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

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1

To: The Director of Health
I, CHAN, Tai Man
of Department of ABC, The University of ABC
on the grounds hereinafter mentioned, hereby apply for —
(a) a Licence under section 7 of the Animals (Control of Experiments) Ordinance (Cap. 340). (b) an endorsement / thereto / *to my existing Licence No.
* dated/ under section 8 of the said Ordinance.
(e) a teaching permit under section 9 of the said Ordinance.
(d) an endorsement to / the said Licence / *my existing Licence No.
dated/ under section 10 of the said Ordinance.
Grounds for application.
Drug A is a newly developed anti-diabetic drug. The side effects of Drug A have to be found
out in a rabbit model prior to clinical testing of the drug on human to ensure the safety of
clinical testing.
Type of experiment(s).
Rabbits will be used in the experiment. Drug A will be fed to the animals daily for two weeks.
The animals will then be sacrificed. Liver tissues will be harvested for biochemical
assessment.
Purpose of experiment(s).
To study the side effects of Drug A.
Place where experiment(s) may be conducted.
Room X, X/F, ABC Laboratory Building, The University of ABC, XX Road, Hong Kong
Qualifications of Applicant and any posts held.
PhD in Pharmacology, Research Associate
Dated 15 December 2020
Signed

^{*}Delete as appropriate.

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А	\boldsymbol{n}	n	e.	х

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 hor o	against eac	h of the	followings	which are	annlicable to	vour application.
i ieuse pui u	uck w	ine oox a	ıgaınsı eac	n or me	Junuwings	wnich are	applicable to	your application.

1. ☑		_	e for the experiment under application before [please go to (2), (3),
	(4a or 4b), (7) and	· · · · · —	
			for the experiment under application (Reference number of licence:
			o (2), (5), (7) and (8) only] <u>OR</u>
			ence for the experiment under application but I have been previously
			ment under application which has now expired (Reference number of
	latest licence:) [please go to (2), (6), (7) and (8) only]
2. ☑	I hereby declare	that in accordan	ace with Regulations 4 and 5 of the Animals (Control of Experiments)
	Regulations, Ca	p.340A ("the Re	egulations"), I shall keep up-to-date a book in the form set out as
	Form 6 in the S	chedule to the R	egulations and I shall render to the Director of Health on or before
	the 1st day of J	January each ye	ar a return in the form set out as Form 7 in the Schedule to the
			performed by me during the preceding twelve months
3. <i>P</i>	lease indicate the	type(s) of anima	als to be used in the experiment
	\Box Amphibian(s):	$(\Box Frogs$	□ Other(s), please specify:)
	$\exists Bird(s):$	$(\Box$ Chickens	□ Other(s), please specify:)
	$\exists Fish(es):$	$(\Box \textit{Zebrafish}$	□ Other(s), please specify:)
E	ightharpoonup Mammal(s):	(□ Mice	\Box Rats \blacksquare Rabbits \Box Pigs \Box 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
· · (u)			etion 10 of the said Ordinance -
V			whole of the experiment the animal is under the influence of some
	anaesthetic of su	ıfficient power to	prevent the animal feeling pain; and if the pain is likely to continue
	after the effect of	f the anaesthetic	has ceased, or if any serious injury has been inflicted on the animal,
			recovers from the influence of the anaesthetic which has been
_	administered; <u>Al</u>		
$\overline{\mathbf{V}}$			eing of the animals will be monitored during the experiment; <u>AND</u>
✓	I confirm that an	imals with signs	of severe distress or pain will be euthanized before the end of the
	study; <u>AND</u>		
$\overline{\checkmark}$	I confirm that th	e following meth	nod(s) to be used for sacrificing the animals will not cause
	unnecessary/ pro	olonged pain to t	hem
	☐ cervical disl	ocation (🗌 und	ler anaesthesia OR 🗌 not under anaesthesia)
	•	(under anae	esthesia OR 🗌 not under anaesthesia)
	✓ overdose of a		
		ide asphyxiation ion under anaesti	hesia
	\Box other(s), plea		
	· / · *		

