

**THE UNIVERSITY OF HONG KONG**  
**LABORATORY ANIMAL UNIT**

**Experimental Animal Holding Application Form** (Note 1)

1. Principal Investigator (PI): \_\_\_\_\_ Position: \_\_\_\_\_  
(Note 2) (English Name)

E-mail Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

2. Department : \_\_\_\_\_

3. Project CULATR No. (Note 3): \_\_\_\_\_ CULATR Approval Date: \_\_\_\_\_ Approved Project Duration: \_\_\_\_\_

4. Holding Commencement Date: \_\_\_\_\_ Holding Completion Date: \_\_\_\_\_

5. Application (Note 4a)

Please tick (EB: Experimental Breeding , EH: Experimental Holding , DM: Dexter H.C. Man , FMB: Faculty of Medicine Building , Ext: Extension):-

		CA (Conventional Area)				MDA (Minimal Disease Area)	
		LAU Bldg G/F (CA-LAU)	DM Bldg EG/F (CA-Ext)	DM Bldg ELG1/F (CA-Lab)	FMB Lab Block R/F (CA-FMB)	LAU Bldg 1/F (MDA-LAU)	DM Bldg G/F (MDA-Ext)
(a) <input type="checkbox"/> New application	(i)	<input type="checkbox"/> EB	<input type="checkbox"/> EB	<input type="checkbox"/> EB	<input type="checkbox"/> EB	<input type="checkbox"/> EB	<input type="checkbox"/> EB
	(ii)	<input type="checkbox"/> EH	<input type="checkbox"/> EH	<input type="checkbox"/> EH	<input type="checkbox"/> EH	<input type="checkbox"/> EH	<input type="checkbox"/> EH
	(iii)	<input type="checkbox"/> For replacement of CULATR No. _____ Project					
(b) <input type="checkbox"/> Application for extension of holding period from _____ to _____ (please go directly to <u>Section 16 - 20</u> to complete this application)	(i)	<input type="checkbox"/> EB	<input type="checkbox"/> EB	<input type="checkbox"/> EB	<input type="checkbox"/> EB	<input type="checkbox"/> EB	<input type="checkbox"/> EB
	(ii)	<input type="checkbox"/> EH	<input type="checkbox"/> EH	<input type="checkbox"/> EH	<input type="checkbox"/> EH	<input type="checkbox"/> EH	<input type="checkbox"/> EH
		Rm _____	Rm _____	Rm _____	Rm _____	Rm _____	Rm _____
(c) <input type="checkbox"/> Application for increase in holding space from _____ to _____ (please go directly to <u>Section 16 - 20</u> to complete this application)	(i)	<input type="checkbox"/> EB	<input type="checkbox"/> EB	<input type="checkbox"/> EB	<input type="checkbox"/> EB	<input type="checkbox"/> EB	<input type="checkbox"/> EB
	(ii)	<input type="checkbox"/> EH	<input type="checkbox"/> EH	<input type="checkbox"/> EH	<input type="checkbox"/> EH	<input type="checkbox"/> EH	<input type="checkbox"/> EH
		Rm _____	Rm _____	Rm _____	Rm _____	Rm _____	Rm _____
If animal holding space for the project mentioned in (3) above has already been allocated at other LAU location(s), please tick:	(i)	<input type="checkbox"/> EB	<input type="checkbox"/> EB	<input type="checkbox"/> EB	<input type="checkbox"/> EB	<input type="checkbox"/> EB	<input type="checkbox"/> EB
	(ii)	<input type="checkbox"/> EH	<input type="checkbox"/> EH	<input type="checkbox"/> EH	<input type="checkbox"/> EH	<input type="checkbox"/> EH	<input type="checkbox"/> EH
		Rm _____	Rm _____	Rm _____	Rm _____	Rm _____	Rm _____

6. Project Title: \_\_\_\_\_

7. Animals to be held (Please use separate sheets if necessary)

Species / Strain	Phenotype	Quantity	PI-owned Colony (Note 4b) (Please tick)	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. Quantity & Type of Cages / Pens required (Note 5): \_\_\_\_\_

9. Biological materials (e.g. cell lines, serum) will be used (Note 6a):

☐ Yes \_\_\_\_\_ ☐ No  
(please specify and give details)

10. Hazardous materials (e.g. pathogenic / infectious agents, radioactive substances, toxic chemicals, carcinogens, clinical samples, non-standard cell lines, etc) will be used and Safety Office has been consulted on safety measures required (Note 6b):

☐ Yes \_\_\_\_\_ ☐ No  
(please specify and provide a copy of Safety Office's advice on safety measures required)

11. Procedure(s) will be performed on the animals (Note 7a & b): ☐ Yes (Please tick) ☐ No

(a) Surgical procedure(s): ☐ Yes (Please tick) ☐ No

- (i) ☐ Survival surgery ☐ Non-survival surgery  
(ii) ☐ Single surgery ☐ Multiple surgeries

Please list details of the surgery(ies):

\_\_\_\_\_  
(For multiple surgeries: please list the surgeries [including interval between each surgery] to be performed on the same animal. Use separate sheets if necessary)

(b) Non-surgical procedure(s): ☐ Yes (Please tick) \_\_\_\_\_  
(Please list the details of the non-surgical procedure(s), e.g. oral gavage, injection, imaging etc.)

12. Drug(s) will be used (Note 7c) ☐ Yes (Please tick) ☐ No

(i) ☐ Surgery related: \_\_\_\_\_  
(please specify)

(ii) ☐ Non-surgery related: \_\_\_\_\_  
(please specify)

13. Operating Theatre/Surgical Facilities required (Note 8): ☐ Yes ☐ No

14. Working at the LAU during after hours is required (Note 9): ☐ Yes ☐ No

15. Other Requirement

(a) Training required (Note 10a) ☐ Yes (Please tick and indicate on a separate sheet the name of Co-workers / Research Students / Technical staff who require training.) ☐ No

- ☐ Pre-operative Skin Preparation ☐ Aseptic Technique ☐ Suturing Technique ☐ Handling & Restraint  
☐ Intra-operative Monitoring ☐ Injection ☐ Blood Sampling ☐ Intubation Technique  
☐ Others \_\_\_\_\_

(please specify)

(b) Others ☐ Yes (Please tick) ☐ No

☐ Equipment, instrument, etc. \_\_\_\_\_  
(please specify)

16. Co-worker(s)/Research Student(s)/Technical Staff (Note 10a) (please use separate sheets if necessary):

(i) English Name : \_\_\_\_\_ Position : \_\_\_\_\_  
Chinese Name : \_\_\_\_\_ Tel. No. : \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Department : \_\_\_\_\_ E-mail Address : \_\_\_\_\_

(ii) English Name : \_\_\_\_\_ Position : \_\_\_\_\_  
Chinese Name : \_\_\_\_\_ Tel. No. : \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Department : \_\_\_\_\_ E-mail Address : \_\_\_\_\_

(iii) English Name : \_\_\_\_\_ Position : \_\_\_\_\_  
Chinese Name : \_\_\_\_\_ Tel. No. : \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Department : \_\_\_\_\_ E-mail Address : \_\_\_\_\_

(iv) English Name : \_\_\_\_\_ Position : \_\_\_\_\_  
Chinese Name : \_\_\_\_\_ Tel. No. : \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Department : \_\_\_\_\_ E-mail Address : \_\_\_\_\_

17. Principal Investigator/Co-worker(s)/Research Student(s)/Technical Staff are licensed under Cap. 340 (Note 10b): ☐ Yes ☐ No

18. Account No. for payment of diet/bedding/consumables/holding/cage rental charges (Note 8): \_\_\_\_\_

19. Staff support to carry out routine animal husbandry work (i.e. cage change, feeding and daily health check):

☐ To be provided by the LAU

Account no. for payment of husbandry work charge (Note 8): \_\_\_\_\_

☐ To be performed by the Departmental Animal Keeper (Note: Maximum no. of staff allowed to perform animal husbandry work at the LAU is limited to two, one being the back-up staff) (Note 11)

(i) Departmental Animal Keeper

English Name : \_\_\_\_\_ Position : \_\_\_\_\_  
Chinese Name : \_\_\_\_\_ Tel. No. : \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Department : \_\_\_\_\_ E-mail Address : \_\_\_\_\_

(ii) Back-up Staff

English Name : \_\_\_\_\_ Position : \_\_\_\_\_  
Chinese Name : \_\_\_\_\_ Tel. No. : \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Department : \_\_\_\_\_ E-mail Address : \_\_\_\_\_

20. Declaration

I and my Co-worker(s)/Researcher Student(s)/Technical Staff/Departmental Animal Keeper and Back-up Staff listed in Section (16) and (19) above will comply fully with LAU Procedures / Rules / Regulations. We are aware of and understand the LAU "Standard Procedures for Handling User Disciplinary Problems" (Note 12)

(i) <u>Name of Co-worker(s) / Research Student(s) / Technical Staff (listed in Section 16)</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please use separate sheets if necessary)

(ii) <u>Name of Departmental Animal Keeper and Back-up Staff (listed in Section 19)</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____

(iii) <u>Name of Principal Investigator</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____

**(TO BE COMPLETED BY THE LAU)**

SPACE ALLOCATED: (please tick)

	<input type="checkbox"/> CA-LAU Building	<input type="checkbox"/> CA-Extension	<input type="checkbox"/> CA-Lab	<input type="checkbox"/> CA-FMB	<input type="checkbox"/> MDA-LAU Building	<input type="checkbox"/> MDA- Extension
(i) Room No.						
(ii) No. of Cages/Pens						
(iii) Remark:	<hr/> <hr/> <hr/> <hr/>					

PROJECT CLASSIFICATION: (please tick)

CA-LAU Bldg	CA-Ext	CA-Lab	CA-FMB	MDA-LAU Bldg	MDA-Ext	Project Colour Codes	Intra-operative Monitoring (IOM) Notification	
							General Office (Online log-in)	Area Head (Cross-checking)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No colour	-	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Green	-	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yellow	-	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Red	<input type="checkbox"/>	Action completed <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orange	<input type="checkbox"/>	Action completed <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blue	-	-
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Purple	-	-

Project Colour Codes	
No colour	No minor procedures involved and no post-operative treatment/record required
Green	Minor procedures involved and no post-operative treatment / record required
Yellow	Tumour experiments and no analgesic treatment / record required
Red	(i) Single surgical procedure involved and post-operative treatment / record required <u>OR</u>
	(ii) Experiment involving the use of analgesic and requiring record keeping <u>OR</u>
	(iii) Experiment requiring close monitoring of animal health / welfare and/or record keeping <u>OR</u>
	(iv) Experiment involving hazardous agents (e.g. infectious / carcinogenic / corrosive agents ; cytotoxic drugs,...)
Orange	Multiple surgeries on the same animal involved and post-operative treatment / record required
Blue	Breeding for maintenance of breeding colonies with or without production of animals to be used in experiment.
Purple	Breeding for production of animals to be used in experiments.

**Notes for Completing the Experimental Animal Holding Application Form**

- Note 1 :** Application has to be typed / printed. It will normally take the Unit 10 working days to process the application if all required information / documents are provided by the applicant. Application will only be processed after satisfactory completion of this Application Form and submission of the required documents.
- Note 2 :** The Principal Investigator is the person who applies for CULATR approval (i.e. listed under Section 2 of the CULATR application form )
- Note 3 :**
- (a) CULATR = Committee on the Use of Live Animals in Teaching and Research. All projects requiring animal holding in the LAU must be approved by CULATR first.
  - (b) For new application, please provide a copy of the relevant CULATR-approved documents (i.e. the completed CULATR application form with Principal Investigator's signature, CULATR members' query and Principal Investigator's response letters and CULATR approval letter) together with this application.
  - (c) Separate application forms are required for projects with different CULATR Nos.
- Note 4 :**
- (a) Please tick the appropriate box(es) and indicate whether breeding and / or holding are required.
  - (b) All Principal Investigators performing projects at the LAU which involve the use of "PI-Owned breeding colony(ies)" and / or animals obtained from non-LAU sources have to follow CULATR's requirement on proper record keeping of colony data and animal usage, please see [http://www.hku.hk/facmed/images/document/04research/culatr/2006-7-25\\_PI-ownedQuota.pdf](http://www.hku.hk/facmed/images/document/04research/culatr/2006-7-25_PI-ownedQuota.pdf) and <http://www.hku.hk/facmed/images/document/04research/culatr/20101118172113884.pdf> for details.
- Note 5 :** A 'Recommended Stocking Density' Table (listing the number of animals per cage for different cage types) can be downloaded from [http://www.hku.hk/launit/quicklinks/animal\\_holding.htm](http://www.hku.hk/launit/quicklinks/animal_holding.htm)
- Note 6 :**
- (a) All biological materials have to be screened for contamination at user's own cost *before* they can be used in the Minimal-Disease Experimental Holding Area on 1/F of the LAU Building and EG/F of the LAU Extension. Please provide details and attach a copy of the relevant product leaflet / brochure with this application.
  - (b) The Safety Office has to be consulted on safety measures required for using hazardous materials before commencement of the animal experiment. Please submit a copy of the written advice of the Safety Office on safety measures required together with this application.
- Note 7 :**
- (a) "Surgical procedures" involve or incision of the skin or insertion of an instrument or foreign material into the body of animal.
  - (b) This section has to be completed by the applicant. It is not acceptable to just attach a photocopy of Section 11(a) (ii) of the CULATR application.
  - (c) Drug(s) to be used in the pre-operative, intra-operative and post-operative phases of the surgical procedure(s) must be clearly stated.
- Note 8 :** Please see LAU charges at <http://inraweb.hku.hk/local/launit/content/charges/pricelist.pdf> for Operating Theatre/Room Charge, Diet/Bedding/Holding Charges, Animal Husbandry Work and Cage Rental Charges.
- Note 9 :** Please take note of the Safety Office guidelines on "Work outside normal office hours" at <http://www.safety.hku.hk/homepage/pdf/WONWH.pdf>
- Note 10 :**
- (a) All persons who are required to handle, restrain or perform minor / invasive procedures on animals must be experienced / trained.
  - (b) Please ensure that you have obtained the relevant licence under the Animals (Control of Experiments) Ordinance, Cap 340 ([http://www.hku.hk/launit/content/info/advice\\_new\\_users\\_2011.pdf](http://www.hku.hk/launit/content/info/advice_new_users_2011.pdf)) before commencing your experiments and apply for renewal of licence punctually.
- Note 11 :** Only Departmental Animal Keepers (DAKs) are allowed to perform animal husbandry work. A back-up staff should be available to shoulder the husbandry duties when DAK is on leave. Routine animal husbandry work should be carried out during office hours only.
- Note 12 :** LAU Procedures/Rules/Regulations and LAU "Standard Operating Procedures for Handling User Disciplinary Problems" can be downloaded at <http://www.hku.hk/launit/quicklinks/procedures.htm>.