



Company: CHM Alliance Pty Ltd	Issue date: 29 July 2014
Document: 24 AEC Blank Project Completion Advice V2.doc	Authorised: Quality Manager
Project Completion Advice to the Animal Ethics Committee	

Text boxes will expand automatically to accommodate entry. Please do not delete headers or footers.

1. Applicant details

Name:		
Organisation:	Project site:	
Address:		
Phone:	Fax:	E Mail:

2. Project Details

Title of Project	AEC Proposal Reference Number

a. Status of project

Was the project terminated before it was completed?

<input type="checkbox"/> No	Completion Date:
<input type="checkbox"/> Yes	Termination Date:

If yes, also provide reasons for early termination:

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b. List the aims of the project and summarise the outcomes *(Please provide a summary using plain English terms. Ensure you include comment on how the outcomes justify the use of the animals involved in the project)*

<i>The aim of this trial was to determine.</i>
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c. List the locations where this project was conducted since the last Annual Progress Report *(Hit Tab key after last cell entry to add more rows)*

Location	Period (month only required)
	Hit Tab key to add another row

d. Animals used in project *(Hit Tab key after last cell entry to add more rows)*

Animal Type <i>(Domestic Mammal – pigs)</i>	Number used since last Annual Progress Report	Number used in total <i>(from project start to finish)</i>



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		<i>Hit Tab key to add another row</i>

Did the number used in total for the entire period of approval vary from the total number approved by the AEC?

- No Yes

If yes, explain why the discrepancy occurred and what effect it had on the project:

e. Animal Wellbeing

During the project, was the wellbeing of the animals consistent with that anticipated in the proposal?

- No Yes

If no, provide an explanation:

Were there any unforeseen or adverse impacts (eg. death or serious injury or illness not covered in the AEC approval) on the welfare of the animals since the last Annual Progress Report?

- No Yes

If yes, provide details:

Event (eg. death or serious illness or injury)	Probable/known cause	Remedial action taken	Was the event reported to the AEC?

Mortality Data by Week

Reproduce table for number of total weeks in project

Total number of pigs at start of trial:

Site rolling 52 week mortality rate %:

Week	No	Reason for Mortality



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(Add lines to table for extra weeks if necessary)

Total percentage of mortalities at end of trial:

Add additional information about mortalities if required:

f. Can the results you have obtained help replace animals, reduce the impact on animal welfare and/or reduce the numbers used and/or refine procedures in similar projects?

- No Yes

If yes, provide details:

3. Publications, Reports & Presentations

Have any publications, reports and/or presentations resulted from the project?

- No Yes

If yes, provide details:



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4. Complaints and Grievances

a. **Has there been a complaint or grievance lodged against this project and/or investigator/teacher/trainer associated with this project since the last Annual Progress Report?**

No Yes Date of complaint: _____

If yes, select the source of the complaint:

- AEC member
- Animal Welfare Group
- Public
- Student
- Government Agency
- Other institution
- Staff
- Other _____

Date of Complaint: _____

If yes, also select the complaint category (mark one box only):

Animal Ethics

- Non-compliance with the *Australian code for the care and use of animals for scientific purposes, 8th Edition 2013*
- Non-compliance with conditions of AEC approval
- Carrying out restricted scientific purpose without approval (eg LD50 test)
- Unregistered person using animals for scientific purposes
- Other

Animal Welfare

- Accommodation
- Death of animals
- Disease
- Food
- Water
- Other
- Lameness
- Shelter
- Environmental factors
- Social deprivation
- Transport
- Cruelty
- Overcrowding
- Sickness
- Handling
- Injury

b. **Summarise the findings of the investigation into the complaint and the corrective action taken/recommended to remedy the situation.**

5. Declaration

DECLARATION



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I declare that the information provided in this report is true and correct		
Signature of the Applicant (or duly authorised agent)	(Please print name if signing as a duly authorised agent)	Date

AEC Acceptance <i>(To be completed by the AEC Chair)</i>
Name of Chair:
Signature:
Date: