**FLINDERS UNIVERSITY / SOUTHERN ADELAIDE LOCAL HEALTH NETWORK**

**ANIMAL WELFARE COMMITTEE**

**Annual Report**

### For year ending 31 December 2019

### [Pursuant to the *Australian Code for the Care and Use of Animals for Scientific Purposes,* 8th edition, 2013]

|  |  |
| --- | --- |
| AWC Project Number |  |
| Project Title |  |
| Chief Investigator  *(Title, First Name, Family Name)* |  |

1. **STATUS** (Tick ONE)

Not commenced *-* Skip to Question 3.1 *(Do not complete Question 2)*

Suspended, temporarily

In progress

1. **ANIMAL USE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SPECIES/**  **STRAIN** | **TOTAL NUMBER APPROVED**  *(incl. modifications)* | **EXPECTED MORTALITY RATE**  *(% approved for this project)* | **PERCENTAGE OF EXPECTED MORTALITY EXPERIENCED IN THIS PROJECT**  *(Do not include unexpected adverse event numbers)*  *(NOT planned euthanasia)*  *(Calculated against total numbers approved)* | **TOTAL NUMBER USED BETWEEN**  **01/01/2019 & 31/12/2019** | **TOTAL NUMBER ACTUALLY USED**  **TO DATE** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **SUMMARY**

**3.1 Is your project:**

“Not Commenced”

If **YES**, clarify why it hasn’t commenced and then skip straight to Question 5.

“Suspended, temporarily”

If **YES**, clarify why it has been temporarily suspended.

“In Progress”

If **YES**, please briefly outline the progress to date.

**3.2 To date, is the project meeting the aims stated in the original proposal?**

Yes

No

If **NO**, clarify why the aims are not being met.

**3.3 Have there been any problems that have interfered with progress of the project?**

Yes

No

If **YES**, clarify what problems have interfered with the progress of the project.

**3.4 Did any Unexpected Adverse Events (UAE) occur during in the last 12 months?**

Yes

No

If **YES**, describe the Unexpected Adverse Events experienced.

**3.5 Did any animal welfare issues arise (other than those submitted as an Unexpected Adverse Event) that were inconsistent with those anticipated in the original proposal or an approved modification?**

Yes

No

If **YES**, describe the animal welfare issues experienced.

**3.6 Have there been any modifications to the project that have not been referred to the AWC for approval?**

Yes

No

If **YES**, describe the modifications and clarify why they were not referred to the AWC.

**3.7 Do you envisage any changes to the protocol as approved (e.g. changes to personnel, methods, animal numbers, etc)?**

Yes

No

If **YES**, describe the envisaged changes.

**3.8 Have you met the 3 R’s (reduction, refinement & replacement)?**

Yes

No

If **NO**, describe how you have failed to meet the 3 R’s.

**3.9 Have there been any other noteworthy outcomes from this project?**

Yes

No

If **YES**, please provide details.

1. **ATTACHMENTS**

**4.1 “Running Mortality Sheets” must be attached to/submitted with this Annual Report. Have you attached a copy of all the Running Mortality Sheets for this project?**

Yes

N/A *(No Running Mortality Sheets used in this project)*

No

If **NO**, clarify why.

1. **SIGNATURE**

**I, the Chief Investigator for this project, certify that, except where indicated above, this research project has been conducted in accordance with the approved protocol.**

Signature………………………………………… Date…………………….

PRINT NAME…………………………………………………………………………………...

Please submit this report to the **Animal Ethics Officer,** via[animal.welfare@flinders.edu.au](mailto:animal.welfare@flinders.edu.au)