewal o	granica a	licence for the experin	nent under application which has now expired (Reference number of	
or renewai oʻ valid/ expired icence.	latest lice	nce:) [please go to (2), (6) and (7) only]	
	Regulation Form 6 in	ns, Cap.340A ("the Ren In the Schedule to the R	ce with Regulations 4 and 5 of the Animals (Control of Experiments) egulations"), I shall keep up-to-date a book in the form set out as egulations and I shall render to the Director of Health on or before ear a return in the form set out as Form 7 in the Schedule to the	
			performed by me during the preceding twelve months als to be used in the experiment	
	3. Please indica □ Amphibia		□ Other(s), please specify:)
			□ Other(s), please specify: □ Other(s), please specify:)
	\Box Amphibia	$an(s)$: $(\Box Frogs$ $(\Box Chickens)$)))
	\Box Amphibia \Box Bird(s):	$an(s)$: $(\Box Frogs$ $(\Box Chickens$ $(\Box Zebrafish$	□ Other(s), please specify:))
	\Box Amphibia \Box Bird(s): \Box Fish(es):	$an(s)$: $(\Box Frogs$ $(\Box Chickens$ $(\Box Zebrafish$	□ Other(s), please specify: □ Other(s), please specify:))

I confirm that the following method(s) to be used for sacrificing the animals will not cause

 \square cervical dislocation (\square under anaesthesia OR \square not under anaesthesia)

 \square decapitation (\square under anaesthesia OR \square not under anaesthesia)

study; AND

unnecessary/ prolonged pain to them

□ overdose of anaesthetic
 □ carbon dioxide asphyxiation
 □ exsanguination under anaesthesia

