***PLEASE NOTE: Currently, there are no attachments A and B***

|  |
| --- |
| **Please DELETE this attachment if it is not relevant to your application.** |

**ATTACHMENT C: Non-survival surgery**

***Complete a separate Attachment C for each species.***

|  |  |
| --- | --- |
| C1. **SPECIES:** |  |

C2. **Persons with primary responsibility:**

|  |  |
| --- | --- |
| Surgeon: |  |
| Person responsible for anaesthetic induction and monitoring of the animal during surgery: |  |

C3. Describe the surgical procedure in detail.

|  |
| --- |
|  |

C4. Site of operating room.

|  |
| --- |
|  |

C5. **Pre-operative procedures.** What procedures will be performed to prepare the animal for surgery (eg. fasting, withholding of water, placement of vascular catheters)?

|  |
| --- |
|  |

C6. **Anaesthesia.** Give details of the anaesthetic agent(s) and technique to be used. Include details of pre-operative sedatives or tranquilisers.

| Drug name  (**generic** name, not trade name) | Dose rate (**mg/kg body weight**) | Route | Timing of administration, and frequency  *(eg. 30 minutes pre-operative, to induce anaesthesia, during procedure, at specific intervals during the procedure)* |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

C7. **Intra-operative medications.** Provide details of any other intra-operative medications that will be administered to the animal during surgery (eg. paralysing agents, fluids, antibiotics. Do not include experimental drugs).

| Drug name  (**generic** name, not trade name) | Dose rate (**mg/kg body weight**) | Route | Timing of administration, and frequency  *(eg. at beginning of procedure, at specific intervals during the procedure)* |
| --- | --- | --- | --- |
|  |  |  |  |
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C8. Are any of the above medications considered paralysing agents? If YES, why do you need to use a paralysing agent? *Note: Neuromuscular blocking agents must not be used without adequate general anaesthesia, or an appropriate surgical procedure that eliminates sensory awareness.*

|  |
| --- |
|  |

C9. **Monitoring.** What clinical or physiological criteria will be used to monitor the depth of anaesthesia and general well being of the animal during surgery? Please attach copies of any forms used for intra-operative monitoring.

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|  |

C10. **Physical support.** What physical methods will be used to support the animal during surgery (eg. heating pads, blankets, etc.)?

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| **Please DELETE this attachment if it is not relevant to your application.** |

### ATTACHMENT D: Survival surgery

***Complete a separate Attachment D for each species.***

|  |  |
| --- | --- |
| D1. **SPECIES:** |  |

D2. **Persons with primary responsibility:**

|  |  |
| --- | --- |
| Surgeon: |  |
| Person responsible for anaesthetic induction and monitoring of the animal during surgery: |  |
| Person responsible for post-operative care: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| D3. Will more than one major survival surgery be performed on each animal? | Yes |  | No |  |

**If Yes:**

(i) Provide a complete scientific justification for performing more than one major survival surgery on an individual animal.

|  |
| --- |
|  |

(ii) Give the interval(s) between the multiple surgeries, and the rationale for choosing the interval(s).

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| --- |
|  |

(iii) How will you ensure that the animal has recovered to good general health between each procedure?

|  |
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|  |

**If more than one survival surgical procedure will be performed, provide complete details for each procedure OR complete a separate Attachment D for each procedure.**

D4. Describe the surgical procedure in detail.

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|  |

D5. Site of operating and recovery rooms.

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|  |

D6. **Pre-operative procedures.** What procedures will be performed to prepare the animal for surgery (eg. fasting, withholding of water, placement of vascular catheters)?

|  |
| --- |
|  |

D7. **Anaesthesia.** Give details of the anaesthetic agent(s) and technique to be used. Include details of pre-operative sedatives or tranquilisers.

| Drug name  (**generic** name, not trade name) | Dose rate (**mg/kg body weight**) | Route | Timing of administration, and frequency  *(eg. 30 minutes pre-operative, to induce anaesthesia, during procedure, at specific intervals during the procedure)* |
| --- | --- | --- | --- |
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D8. **Analgesia.** Unless scientifically or otherwise justified to the ACEC’s satisfaction, you are obligated to routinely provide pain relief for all vertebrate animals undergoing survival surgery.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Will analgesics be used to provide post-operative pain relief? | Yes |  | No |  |

**If NO:** Provide justification for not providing analgesia.

|  |
| --- |
|  |

**If YES:** Provide details:

| Drug name  (**generic** name, not trade name) | Dose rate (**mg/kg body weight**) | Route | Timing of administration & frequency  *(eg. 30 minutes pre-operative, during procedure, immediately post-operative, every 12 hours post-operatively)* | Duration  (eg. days) |
| --- | --- | --- | --- | --- |
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D9. **Preparation of the surgical site.** Describe how the surgical site(s) will be prepared prior to surgery (eg. removal of hair or feathers, disinfection of skin).

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| --- |
|  |

D10. **Sterile field.** Describe the procedures that will be followed to ensure maintenance of a sterile field during surgery (eg. disinfected/sterile operating area; surgeon's cap and face mask; sterile gown, gloves, drapes and instruments). *Note: Aseptic technique must be used on ALL animal species.*

|  |
| --- |
|  |

D11. **Intra-operative medications.** Provide details of any other intra-operative medications that will be administered to the animal during surgery (eg. paralysing agents, fluids, antibiotics. Do not include experimental drugs).

| Drug name  (**generic** name, not trade name) | Dose rate (**mg/kg body weight**) | Route | Timing of administration, and frequency  *(eg. at beginning of procedure, at specific intervals during the procedure)* |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

D12. Are any of the above medications considered paralysing agents? If YES, why do you need to use a paralysing agent? *Note: Neuromuscular blocking agents must not be used without adequate general anaesthesia, or an appropriate surgical procedure that eliminates sensory awareness.*

|  |
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|  |

D13. **Monitoring.** What clinical or physiological criteria will be used to monitor the depth of anaesthesia and general well being of the animal during surgery? Please attach copies of any forms used for intra-operative monitoring.

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|  |

D14. **Physical support.** What physical methods will be used to support the animal during surgery (eg. heating pads, blankets, etc.)?

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|  |

**Post-operative care:**

D15. How long will the animal survive after surgery? (If multiple surgeries are planned, answer for the last surgery before euthanasia.)

|  |
| --- |
|  |

D16. Describe the post-operative care:

(i) During the first 24 hours. Include plan for monitoring, antibiotics, fluids, methods to maintain body temperature etc.

|  |
| --- |
|  |

(ii) Thereafter. Include plan for monitoring (particularly for procedure-related complications), suture removal, special feeding, special housing etc.

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| **Please DELETE this attachment if it is not relevant to your application.** |

**ATTACHMENT E: Use of anaesthesia not associated with surgery (survival or non-survival)**

E1. For which procedure(s) will anaesthesia be used? ***If more than one, provide the following details for each procedure or complete a separate Attachment E for each procedure.***

|  |
| --- |
|  |

E2. **Anaesthesia.** Give details of the anaesthetic agent(s) and technique to be used. Include details of sedatives or tranquilisers.

| Species | Drug name  (**generic** name, not trade name) | Dose rate (**mg/kg body weight**) | Route | Timing of administration & frequency  *(eg. 30 minutes pre-operative, to induce anaesthesia, to maintain anaesthesia, at specific intervals during the procedure)* |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
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E3. **Monitoring.** What clinical or physiological criteria will be used to monitor the depth of anaesthesia and general well-being of the animal during the anaesthesia? Please attach copies of any forms used for anaesthetic monitoring.

|  |
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|  |

E4. Is this a recovery procedure? If YES, please detail how the animal will be monitored to ensure satisfactory recovery from anaesthesia.

|  |
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| **Please DELETE this attachment if it is not relevant to your application.** |

**ATTACHMENT F: Blood collection**

*This attachment does* ***NOT*** *apply to terminal blood collection at the time of euthanasia of the animal. Details of terminal blood collection should be provided in the body of the application.*

|  |  |
| --- | --- |
| F1. From which species will blood be collected? |  |

***If more than one species, please provide the following information for each species.***

F2. From which anatomical location will blood be collected?

|  |
| --- |
|  |

F3. Will the animal be sedated during the procedure? If YES, provide details below:

|  |
| --- |
|  |

**If Yes, provide DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Species | Drug name  (**generic** name, not trade name) | Dose rate (**mg/kg body weight**) | Route | Timing of administration and frequency? |
|  |  |  |  |  |
|  |  |  |  |  |

F4. Will the animal be anaesthetised during the procedure**? If YES please complete Attachment E.**

|  |
| --- |
|  |

F5. Detail the total number of blood collections, and the time interval between **each** collection.

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|  |

F6. What volume of blood will be collected on each occasion?

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|  |

F7. What percentage of the animal’s circulating blood volume does this volume represent? *(Note: In most species, total blood volume is approximately 70 mls/kg body weight.)*

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|  |

F8. How will the animal be monitored for the effects of acute and/or chronic blood loss?

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| **Please DELETE this attachment if it is not relevant to your application.** |

**ATTACHMENT G: Polyclonal Antibody Production**

G1. What species will be used? (If more than one, provide a separate Attachment G for each species.)

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| --- |
|  |

G2. List antigen(s).

|  |
| --- |
|  |

G3. List or describe adjuvants.

|  |  |
| --- | --- |
| Initial immunisation |  |
| Subsequent immunisations |  |

G4. Provide details of immunisations.

|  |  |
| --- | --- |
| Anatomic site/route |  |
| Number of sites |  |
| Volume administered per injection site |  |
| Total volume administered at one time |  |
| Time interval between each immunisation |  |
| Total number of immunisations |  |

Note:

Test bleeds - **Complete Attachment F.**

Final bleed - **Details should be provided in the body of the application.**

|  |
| --- |
| **Please DELETE this attachment if it is not relevant to your application.** |

**ATTACHMENT H: Administration of substances** (other than those used for anaesthesia or euthanasia, or for polyclonal antibody production)

H1. Please give the following details for each substance to be administered:

|  |  |
| --- | --- |
| Species |  |
| Name of Compound / Agent |  |
| Vehicle |  |
| Route of administration |  |
| Dose rate (**mg/kg body weight**) |  |
| Volume of injectate |  |
| Frequency of administration |  |
| Purpose |  |
| Likely or anticipated effects in terms of the experiment (eg. effects on physiology, immune system, function of organ system) |  |
| Likely or anticipated effects on the **welfare** of the animal |  |
| Possible side effects or toxicity reactions |  |
| Previous experience with the use of this compound? |  |

*For additional substances, copy the table above and complete.*

|  |
| --- |
| **Please DELETE this attachment if it is not relevant to your application.** |

**ATTACHMENT i: Animals with altered genetic make-up (manipulated, modified, naturally-occurring mutation)**

***Complete a separate Attachment for EACH strain.***

*Note:*

* *Specific approval may be required from the Institutional Biosafety Committee.*

*(See:* [*http://www.flinders.edu.au/research/researcher-support/ebi/animal-ethics/animal-ethics\_home.cfm*](http://www.flinders.edu.au/research/researcher-support/ebi/animal-ethics/animal-ethics_home.cfm)*)*

i1. AWC Project Number:

|  |
| --- |
|  |

i2. IBC Reference Number:

|  |
| --- |
|  |

i3. Please indicate which of the following is involved with this project:

|  |  |
| --- | --- |
|  | Use of an existing genetically modified strain of animal. ***Go to Question i5.*** |
|  | Production/creation and use of a new genetically modified strain of animal (Including backcrossing onto a different background strain) ***Go to Question i4.*** |
|  | Use of animals with a naturally occurring mutation. ***Go to Question i5.*** |

i4. Has an Application been submitted specifically to cover **the production/creation** of the genetically modified strain of animal?

|  |  |  |
| --- | --- | --- |
|  | Yes. Please provide AWC approval number here: |  |
|  | No. ***You must submit an Application for the production of a genetically modified strain of animal.*** | |

i5. Explain the relevance of the genetic modification to the project (**in plain English**).

|  |
| --- |
|  |

i6. Describe the method of collection of tissue used for genotyping the animals.