(b) Application for a licence with an "Endorsement to E Without Anaesthetics" under section 10 of the said Ordin		of Experiments
☐ I confirm that the experiment would necessarily be frustrate		
☐ the performance of such experiment under any anaest.	-	
☐ killing the animal on which such experiment is p influence of any anaesthetic		recovers from the
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 number quoted above until a new licence is issued AND I accordance with regulation 4 of the Regulations.	ng licence under the	reference number
 I confirm that the experimental procedures under the type experiment(s)* are exactly the same as that of my previor 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 do have kept a proper to the number quoted ab	reference number ate of my previous Form 6 during the ove in accordance
7. I ☑ agree <u>OR</u> ☐ do NOT agree to receive SMS Reminder	r through HK mobile	tel. no for matters
related to animal experiment application/licence.		
Remark: Please fill in a valid mobile number at the end of the Department of Health cannot guarantee successful receipt of SMS		IS Reminders. The
8. \square I have read and understood the Personal Information Co	ollection Statement Re	elating to Licence/
Permit/Endorsement Issued under the Animals (Control of E	xperiments) Ordinan	ce, Chapter 340. I
agree that my personal data and information may be used for Statement.	the purposes as set o	out in the
*"experiment" means any experiment performed on a living verto (section 2 of the Animals (Control of Experiments) Ordinance, Ca		culated to give pain
Full name** CHAN Tai Man	Contact No.:	2345 6789
HK Identity Card/Passport/Travel Document No.: A123456(7)	Mobile No.:	<i>9876 5432</i>
Email Address: ctm@abc.com	(Facsimile)	2234 4321
SA	igned	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 studyin

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

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1

To: The Director of	of Health
I,	CHAN, Tai Man
of	Department of ABC, The University of ABC
on the grounds her	reinafter 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
	of performing open heart surgery is essential to cardiothoracic surgeons to ocedures in human. To improve clinical outcome, it is preferable to practise those
Type of experimen	
Pigs will be use valve replaceme	d in the experiment. Under general anaesthesia, the procedures including heart and coronary artery bypass grafting will be performed on the animals. The sacrificed before recovery from anaesthesia.
Purpose of experir	
To practise open	heart surgical techniques using pigs.
-	iment(s) may be conducted. BC Laboratory Building, The University of ABC, XX Road, Hong Kong
Qualifications of A	Applicant and any posts held. cology, Research Associate
	Dated 15 December 2020
	Signed

^{*}Delete as appropriate.

A
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), (7) and (8) only] <u>OR</u>
☐ I am the holder of a valid licence for the experiment under application (Reference number of licence:) [please go to (2), (5), (7) and (8) only] <u>OR</u>
☐ I am not the holder of a valid licence for the experiment under application but I have been previously granted a licence for the experiment under application which has now expired (Reference number of latest licence:) [please go to (2), (6), (7) and (8) 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:
✓ $Mammal(s)$: $(\Box Mice \Box Rats \Box Rabbits $ \checkmark $Pigs \Box Other(s)$, $please specify$:
\Box 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 - ✓ 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;
<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>

unnecessary/ prolonged pain to them

✓ overdose of anaesthetic

□ carbon dioxide asphyxiation

□ exsanguination under anaesthesia

 \square other(s), please specify:_

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

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

(b) Application	for a licence with an "Endo	rsement to Enal	ole Performance	of Experiments
Without An	aesthetics" under section 10 of	the said Ordinan	ce -	
\Box I confirm the	at the experiment would necessa	rily be frustrated b	py-	
□ killing	formance of such experiment un the animal on which such ex ce of any anaesthetic	•		recovers from the
Please is	ndicate why-			
	at the experimental procedures)* are exactly the same as that of		_	
number quot	nduct any experiment* after the ed above until a new licence is with regulation 4 of the Regulation	issued AND I hav		
experiment quoted abo I hereby de licence und validity per	hat the experimental procedures (s)* are exactly the same as the ve AND clare that I have not conducted der the reference number quoted to find of my previous licence under 4 of the Regulations.	at of my previous any experiment* a	licence under the ufter the expiry do ve kept a proper is	reference number te of my previous Form 6 during the
related to anin Remark: Please fi	OR do NOT agree to receive nal experiment application/liceral in a valid mobile number at alth cannot guarantee successful	nce. the end of the Ani	nex to receive SM	•
Permit/Endor agree that my Statement.	nd and understood the Personal rsement Issued under the Animal personal data and information nations any experiment performed	s (Control of Expe	riments) Ordinand purposes as set d	ce, Chapter 340. I out in the
•	Animals (Control of Experiments,			0 7
Full name**	CHAN Tai Man		Contact No.:	2345 6789
HK Identity Care	d/Passport/Travel Document No.:	A123456(7)	Mobile No.:	9876 5432
Email Address :	ctm@abc.com		(Facsimile)	2234 4321
	ABC	Signe	od	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

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

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1 Application Form

To: The Directo	r of Health
I,	CHAN, Tai Man
of	Department of ABC, The University of ABC
on the grounds h	nereinafter 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 app	lication.
The respirator	y 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 experim	ent(s).
_	sed in the experiment. Under general anaesthesia, external sensors will be placed in way and abdominal wall of the animals. The relationship between the parameters
	he sensors in the airway and those on the abdominal wall will be examined. After
	t, the animals will be sacrificed before recovery from anaesthesia.
Purpose of exper	
	e the physiology of respiratory system using a pig model.
Place where exp	eriment(s) may be conducted.
Room X, X/F,	ABC Laboratory Building, The University of ABC, XX Road, Hong Kong
Qualifications of	f Applicant and any posts held.
PhD in Pharm	acology, Research Associate
	Dated 15 December 2020
	Signed
*Delete as approp	

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. \square I have not been granted a licence for the experiment under application before [please go to (2),
(3), (4a or 4b), (7) and (8) only] <u>OR</u>
☐ I am the holder of a valid licence for the experiment under application (Reference number of licence:) [please go to (2), (5), (7) and (8) only] <u>OR</u>
☐ I am not the holder of a valid licence for the experiment under application but I have been
previously granted a licence for the experiment under application which has now expired
(Reference number of latest licence:) [please go to (2), (6), (7) and (8) only]
2 Z I handu daalam shat in gaaandanaa wish Baanlatians A and 5 of the Animala (Control of
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
4. 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): \qquad (\Box Chickens \Box Other(s), please specify: \underline{\hspace{1cm}}) $
□ Fish(es): (□ Zebrafish □ Other(s), please specify:) ✓ Mammal(s): (□ Mice □ Rats □ Rabbits ✓ Pigs □ Other(s), please specify:
✓ $Mammal(s)$: $(\Box Mice \Box Rats \Box Rabbits ✓ Pigs \Box Other(s), please specify:$
\Box Reptile(s): $(\Box$ Lizards \Box Other(s), please specify:)
□ Replite(s). (□ Lizurus □ Omer(s), pieuse 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; <u>AND</u>
☑ I confirm that conditions/well-being of the animals will be monitored during the experiment;
<u>AND</u>
lacktriangleq I confirm that animals with signs of severe distress or pain will be euthanized before the end of
the study; <u>AND</u>
$\ensuremath{\square}$ 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)

☑ overdose of anaesthetic

 \square carbon dioxide asphyxiation

 \square other(s), please specify:__

□ exsanguination under anaesthesia

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

nance -	
ed by- hetic <u>AND/OR</u> performed before it rec	covers from the
e of experiment(s)* and cence under the reference	
my existing licence und have been keeping a pr	
e of experiment(s)* and ous licence under the re out* after the expiry date have kept a proper Fo- number quoted above in	eference number of my previous rm 6 during the
r through HK mobile te Annex to receive SMS S message.	
ollection Statement Rela Experiments) Ordinance, r the purposes as set out	Chapter 340. I
ebrate animal and calcul up. 340).	ated to give pain
Contact No.:	2345 6789
Mobile No.:	9876 5432
(Facsimile)	2234 4321
. ,	
igned	a ne
	thetic AND/OR thetic AND/OR terformed before it recovered before it recovered before it recovered before it recovered by the experiment of the recovered by the proper formulation of the purposes as set out the purpose of the purpose o

Full name as appears on HK Identity Card/Passport/Travel Document

^{***} Please obtain an official chop of the Institute/ Company where you are working or studying.

4) Sample application for a <u>NEW</u> endorsement under section 10 of the Animals (Control of Experiments) Ordinance to enable performance of experiments without anaesthetics

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1

Application Form

To: The Directo	or of Health	
I,	CHAN, Tai Man	
of	Department of ABC, Th	e University of ABC
on the grounds h	nereinafter mentioned, here	eby apply for —
	(Cap. 340).	tion 7 of the Animals (Control of Experiments) Ordinance ereto / *to my existing Licence No.
* ~	dated	/ under section 8 of the said Ordinance. Inder section 9 of the said Ordinance. Inder section 9 of the said Ordinance. Inder section 9 of the said Ordinance.
	dated	/ under section 10 of the said Ordinance.

Grounds for application.

Chronic pain is a prevalent disorder that affects severely the quality of life of patients after traumatic injury. The pathological pathway of inflammatory pain remains unknown. Some studies propose that substance X may be involved in pain syndromes. As the physiology of mice is very similar to human, mice will be used in this experiment in order to evaluate the role of substance X in peripheral and central nervous system and its pathophysiologic mechanisms.

Type of experiment(s).

Mice will be used in the experiment. Inflammatory pain model will be established by injection of Freund's adjuvant and complete cell suspension or formalin into the hindpaws of the animals. An antagonist will be injected intrathecally before and after pain model establishment to determine substance X and its receptors in the peripheral and the central nervous systems. A catheter will be inserted into the spinal cord under anaesthesia to facilitate subsequent multiple intrathecal drug deliveries. Non-invasive thermal pain behaviour tests will be conducted. In brief, a thermal stimulus (maximum level < 30°C) will be applied onto the animals' hindpaws and the duration before paw withdrawal responses will be measured. During the experiment, conditions of the animals will be monitored. Animals with serious injury or showing significant pain will be euthanized by an overdose of anaesthetic. At the end of the experiment, the animals will be sacrificed by an overdose of anesthetic, and tissues will be collected for further analysis.

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, XX Road, Hong Kong

Qualifications of Applicant and any posts held.

PhD in Pharmacology, Research Associate

Dated 15 December 2020

Signed ____

^{*}Delete as appropriate.

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$\boldsymbol{\Box}$	ıı	ıı	ел	

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 d	of the followin	gs which are	applicable to your	application.
----------------	------------------	----------------	-----------------	--------------	--------------------	--------------

