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

**ANIMAL WELFARE COMMITTEE**

**Final 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 straight to Question 3.1 *(Do not complete Question 2)*

Commenced, but abandoned

Suspended permanently

Completed

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 6.

“Commenced, but abandoned”

If **YES**, clarify why it has been it has been abandoned.

“Suspended, permanently”

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

“Completed”

If **YES**, please briefly outline the progress/findings.

**3.2 Did the project meet the aims stated in the original proposal?**

Yes

No

If **NO**, clarify why the aims have not been met.

**3.3 Were there any problems that interfered with the progress of the project?**

Yes

No

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

**3.4 Did any Unexpected Adverse Events (UAE) occur during this project?**

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 Were there 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 Were you able to further reduce (beyond that approved in the original application) any impact on animal welfare during the project?**

Yes

No

If **YES**, describe how you reduced impact on animal welfare.

**3.8 Has this project given you any ideas regarding how to reduce any impact on animal welfare in future projects?**

Yes

No

If **YES**, describe how you plan to reduce impact on animal welfare in future projects.

**3.9 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.

1. **RESEARCH OUTPUTS**

|  |  |  |
| --- | --- | --- |
| **4.1 Publications resulting from the project.**  Yes  No  *If YES, list full citation detail – please use style appropriate to your discipline:* | | |
| **4.2 Conference presentations.**  Yes  No  *If YES, detail conference title, date, title of presentation, presenter:* | | |
| **4.3 Research Higher Degree completions**  Yes  No  *If YES, please detail student name/s, type of degree, date of thesis submission/award of degree:* | | |
| **4.4 Award of patent/s?**  Yes  No  *If YES, please provide dates of application and award:* | | |
| **4.5 Has this study generated data for new funding submission/s?**  Yes  No  *If YES, please indicate:* | | |
|  | *a. Name of granting body* |  |
|  | *b. Title of funding application* |  |
|  | *c. Chief Investigator* |  |
|  | *d. Institution if other than Flinders/SAHS* |  |
|  | *e. Date of application* |  |
|  | *f. Outcome – Funded / not funded / pending*  *(circle as appropriate)* |  |
| **4.6 Have there been any other noteworthy outcomes from this project?**  Yes  No  *If YES, please provide details:* | | |

1. **ATTACHMENTS**

**5.1 “Running Mortality Sheets” must be attached to/submitted with this Final 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)