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| --- |
|  |

i7. What will be the fate of animals that are not of the appropriate genotype?

|  |
| --- |
|  |

i8. Animal Details

|  |  |
| --- | --- |
| Genetically modified animal species |  |
| Strain/genetic description |  |
| Background strain |  |
| Nickname (if relevant) |  |

i9. How much is known about the biological characteristics/phenotype of this strain?

|  |  |
| --- | --- |
|  | Well characterised |
|  | Partially-characterised/some information available |
|  | Unknown |

i10. When was this genetically modified animal created, or mutant animal discovered?

|  |
| --- |
|  |

i11. How many generations of this genetic modification or mutant animal have been produced?

|  |
| --- |
|  |

i12. Is the genetic modification/mutation stable? If NO, provide details.

|  |
| --- |
|  |

i13. Briefly describe the function of the gene(s) that have/will be modified or have mutated.

|  |
| --- |
|  |

i14. What organs/tissues are affected (eg. gene expressed in liver only).

|  |
| --- |
|  |

i15. What abnormalities are known to exist, or do you expect, in these animals (eg. behaviour, physiology, reproductive or developmental measures). Include age at onset of symptoms / phenotype characteristics, if appropriate. Your answer to this question should inform the AEC about abnormalities or changes which have a welfare impact.

|  |
| --- |
|  |

**BREEDING**

i16. Detail any problems with the breeding of these animals

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| --- |
|  |

i17. How are these animals bred? (eg. mating of Homozygote X Heterozygote, Wild type X Heterozygote, backcrossing to Wild type).

|  |
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i18. Is any special feeding, handling or isolation of the animals required? (eg. Quarantine or Barrier for immune-compromised animals, special diet, a delay in weaning until mice are 4 weeks of age).

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|  |

i19. What is the average litter size?

|  |
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|  |

i20. What is the pre-weaning mortality?

|  |
| --- |
|  |

i21. What is the post-weaning mortality?

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|  |

**HOUSING**

i22. Detail any problems associated with the housing or use of these animals.

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| --- |
|  |

i23. Provide details of any special husbandry or specialist care to be provided to the animals to minimise the impact of any adverse effect from the genetic modification/ mutation.

|  |
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i24. What housing will be used (eg. IVC cages, open top conventional cages, sterile filter top cages)?

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**MONITORING**

i25. Describe any adverse effects, pain or distress, and/or unexpected mortality, the causes if known and how these problems will be managed/resolved. If none this should be indicated.

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|  |

i26. Have you attached a specific monitoring checklist with appropriate endpoints for monitoring the effect of the genetic modification/ mutation on the welfare of these animals? If NO, why not?

*Note: Detailed monitoring protocols for the detection of expected and unexpected adverse effects in these animals* ***must be provided****.*

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|  |

i27. Attach the protocol for genotyping (If Materials Transfer Agreement allows). Describe the type of sample and assay to be used.

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| **Please DELETE this attachment if it is not relevant to your application.** |

**ATTACHMENT J: Capture or survey of either native wildlife, free-living exotic or feral animals.**

J1. **Licences and permits.** Provide details of licences and/or permits obtained from the SA National Parks and Wildlife Service, SA Primary Industries and Resources or other authorities, and attach a copy of the full licence/permit.

|  |  |
| --- | --- |
| Type of licence/permit: |  |
| Issuing Authority |  |
| Permit issued by: |  |
| Permit Number: |  |
| Permit Expiry Date: |  |
| Details of Renewal  (if applicable) |  |
| Date application submitted (if applicable) |  |

*If more than one licence/permit is required, copy the table above and complete.*

J2. Are there specific target species? If YES, name the species.

|  |
| --- |
|  |

J3. Is the target species classified as rare and endangered?

|  |
| --- |
|  |

J4. Why is it necessary to capture animals?

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J5. What alternatives to capturing animals could be used? Why can’t conventional field observations be used to obtain the required results?

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J6. Will established standard operating procedures be followed to minimise impact on animals? If NO, why not?

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|  |

J7. What traps will be used and how will they be identified?

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| --- |
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J8. How many traps will be set and over what period of time?

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| --- |
|  |

J9. What is the maximum number of traps per investigator that will be set?

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|  |

J10. What bait will be used (where applicable)?

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J11. How often and at what times will traps be checked and/or cleared?

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J12. Describe any other methods to be used for capture.

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J13. Based on your literature search, when is the safest time to trap and release the animals? (You should take into account the reproductive biology of the species and the special considerations given to arboreal animals.)

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J14. What precautions will be taken if lactating animals or animals with pouch young are captured?

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J15. What precautions will be taken in the event of inclement weather?

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|  |

J16. Will samples be taken (eg. milk, hair, scales)? If YES, how will samples be taken?

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| --- |
|  |

J17. How will animals be handled or restrained?

|  |
| --- |
|  |

J18. Is transportation necessary? If YES, how will animals be transported, over what period of time and what precautions will be taken against cold/heat stress?

|  |
| --- |
|  |

J19. Will animals be marked for identification? If YES, how will they be marked?

|  |
| --- |
|  |

J20. Will any radio tracking collars or other radio tracking equipment be used?

|  |  |
| --- | --- |
|  | Yes. ***Please complete Parts (i) and (ii).*** |
|  | No. |

**If YES:**

(i) What equipment will be used on the animal, how will it be attached, what is the weight of the equipment and the impact on the animal?

|  |
| --- |
|  |

(ii) How will the equipment be retrieved?

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|  |

J21. Identify possible emergencies which might arise, (a) animal injured in a trap; (b) environmental eg. bushfire, hailstorm; (c) misadventure of researcher; (d) other.

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|  |

J22. List the procedures you have in place to deal with these emergencies, including emergency contacts in the field (eg. contact number of local veterinary surgeon). ***Note: If animals need to be euthanased, complete the relevant section of this Application form.***

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|  |

J23. Will voucher specimens be taken?

|  |  |
| --- | --- |
|  | Yes. ***Please complete Parts (i) to (iii).*** |
|  | No. |

**If YES:**

(i) Justify the taking and number of voucher specimens.

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|  |

(ii) Where will the voucher specimens be lodged?

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| **Please DELETE this attachment if it is not relevant to your application.** |

**ATTACHMENT K: Transport of animals**

K1. Where will the animals be taken from, and where will the animals be taken to?

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|  |

K2. How will they be transported?

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K3. Name of person(s) or courier service(s) transporting animals?

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|  |

K4. How long will they be held outside of the animal facility?

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| --- |
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K5. Will live animals be returned to the animal facility?

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| **Please DELETE this attachment if it is not relevant to your application.** |

**ATTACHMENT L: Projects that require death as an end-point, or include LD50 tests**

*This attachment applies to situations where the death of an animal is the deliberate measure used for evaluating biological or chemical processes, responses or effects. That is, where the investigator or teacher will not intervene to euthanase the animal before death occurs in the course of a scientific activity. Death as an end-point must be avoided whenever possible. This attachment does not apply to the planned euthanasia of an animal at the conclusion of a study.*

L1. Are these tests required by State or Commonwealth legislation? If YES, give details of the relevant legislative provisions.

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|  |

L2. Are these tests required for export of the compound being tested? If YES, name the countries that require these tests.