 \square other(s), please specify:_

V	Vithout Anae				- amance			
	I confirm that	the experime	ent would neces.	sarily be frus	trated by-			
		=	uch experiment i	' -			<u>D/OR</u>	C1
coption (d) is elected in form 1, please	_	the animal of e of any anae	on which such esthetic	experiment i	s perform	ied be	fore it recover	rs from the
rovide the	Please inc	licate why-						
<u>stification</u> .			for application fo anaesthetics or w				erformance of	
e 9 1	experiment(s) quoted above will not cond number quote	* are exactly AND 'uct any expended above unti	ental procedure the same as the riment* after the a new licence n 4 of the Regula	hat of my ex e expiry date is issued AN	of my exis	nce un	nder the referen	nce number he reference
6. □		-	nental procedur tlv the same as t			•	ent(s) and the inder the referen	
	quoted abov I hereby decil licence under validity peri	e <u>AND</u> lare that I ha er the referer	ive not conducte nce number quo evious licence u	ted above $A\lambda$	ID I have I	kept a	proper Form 6	during the
7. □ Pe ag	quoted abov I hereby deci licence under validity peri with regulat I have read ermit/ Endorse	te AND Itare that I hat the referent iod of my pre- ion 4 of the H and understee ement Issued	ive not conducte nce number quo evious licence u	ted above AN inder the refe I Information als (Control o	TD I have num rence num Collection of Experim	kept a uber qu n State uents)	proper Form 6 uoted above in ement Relating i Ordinance, Cha	during the accordance to Licence/apter 340. I
7. □ Pe ag	quoted abov I hereby deci licence under validity peri with regulat I have read ermit/ Endorse gree that my patement.	lare that I hat I hat er the reference to do f my presion 4 of the Fand understand and understand ersonal data	ive not conducte nce number quo evious licence u Regulations. ood the Persona l under the Anim	ted above AN inder the refe I Information als (Control of may be used	TD I have num rence num Collection of Experim I for the pu	kept a nber qu n State nents) urpose	proper Form 6 uoted above in ement Relating to Ordinance, Cha	to Licence/ upter 340. I
7. □ Pe ag Sta □ *"e:	quoted abov I hereby deci licence under validity peri with regulat I have read ermit/ Endorse gree that my patement.	lare that I have the reference to the reference to the following the following the following the following that the serious that the resource that the resou	eve not conducted need number quote number quote vious licence we regulations. The condition of the conducted number the Animation process of the conducted number of the con	ted above AN inder the refer the refer the refer to the refer the refer to the refe	TD I have num Collection of Experim I for the pu	kept a hber qu n State hents) urpose n is tr anima	proper Form 6 uoted above in ement Relating to Ordinance, Cha	to Licence/ upter 340. I the
7. □ Pe ag Sta □ * "e: (sec	quoted abov I hereby deci licence under validity peri with regulat I have read ermit/ Endorse gree that my peri atement. I hereby deco	lare that I have the reference to the reference to the following the following the following the following that the serious that the resource that the resou	eve not conducted need number quote number quote vious licence we regulations. The properties of the need of the number of the	ted above AN inder the refer the refer the refer to the refer the refer to the refe	TD I have numerence numere	kept a aber qu n State nents) urpose n is tr animal	proper Form 6 uoted above in ement Relating i Ordinance, Cha es as set out in the ue, complete and and calculated Provide conta	to Licence/ apter 340. I the accurate. to give pain
7. □ Pe ag Sta □ *"e: (sec	quoted abov I hereby deci licence under validity peri with regulat I have read ermit/ Endorse gree that my periment. I hereby deci experiment" metion 2 of the a	lare that I have the reference to the reference to of my present and understate that the rowide the and HK Idea Document n	eve not conducted need number quote number quote vious licence we regulations. The properties of the need of the number of the	ted above AN inder the reference of the	Collection Collection Copyright Copyright	kept a aber qu n State nents) urpose on is tr animal	proper Form 6 uoted above in ement Relating to Ordinance, Cha es as set out in the ue, complete an	to Licence/ apter 340. I the accurate. to give pain
7. □ Pe ag Sta □ *"e: (sec Full HK	quoted abov I hereby deci licence under validity peri with regulat I have read ermit/ Endorse gree that my periment. I hereby deci experiment" metion 2 of the a	lare that I have the reference to the reference to do find the Front I sound that the resonal data and HK I der Document n	eve not conducted need number quote number quote evious licence we regulations. The properties of the entity Card/ Passparence number.	ted above AN inder the reference of the	Collection of Experim application rtebrate of Cap. 340) Contact N	kept anber quents) n Statements) urpose nn is tranimal	proper Form 6 uoted above in ement Relating i Ordinance, Cha es as set out in the ue, complete and and calculated Provide conta	to Licence/ apter 340. I the accurate. to give pain
7. □ Pe ag Sta □ *"e: (sec Full HK	quoted abov I hereby deci- licence under validity peri- with regulat I have read ermit/ Endorse gree that my p- atement. I hereby deci- xperiment" metion 2 of the x- iname** Identity Card/ ail Address: Gicial stitute/ ere the	lare that I have the reference to the reference to do find the Front I sound that the resonal data and HK I der Document n	eve not conducted need number quote number quote evious licence we regulations. The properties of the entity Card/ Passparence number.	ted above AN inder the reference of the	TD I have numerence numere	kept a ther quantity n State thents) thents	proper Form 6 uoted above in ement Relating i Ordinance, Cha es as set out in the ue, complete and and calculated Provide conta	to Licence/ apter 340. I the ad accurate. to give pain act information f ce.

(b) Application for a licence with an "Endorsement to Enable Performance of Experiments

^{***} 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 A	ABC, The University of ABC						
	on the gr	ounds hereinafter ment	tioned, hereby apply for —						
Select (a) for application licence for purpose.	for a	(Cap. 340). (b) an endorsement dated (c) a teaching perr	nt / thereto / *to my existing Lic	on 8 of the said Ordinance.					
		dated	/ under secti	on 10 of the said Ordinance.					
	Drug found			e effects of Drug A have to be e drug on human to ensure the					
	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_	tre					

Annex

The section below is not part of Form 1 but information supplied would help avoid unnecessary delay in processing your application.

Please	nut a	'tick' to	the box	against eac	h of the	following	s which ar	re applicable to	your application.
i icusc	puiu	ucn u	ine our	ugumsi cuc	i oj ilic	jouoming	s much un	c upplicable to	your appacation.

1. ☑	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] <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), (6) and (7) only]	
2. 🔽	1	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.	Pl	lease indicate the type(s) of animals to be used in the experiment	
		\square Amphibian(s): $(\square$ Frogs \square Other(s), please specify:	_)
		Bird(s): $(\Box Chickens \ \Box Other(s), please specify:$	_)
		Fish(es): $(\Box Zebrafish \ \Box Other(s), please specify:$	_)
	v	✓ Mammal(s): $(\Box Mice \Box Rats \Box Rabbits \Box Pigs \Box Other(s), please specify:$	
		Reptile(s): (\(\sim Lizards\) \(\sim Other(s)\), please specify:	_)
4. (a	ı) <i>A</i>	Application for a licence without an "Endorsement to Enable Performance of Experiments	
		without Anaesthetics" under section 10 of the said Ordinance -	
v	7	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	
v	7	administered; <u>AND</u> I confirm that conditions/well-being of the animals will be monitored during the experiment; <u>AND</u>	
<u></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	7	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)	
		\square decapitation (\square under anaesthesia OR \square 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 En Without Anaesthetics" under section 10 of the said Ordina ☐ I confirm that the experiment would necessarily be frustrated ☐ the performance of such experiment under any anaesthe ☐ killing the animal on which such experiment is perform of any anaesthetic	ance - l by- etic <u>AND/OR</u>	-
Please indicate why-		
5. □ I confirm that the experimental procedures under the type experiment(s)* are exactly the same as that of my existing quoted above AND □ I will not conduct any experiment* after the expiry date of m number quoted above until a new licence is issued AND I has accordance with regulation 4 of the Regulations.	g licence under the ny existing licence u	reference number
 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 experiment licence under the reference number quoted above AND I validity period of my previous licence under the reference with regulation 4 of the Regulations. 	* after the expiry do have kept a proper is	reference number ate of my previous Form 6 during the
 7. ☑ I have read and understood the Personal Information C Permit/ Endorsement Issued under the Animals (Control of I agree that my personal data and information may be Statement. ☑ I hereby declare that the information provided in this app *"experiment" means any experiment performed on a living vert 	of Experiments) Ordi used for the purpos lication is true, comp	inance, Chapter 340. ses as set out in the plete and accurate.
(section 2 of the Animals (Control of Experiments) Ordinance, Cap		
Full name** CHAN Tai Man IV. Identity Cand/Pagenout/Travel December No. 1, 2722(156(7))	Contact No.: Mobile No.:	23456789 98765432
HK Identity Card/Passport/ Travel Document No.: X123456(7) Email Address: ctm@abc.com	(Facsimile)	2222222
	ned	Lue

(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

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

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1

Application Form

To: The Di	irector of Health								
I,	CHAN, Tai Man								
of	Department of ABC, The	University of ABC							
on the grou	ands hereinafter mentioned, he	ereby apply for —							
elect (a) and (b) for pplication for an ndorsement for ttaining manual	(Cap. 340). (b) an endorsement / thereto	o / *to my existing Lic							
kills.	dated		ion 8 of the said Ordinance.						
	(e) a teaching permit under								
`	\checkmark (d) an endorsement to / the	said Licence / *my ex	isting Licence No.						
	dated	/ under sect	ion 10 of the said Ordinance.						
Grounds fo	or application.								
The tech	The technique of performing open heart surgery is essential to cardiothoracic surgeons								
to perfo	to perform such procedures in human. To improve clinical outcome, it is preferable to								
practise	practise those procedures in a pig model first.								
Type of exp	Type of experiment(s).								
Under ge	Under general anaesthesia, the procedures including heart valve replacement and coronary								
artery b	artery bypass grafting will be performed on the animals. The animals will be sacrificed								
before re	before recovery from anaesthesia.								
Purpose of	experiment(s).								
To pract	tise open heart surgical tech	iniques using pigs·							
Place where	Place where experiment(s) may be conducted.								
Room X,	, X/F, ABC Laboratory Buil	ding, The University	of ABC						
Qualification	ons of Applicant and any post	s held.							
PhD in 1	Pharmacology, Research Assi	ociate							
		Dated	31 May 2022						
		Dated_	Or may LOZZ						
		Signed_	tre						