1.	V	I have not been gr	anted a licence	e for the experiment under application before [please go to (2), (3),
		(4a or 4b), (7) and ((8) only] <u>OR</u>	
		I am the holder of a	a valid licence	for the experiment under application (Reference number of licence:
			_) [please go to	o (2), (5), (7) and (8) only] <u>OR</u>
		I am not the holder	of a valid lice	ence for the experiment under application but I have been previously
		granted a licence	for the experin	nent under application which has now expired (Reference number of
		latest licence:) [please go to (2), (6), (7) and (8) only]
2.	<u> </u>	I hereby declare th	at in accordan	ce with Regulations 4 and 5 of the Animals (Control of Experiments)
		Regulations, Cap	340A ("the Re	egulations"), I shall keep up-to-date a book in the form set out as
		Form 6 in the Sch	edule to the R	egulations and I shall render to the Director of Health on or before
		the 1st day of Jan	nuary each ye	ar a return in the form set out as Form 7 in the Schedule to the
		Regulations of all	experiments* p	performed by me during the preceding twelve months
4.	Pi	lease indicate the ty	ype(s) of anim	als to be used in the experiment
		\Box Amphibian(s):	$(\Box Frogs$	□ Other(s), please specify:
		$\exists Bird(s):$	(□ Chickens	□ Other(s), please specify:
		$\exists Fish(es):$	(□ Zebrafish	□ Other(s), please specify:
	5	✓ Mammal(s):	(☑ Mice	\Box Rats \Box Rabbits \Box Pigs \Box Other(s), please specify:
		□ Reptile(s):	(□ Lizards	□ Other(s), please specify:
4. ((a) A			an "Endorsement to Enable Performance of Experiments tion 10 of the said Ordinance -
				hole of the experiment the animal is under the influence of some
				p prevent the animal feeling pain; and if the pain is likely to continue
			-	has ceased, or if any serious injury has been inflicted on the animal,
		the animal is kil	led before it	recovers from the influence of the anaesthetic which has been
		administered; ANI	<u>D</u>	
		I confirm that cond	itions/ well-bei	ing of the animals will be monitored during the experiment; <u>AND</u>
		I confirm that anim	als with signs	of severe distress or pain will be euthanized before the end of the
		study; AND		
		I confirm that the f	following metho	od(s) to be used for sacrificing the animals will not cause
		unnecessary/ prole	onged pain to t	hem
		☐ cervical disloc	ration (\square unde	er anaesthesia OR 🗌 not under anaesthesia)
		\square decapitation (under anae	esthesia OR 🗌 not under anaesthesia)
		□ overdose of an	aesthetic	
		□ carbon dioxide	e asphyxiation	
		□ exsanguination	n under anaesti	hesia
		\Box other(s), pleas	e specify:	

Without An	aesthetics" under section 10 of	the said Ordinand	ce -	
☑ the per ☐ killing	at the experiment would necesson formance of such experiment und the animal on which such ex ce of any anaesthetic	der any anaesthetic	AND/OR	recovers from the
substan after ch	ndicate why- It is because this exce X in chronic pain syndrome, ronic pain established to ensur by influence of drugs before an	no pain control wil e the pain respons	l be applied to the sfrom the anin	ne animals
experiment(s quoted abov □ I will not con number quo	at the experimental procedures (s)* are exactly the same as that e. AND duct any experiment* after the sted above until a new licence is with regulation 4 of the Regulation.	t of my existing lide expiry date of my e issued AND I have	cence under the	reference number
experiment quoted abo I hereby de licence un validity pe	nat the experimental procedures $f(s)^*$ are exactly the same as the exact $f(s)^*$ are exactly the same as the exact $f(s)^*$ and $f(s)^*$ clare that I have not conducted der the reference number quoted arion of $f(s)$	at of my previous l a any experiment* a d above AND I hav	icence under the fter the expiry do se kept a proper t	reference number ate of my previous Form 6 during the
related to anir Remark: Please fi	<u>OR</u> do NOT agree to receive nal experiment application/licer ll in a valid mobile number at alth cannot guarantee successfu	nce. the end of the Ann	ex to receive SM	•
8. ☑ I have red Permit/ Endo	ad and understood the Personal resement Issued under the Animal personal data and information n	Information Collects (Control of Exper	tion Statement Re	ce, Chapter 340. I
•	neans any experiment performed Animals (Control of Experiments)	_		culated to give pain
Full name**	CHAN Tai Man		Contact No.:	2345 6789
HK Identity Care	d/Passport/Travel Document No.:	A123456(7)	Mobile No.:	9876 5432
Email Address :	ctm@abc.com		(Facsimile)	2234 4321
	ABC	Signed	1	tre
	(Institute/Company chop)***	_	(Applicant)	

^{**} Full name as appears on HK Identity Card/Passport/Travel Document

 $^{*** \}textit{Please obtain an official chop of the Institute/Company where you are working or studying}$

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

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1

To: The Dire	ector of Health
I,	CHAN, Tai Man
of	Department of ABC, The University of ABC
on the ground	ds 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 (1	8-1) in DH/HT&A/8/2/10 Pt.1)
Type of expe	riment(s).
Same as (1	8-1) in DH/HT&A/8/2/10 Pt.1)
Purpose of ex	xperiment(s).
Same as (1	8-1) 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, XX Road, Hong Kong
Qualification	as of Applicant and any posts held.
PhD in Pho	armacology, Research Associate
	Dated 15 December 2020
	Signed
*Delete as a	

processing your applica		1 but information supplied would help avoid unnecessary delay in
		ch of the followings which are applicable to your application.
1. □ I have not been g or 4b), (7) and (8 ☑ I am the holder (18-1) in DH/HI □ I am not the hold	ranted a licence f only] <u>OR</u> of a valid licence C&A/8/2/10 Pt.1) der of a valid lice	for the experiment under application before [please go to (2), (3), (4a) e for the experiment under application (Reference number of licence: [please go to (2), (5), (7) and (8) only] OR ence for the experiment under application but I have been previously ment under application which has now expired (Reference number of
2. ✓ I hereby declare Regulations, Co Form 6 in the S the 1st day of	that in accordan p.340A ("the Re chedule to the R January each ye	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 enerformed by me during the preceding twelve months
3. Please indicate the □ Amphibian(s): □ Bird(s):	e type(s) of anim (□ Frogs (□ Chickens	als to be used in the experiment □ Other(s), please specify: □ Other(s), please specify:
\Box Fish(es): \Box Mammal(s):	(□ Zebrafish (□ Mice	□ Other(s), please specify: □ Rats □ Rabbits □ Pigs □ Other(s), please specify:
	(□ Lizards	☐ Other(s), please specify:

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; <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)
\square decapitation (\square under anaesthesia OR \square not under anaesthesia)
□ overdose of anaesthetic
☐ carbon dioxide asphyxiation
□ exsanguination under anaesthesia

 \square other(s), please specify:___

Without An	aesthetics" under section 10 of	the said Ordinan	ce -	
\Box I confirm th	aat the experiment would necessa	arily be frustrated b	py-	
\Box the pe	rformance of such experiment un	nder any anaestheti	c AND/OR	
_	the animal on which such e. nce of any anaesthetic	ormed before it	recovers from the	
Please	indicate why-			
experiment(quoted abov ✓ I will not co number quo	nat the experimental procedures (s)* are exactly the same as that we AND (name to any experiment* after the oted above until a new licence is with regulation 4 of the Regulation	at of my existing le expiry date of my is issued AND I hav	icence under the	reference number
experiment quoted ab I hereby de licence un validity per licence de licence	that the experimental procedures at(s)* are exactly the same as the ove <u>AND</u> eclare that I have not conducted ader the reference number quote eriod of my previous licence undustion 4 of the Regulations.	at of my previous any experiment* a d above AND I ha	licence under the after the expiry do we kept a proper	reference number ate of my previous Form 6 during the
related to ani	OR do NOT agree to receive mal experiment application/lice.	nce.	-	
-	fill in a valid mobile number at ealth cannot guarantee successfu			IS Reminders. The
Permit/ Endo	ad and understood the Personal ersement Issued under the Anima er personal data and information i	ls (Control of Expe	riments) Ordinan	ce, Chapter 340. I
	means any experiment performed e Animals (Control of Experiments			culated to give pain
Full name**	CHAN Tai Man		Contact No.:	2345 6789
HK Identity Car	rd/Passport/Travel Document No.:	A123456(7)	Mobile No.:	9876 5432
Email Address :	ctm@abc.com		(Facsimile)	2234 4321
	ABC	Signe	ed	tue
	(Institute/Company chop)***	J	(Applicant)	

 $^{**} Full \ name \ as \ appears \ on \ HK \ Identity \ Card/Passport/Travel \ Document$

^{***} Please obtain an official chop of the Institute/ Company where you are working or studying

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

ANIMALS (CONTROL OF EXPERIMENTS) REGULATIONS

FORM 1

To: The Di	rector of Health		
I,	CHAN, Tai Man		
of	Department of ABC, The	University of ABC	
on the groun	nds hereinafter mentioned, herel	by apply for —	
*	(Cap. 340). (b) an endorsement / there dated (c) a teaching permit und	reto / *to my existing Licen / under section der section 9 of the said Ord he said Licence / *my exist	8 of the said Ordinance.
	r application. 18-2) in DH/HT&A/8/2/10 Pt.1		
Type of exp	periment(s). 18-2) in DH/HT&A/8/2/10 Pt.1		
•	experiment(s). 18-2) in DH/HT&A/8/2/10 Pt.1		
	e experiment(s) may be conducted X/F, ABC Laboratory Building,		Road, Hong Kong
-	ons of Applicant and any posts harmacology, Research Associa		
		Dated	15 December 2020
		Signed	tre

^{*}Delete as appropriate.