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L3. What alternatives are available to avoid the use of death as an endpoint? *(For example, use of clinical, biochemical or pathological changes as an indicator of the potency of the compound).*

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L4. What are the anticipated immediate and delayed effects of the compound on the health and well being of the experimental animals?

|  |
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|  |

L5. Will analgesia or anaesthesia be used? If YES, provide details below. If NO, why not?

|  |
| --- |
|  |

**If Yes, provide DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Species | Drug name  (**generic** name, not trade name) | Dose rate (**mg/kg body weight**) | Route | Timing and frequency of administration? Include stage of experiment. |
|  |  |  |  |  |
|  |  |  |  |  |

L6. Describe the level of care and supervision that will be given to animals that develop clinical illness during the study.

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L7. How many animals are expected to die with acute toxicity in the course of the experiment?

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L8. What provisions have been made to treat or euthanase animals adversely affected by the procedures?

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| **Please DELETE this attachment if it is not relevant to your application.** |

**ATTACHMENT M: Mandatory studies required for registration of a product or by an external body (eg. TGA, NRA, FDA, Human Research Ethics Committee)**

M1. Please indicate the nature of the study:

|  |  |
| --- | --- |
|  | Registration of a product |
|  | Preclinical human trial |
|  | Other - please describe. |

Other details as requested:

|  |
| --- |
|  |

M2. What is the name of the external body that requires these studies?

|  |
| --- |
|  |

M3. Provide details/evidence of the requirements of the external body that support the experimental design described in this application (eg. name of policy document or guidelines). Attach a copy of documentation that outlines these requirements.

|  |
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| **Please DELETE this attachment if it is not relevant to your application.** |

**ATTACHMENT N: Re-use of animals**

N1. Provide the title of the previous project.

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|  |

N2. Provide the AWC Approval Number of the previous project.

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N3. What was previously done to these animals?

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N4. Provide details of the current condition of the animals.

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N5. Justify their use in this project.

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| **Please DELETE this attachment if it is not relevant to your application.** |

**ATTACHMENT O: Request to use stunning and exsanguination as intended methods of humane killing or euthanasia**

**Stunning and exsanguination is considered by the NHMRC to be ‘Acceptable with reservations’\* as a method of humane killing or euthanasia of rats, mice, guinea pigs and rabbits.**

\* see Factsheet H, Humane Killing and Euthanasia in Part lll, *Guidelines to Promote the Wellbeing of Animals Used for Scientific Purposes,* NHMRC, 2008 <http://www.nhmrc.gov.au/health_ethics/animal/issues.htm#b>

**In view of these reservations, the AWC feels that the use of stunning and exsanguination as an intended method of humane killing or euthanasia requires additional justification and must be performed in a specified manner under controlled conditions.**

Please provide answers to the following questions:

O1. Please list the alternative methods of humane killing or euthanasia that you have considered.

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| --- |
|  |

O2. Please explain why each of these methods of humane killing or euthanasia is inappropriate for the purposes of your application.

|  |
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|  |

The following conditions must have been fulfilled before stunning and exsanguination is to be used as a method of humane killing or euthanasia.

1. The stunning and exsanguination procedure must be performed in a room to which access can be restricted and which does not allow viewing of the room through any windows or doors.
2. All personnel present within this room during the performance of the stunning procedure must have previous experience with the procedure or have received instruction prior to the procedure being performed. Ideally this instruction will have included video footage of the actual stunning and exsanguination procedure.
3. Personnel performing the stunning and exsanguination procedure must have adequate training and proven competency.
4. Personnel present within the room during the performance of the stunning and exsanguination procedure, but not actually performing the procedure, must be free to leave the room at any time.
5. It is recommended that where personnel will be present in the room during the performance of the stunning and exsanguination procedure in addition to the person performing the procedure, that a person other than the person performing the procedure is responsible for personnel movement within and to and from the room.

**It is recommended that the stunning and exsanguination procedure is performed as detailed in the SoM Animal Facility (AF) SOPs.**

O3 Please indicate if the stunning and exsanguination procedure is performed as detailed in the SoM AF SOPs.

□ Yes □ No

If no, please detail any variations from the SoM AF SOPs.

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