4				
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The section	i below	is not	part o	of Form	1 bu	t information	supplied	would	help	avoid	unnecessary	delay	in
processing	vour ap	plicatio	on.										

Please put a 'tick' to the box against each o	of the f	followings whic	ch 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] <u>OR</u>								
		(Reference number of licence:								
		i am me nomer oj		-	d (7) only] <u>OR</u>	.ppcom	(regerence number of meenee.			
		I am not the hold	ion hut I have heen previously							
		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:					copied (Adjerence manice) of			
2.	V	Regulations, Cap 6 in the Schedule	o.340A ("the Reg e to the Regulat each year a retur	gulations"), ions and I s rn in the for	I shall keep up- hall render to th m set out as Foo	to-date a bothe Director orm 7 in the	imals (Control of Experiments) ook in the form set out as Form of Health on or before the 1st Schedule to the Regulations of			
3.	Pl	lease indicate the	type(s) of anim	als to be us	ed in the experi	iment				
		Amphibian(s):	$(\Box Frogs$	□ Other(s	s), please specij	fy:)		
		$\exists Bird(s):$	$(\Box$ Chickens	□ Other(s	s), please specij	fy:)		
		Fish(es):	$(\Box Zebrafish$	□ Other(s	s), please specij	fy:)		
	v	☑ Mammal(s):	(□ Mice	□ Rats	\Box Rabbits	☑ Pigs	□Other(s), please specify:			
		Reptile(s):	(□ Lizards	□ Other(s	s), please specij	fy:				
4.	(a) A						nance of Experiments			
	_	without Anaesth								
	V			=	=		under the influence of some			
			-	_		_	if the pain is likely to continue as been inflicted on the animal,			
							anaesthetic which has been			
		administered; Al		recovers j.	om the injune	ice of the	unaestiette milet mas seen			
	 ✓ I confirm that conditions/well-being of the animals will be monitored during the experiment; <u>ANI</u> 									
	V	I confirm that an	imals with signs	of severe di	stress or pain w	ill be eutha	nized before the end of the			
		study; <u>AND</u>								
✓ I confirm that the following method(s) to be used for sacrificing the animals wi						mals will not cause				
		unnecessary/ pro	olonged pain to t	hem						
		☐ cervical dislo	ocation (🗌 und	ler anaesthe	esia OR 🗌	not under d	anaesthesia)			
		☐ decapitation	(under ana	esthesia (OR _ not und	ler anaesth	esia)			
		☑ overdose of a								
☐ carbon dioxide asphyxiation										
		_	ion under anaest	thesia						
		\Box other(s), plea	ise specify:							