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

Pleas	se put a 'tick' to the box against each of the followings which are applicable to your application.
1. □	I have not been granted a licence for the experiment under application before [please go to (2), (3), (4a
	or 4b), (7) and (8) only] <u>OR</u>
	I am the holder of a valid licence for the experiment under application (Reference number of licence:
	(
Ø	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: (18-2) in DH/HT&A/8/2/10 Pt.1 _) [please go to (2), (6), (7) and (8) 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. <i>1</i>	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:)
	\Box Fish(es): $(\Box$ Zebrafish \Box Other(s), please specify:)
	\square Mammal(s): $(\square$ Mice \square Rats \square Rabbits \square Pigs \square Other(s), please specify:
	\Box 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 -
	I confirm that throughout the whole of the experiment the animal is under the influence of some anaesthetic of sufficient power to prevent the animal feeling pain; and if the pain is likely to continue after the effect of the anaesthetic has ceased, or if any serious injury has been inflicted on the animal, the animal is killed before it recovers from the influence of the anaesthetic which has been administered; <u>AND</u>
	I confirm that conditions/well-being of the animals will be monitored during the experiment; \underline{AND}
	I confirm that animals with signs of severe distress or pain will be euthanized before the end of the
	study; <u>AND</u>
	I confirm that the following method(s) to be used for sacrificing the animals will not cause
	unnecessary/ prolonged pain to them
	\square cervical dislocation (\square under anaesthesia OR \square not under anaesthesia)
	\square decapitation (\square under anaesthesia OR \square not under anaesthesia)
	□ overdose of anaesthetic
	☐ carbon dioxide asphyxiation
	□ exsanguination under anaesthesia
	\(\sigma\) other(s), please specify:

Without Ans	aesthetics" under section 10 of	the said Ordinanc	ee -	
\Box I confirm th	at the experiment would necessa	rily be frustrated by	v-	
☐ the per	formance of such experiment un	der any anaesthetic	AND/OR	
_	the animal on which such ex ace of any anaesthetic	xperiment is perfo	rmed before it	recovers from the
Please i	ndicate why-			
experiment(s quoted abov		t of my existing lie	cence under the	reference number
number quo	nduct any experiment* after the ted above until a new licence is with regulation 4 of the Regulation	issued AND I have	_	
experiment quoted abo ✓ I hereby do licence un validity pe	that the experimental procedures t(s)* are exactly the same as the ove <u>AND</u> eclare that I have not conducted der the reference number quoted riod of my previous licence undation 4 of the Regulations.	at of my previous li any experiment* a d above AND I hav	icence under the fter the expiry do e kept a proper	reference number ate of my previous Form 6 during the
_	<u>OR</u> do NOT agree to receive nal experiment application/lice		ough HK mobile	tel. no for matters
-	ill in a valid mobile number at alth cannot guarantee successfu	=		IS Reminders. The
Permit/ Endo	ad and understood the Personal rsement Issued under the Animal personal data and information i	s (Control of Exper	iments) Ordinan	ce, Chapter 340. I
•	means any experiment performed Animals (Control of Experiments)	_		culated to give pain
Full name**	CHAN Tai Man		Contact No.:	2345 6789
HK Identity Care	d/Passport/Travel Document No.:	A123456(7)	Mobile No.:	9876 5432
Email Address :	ctm@abc.com		(Facsimile)	2234 4321
	ABC	Signed	1	Cue
	(Institute/Company chop)***		(Applicant)	

^{**} Full name as appears on HK Identity Card/Passport/Travel Document

^{***} Please obtain an official chop of the Institute/ Company where you are working or studying