Without Anaesthetics" under section 10 of the said Ordin		ce of Experiments
 □ I confirm that the experiment would necessarily be frustrated □ the performance of such experiment under any anaesth □ killing the animal on which such experiment is performance of any anaesthetic 	etic <u>AND/OR</u>	vers from the influence
Please indicate why-		
5. □ I confirm that the experimental procedures under the type experiment(s)* are exactly the same as that of my existing quoted above AND □ I will not conduct any experiment* after the expiry date of more number quoted above until a new licence is issued AND I had accordance with regulation 4 of the Regulations.	g licence under the	ne reference number under the reference
 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 experimental licence under the reference number quoted above AND I validity period of my previous licence under the reference with regulation 4 of the Regulations. 	us licence under the ** t* after the expiry have kept a proper	he reference number date of my previous r Form 6 during the
 7. ☑ I have read and understood the Personal Information Of Permit/ Endorsement Issued under the Animals (Control of agree that my personal data and information may be used Statement. ☑ I hereby declare that the information provided in this appears any experiment performed on a living very (section 2 of the Animals (Control of Experiments) Ordinance, Cap 	Experiments) Ordersed for the purposition is true, contention is true, contention and	inance, Chapter 340. In ses as set out in the complete and accurate.
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)	2222222
ABC	gned	(Applicant)
(Institute/Company chop)***		

^{**} 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 <u>New teaching permit</u> under section 9 of the Ordinance to perform experiment to illustrate lectures

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1

Application Form

	Application 1 offi
To:	The Director of Health
I,	CHAN, Tai Man
of	Department of ABC, The University of ABC
on th	ne grounds hereinafter mentioned, hereby apply for —
Select (a) and (c)	(a) a Licence under section 7 of the Animals (Control of Experiments) Ordinance
application for a teaching permit.	(Cap. 340).
reaching permit.	(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.
Grou	ands for application.
Th	e respiratory system in pigs is physiologically similar to that in human· The respiratory
sys	stem in pigs will be demonstrated to students to enhance their physiological knowledge:
Туре	of experiment(s).
Un	der general anaesthesia, external sensors will be placed in the upper airway and
ab	dominal wall of the animals· The relationship between the parameters measured by the
sel	nsors in the airway and those on the abdominal wall will be examined. After the
ex	periment, the animals will be sacrificed before recovery from anaesthesia
Purp	ose of experiment(s).
To	demonstrate the physiology of respiratory system using a pig model·
Place	e where experiment(s) may be conducted.
Ro	om X, X/F, ABC Laboratory Building, The University of ABC
Qual	ifications of Applicant and any posts held.
Ph	D 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 ti	he box against eac	ch of the followings whic	h are applica	able to your application.			
_							
or 4b and (7) or		,		S 10 (-), (-), (-),			
. ,	<u>-</u>	for the experiment unde	er application	(Reference number of licence:			
	-	o (2), (5) and (7) only] <u>O</u>		('y' :			
\Box I am not the ho				ntion but I have been previously			
				w expired (Reference number of			
_) [please go to (2), (6) ar		y up a confirmation of			
iatest treenee.) [prease 80 to (2), (6) ar	ia (i) oiliyj				
Regulations, C 6 in the Schede day of January all experiments 3. Please indicate th Amphibian(s) Bird(s): Fish(es): Mammal(s):	ap.340A ("the Regulation of the Regulation of t	gulations"), I shall keep to ions and I shall render to in the form set out as I als to be used in the exp Other(s), please spe Other(s), please spe Rats Rabbits	up-to-date a best the Director Form 7 in the velve months periment ecify: □ Pigs	nimals (Control of Experiments) book in the form set out as Form r of Health on or before the 1st c Schedule to the Regulations of Other(s), please specify:)		
\Box Reptile(s):	(□ Lizards	□ Other(s), please spe	ecify:)		
4. (a) Application for	a licence without	an "Endorsement to Er	able Perforr	mance of Experiments			
without Anaest	hetics" under sec	tion 10 of the said Ordi	nance -				
$ oldsymbol{ oldsymbol{old}{ oldsymbol{old}{I}} I confirm that$	throughout the w	hole of the experiment	the animal i	is under the influence of some			
anaesthetic of	sufficient power to	prevent the animal feeli	ing pain; and	l if the pain is likely to continue			
after the effect	of the anaesthetic	has ceased, or if any ser	rious injury h	as been inflicted on the animal,			
the animal is	killed before it	recovers from the infl	uence of the	e anaesthetic which has been			
administered:	4ND						

□ decapitation (□ under anaesthesia OR □ not under anaesthesia)
 ☑ overdose of anaesthetic
 □ carbon dioxide asphyxiation
 □ exsanguination under anaesthesia
 □ other(s), please specify:

 \square cervical dislocation (\square under anaesthesia OR \square not under anaesthesia)

study; AND

unnecessary/ prolonged pain to them

✓ 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

I confirm that the following method(s) to be used for sacrificing the animals will not cause

(b) Application for a licence with an "Endorsement to En Without Anaesthetics" under section 10 of the said Ordina		ee of Experiments
☐ I confirm that the experiment would necessarily be frustrated		
 the performance of such experiment under any anaesthed killing the animal on which such experiment is perform of any anaesthetic 	etic <u>AND/OR</u>	vers from the influence
Please indicate why-		
5. □ I confirm that the experimental procedures under the type experiment(s)* are exactly the same as that of my existing quoted above AND □ I will not conduct any experiment* after the expiry date of m number quoted above until a new licence is issued AND I has accordance with regulation 4 of the Regulations.	g licence under the	ne reference number under the reference
 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 experiment licence under the reference number quoted above AND I is validity period of my previous licence under the reference with regulation 4 of the Regulations. 	* after the expiry of the have kept a proper	ne reference number date of my previous r Form 6 during the
 7. ☑ I have read and understood the Personal Information C Permit/ Endorsement Issued under the Animals (Contr 340. I agree that my personal data and information may Statement. ☑ I hereby declare that the information provided in this app 	ol of Experiments, be used for the purple of	Ordinance, Chapter poses as set out in the omplete and accurate.
*"experiment" means any experiment performed on a living verte (section 2 of the Animals (Control of Experiments) Ordinance, Cap.		calculated to give pain
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)	2222222
ABC	ned	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

V. Sample application for a <u>New endorsement</u> under section 10 of the Ordinance to enable performance of experiments without anaesthetics

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1

Application Form

I,	CHAN, Tai Man	
of	Department of ABC,	The University of ABC
on the gro	ounds hereinafter mentione	ed, hereby apply for —
Select (a) and (d) for	(a) a Licence under se	ction 7 of the Animals (Control of Experiments) Ordinance
application for an endorsement to	(Cap. 340).	
enable performance	(b) an endorsement / th	nereto / *to my existing Licence No.
of experiments without anaesthetics.	dated	/ under section 8 of the said Ordinance.
viinoui unuesineiics.	(e) a teaching permit u	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.

To: The Director of Health

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

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) [please go to (2), (6) and (7) only] latest licence: 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 \Box Other(s), please specify: \square Amphibian(s): $(\Box Frogs$ \Box Other(s), please specify: \square *Bird(s):* (□ Chickens \Box *Fish(es):* (□ *Zebrafish* \Box Other(s), please specify: (✓*Mice* \Box Rats \square Rabbits \Box Pigs $\Box Other(s)$, please specify: \square *Reptile(s):* $(\Box Lizards)$ \Box 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 - \Box 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

□ carbon dioxide asphyxiation
□ exsanguination under anaesthesia
□ other(s), please specify:

 \square I confirm that animals with signs of severe distress or pain will be euthanized before the end of the

☐ I confirm that the following method(s) to be used for sacrificing the animals will not cause

☐ cervical dislocation (☐ under anaesthesia OR ☐ not under anaesthesia)

☐ decapitation (☐ under anaesthesia OR ☐ not under anaesthesia)

study; AND

unnecessary/ prolonged pain to them

□ overdose of anaesthetic

(b)	Application for a licence with an "Endorsement to Enable Performance of Expe	riments
	Without Anaesthetics" under section 10 of the said Ordinance -	Provi
✓	I confirm that the experiment would necessarily be frustrated by-	for pe
	$\ensuremath{\square}$ the performance of such experiment under any anaesthetic AND/OR	for pe
	☐ killing the animal on which such experiment is performed before it recovers from	admi

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.

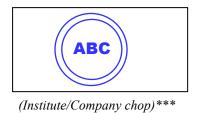
Provide justification for performing the experiment without administering any anaesthetic to the animal or without killing the animal before it recovers from the influence of such anaesthetic, as the case may be.

5. \Box <i>I confirm that</i>	the experimenta	l procedures	under the type of	f experiment(s)*	and the purpose of
experiment(s)*	* are exactly the	same as that	t of my existing	licence under ti	he reference number
quoted above	<u>AND</u>				

- □ 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 <u>AND</u>
 - ☐ 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.*

^{*&}quot;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)	2222222



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 <u>Renewal of an Existing licence</u> under section 7 of the Ordinance to conduct experiments for research purpose

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1 Application Form

To: The Director of H	Health					
CHAN, Tai Man						
Department of ABC, The University of ABC						
on the grounds herein	nafter 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	d/ under section 8 d	of the said Ordinance.				
(e) a tea	ching permit under section 9 of the said Ordina	ince.				
(d) an er	ndorsement to / the said Licence / *my existing	Licence No.				
dated	d/ under section 10	of the said Ordinance.				
Grounds for application Same as (20-1) in	If you wish to continue with the same animal experiment as specified in the existing licence, i.e.					
Type of experiment(s)		the same experimental procedures under the type of experiment(s)				
Same as (20-1) ii	n DH/HT&A/8/2/10 Pt·1	and the same purpose of				
Purpose of experimen	nt(s).	experiment(s), you can quote the reference no. of your existing				
Same as (20-1) in	n DH/HT&A/8/2/10 Pt·1	licence.				
Place where experime	ent(s) may be conducted.	If there are changes in any of the				
Room X, X/F, AB	BC Laboratory Building, The University of A	above, we will consider it as a new				
Qualifications of App	licant and any posts held.	application.				
PhD in Pharmacolo	ogy, Research Associate					
	Dated	31 May 2022				

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	
Please tick the	2		or 4b and (7) only] <u>OR</u>	Complete the
appropriate		✓	I am the holder of a valid licence for the experiment under application (Reference number of licence:	relevant parts
box and quote	?		(20-1) in DH/HT&A/8/2/10 Pt.1) [please go to (2), (5) and (7) only] OR	in the Annex
the reference number of			I am not the holder of a valid licence for the experiment under application but I have been previously	accordingly.
your existing			granted a licence for the experiment under application which has now expired (Reference number of	
licence.			latest licence:) [please go to (2), (6) and (7) only]	
	2.	V	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	
			\Box Amphibian(s): (\Box Frogs \Box Other(s), please specify:)
			\Box Bird(s): $(\Box$ Chickens \Box Other(s), please specify:)
		ı	\Box Fish(es): $(\Box$ Zebrafish \Box Other(s), please specify:)
		ı	\square Mammal(s): $(\square$ Mice \square Rats \square Rabbits \square Pigs \square Other(s), please specify:	
)
		ı	□ Reptile(s): (□ Lizards □ Other(s), please specify:	
	4	<u> </u>	Application for a licence without an "Endorsement to Enable Performance of Experiments	
	4.	(a)	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	
			\square cervical dislocation (\square under anaesthesia OR \square 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 En Without Anaesthetics" under section 10 of the said Ordina		e of Experiments
☐ I confirm that the experiment would necessarily be frustrated		
 the performance of such experiment under any anaesth killing the animal on which such experiment is perfort of any anaesthetic 	etic <u>AND/OR</u>	ers from the influence
Please indicate why-		
 5. ✓ I confirm that the experimental procedures under the type experiment(s)* are exactly the same as that of my existing quoted above AND ✓ I will not conduct any experiment* after the expiry date of m number quoted above until a new licence is issued AND I has accordance with regulation 4 of the Regulations. 	g licence under the	e reference number under the reference
 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 experiment licence under the reference number quoted above AND I validity period of my previous licence under the reference with regulation 4 of the Regulations. 	* after the expiry of have kept a proper	date of my previous Form 6 during the
 7. ☑ I have read and understood the Personal Information Control Permit/ Endorsement Issued under the Animals (Control 340. I agree that my personal data and information may Statement. ☑ I hereby declare that the information provided in this ap * "experiment" means any experiment performed on a living vert 	of Experiments) On be used for the pur oplication is true, c	rdinance, Chapter poses as set out in the omplete and accurate.
(section 2 of the Animals (Control of Experiments) Ordinance, Cap		culculated to give puin
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)	
ABC	med	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

VII. Sample application for <u>Renewal of an Expired licence</u> under section 7 of the Ordinance to conduct experiment for research purpose

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1

Application Form

nents) Ordinance		
dorsement / thereto / *to my existing Licence No / under section 8 of the said Ordinance.		
(e) a teaching permit under section 9 of the said Ordinance.		
lo.		
dated / under section 10 of the said Ordinance.		
If you wish to continue with the same animal experiment as specified in the previous licence, i.e. the same		
imental procedures under the		
f experiment(s) and the same se of experiment(s), you can		
just quote the reference no. of your expired licence. If there are changes in any of the above, we will consider it as a new application.		
		zation.
022 ~ e		

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. \Box 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** Please tick the I am the holder of a valid licence for the experiment under application (Reference number of licence: box and quote) [please go to (2), (5) and (7) only] **OR** Complete the the reference I am not the holder of a valid licence for the experiment under application but I have been previously relevant parts of the Annex granted a licence for the experiment under application which has now expired (Reference number of your expired accordingly. latest licence: (20-2) in DH/HT&A/8/2/10 Pt.1) [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 \square Amphibian(s): \Box Other(s), please specify: $(\Box Frogs$ \square *Bird(s):* (□ Chickens \Box Other(s), please specify: \Box Other(s), please specify: \Box *Fish(es):* $(\Box Zebrafish$ □ Rabbits \square *Mammal(s)*: (□ Mice \square Rats \Box Pigs $\Box Other(s)$, please specify: \Box Other(s), please specify: \Box *Reptile(s):* $(\Box Lizards)$ 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*

appropriate

number of

licence.

□ exsanguination under anaesthesia

 \square other(s), please specify:

(b) Application for a licence with an "Endor Without Anaesthetics" under section 10 of the		e of Experiments
☐ I confirm that the experiment would necessari		
☐ the performance of such experiment undo ☐ killing the animal on which such experi- of any anaesthetic	er any anaesthetic AND/OR	ers from the influence
Please indicate why-		
5. □ I confirm that the experimental procedures u experiment(s)* are exactly the same as that quoted above AND □ I will not conduct any experiment* after the experiment quoted above until a new licence is a accordance with regulation 4 of the Regulation	of my existing licence under the expiry date of my existing licence issued AND I have been keeping	e reference number under the reference
 6. ✓ I confirm that the experimental procedures experiment(s)* are exactly the same as that quoted above AND ✓ I hereby declare that I have not conducted licence under the reference number quoted validity period of my previous licence under with regulation 4 of the Regulations. 	t of my previous licence under th any experiment* after the expiry a above AND I have kept a proper	date of my previous Form 6 during the
7. ☑ I have read and understood the Personal In Permit/Endorsement Issued under the Animals agree that my personal data and information mo ☑ I hereby declare that the information provid *"experiment" means any experiment performed of	(Control of Experiments) Ordinan ay be used for the purposes as set ded in this application is true, com	oce, Chapter 340. I out in the Statement. uplete and accurate.
(section 2 of the Animals (Control of Experiments)		xaicuiaiea io give pain
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)	2222222
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