Classification Request for a Project/Study/Technique under Scientific Animal Protection Legislation

Refer to the ‘Guide to Practices outside the Scope of Scientific Animal Protection Legislation’ when completing this form. A project/study protocol/technique standard operating procedure (SOP) and any additional relevant documentation must accompany this form.

If there is insufficient space in the boxes provided, please attach any additional pages as necessary. Enter N/A if sections are not applicable to your classification request.

Section A: Applicant details

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Email** |  |
| **Telephone** |  |
| **Job title** |  |
| **Name of establishment or place of work** |  |
| **Has this project/study/technique (or a similar project/study/technique) previously been submitted for a classification request? (If so, please provide the previous HPRA classification request number)** | |
|  | |

Section b: Details of request

|  |  |
| --- | --- |
| **Purpose of project/study/technique** | |
|  | |
| **Species of animal to be used** |  |
| **Number of animals to be used** |  |

|  |  |
| --- | --- |
| **Which category do you propose this project/study/technique falls into? Select all that apply** | |
|  | Non-experimental agricultural practices |
|  | Non-experimental clinical veterinary practices |
|  | Veterinary clinical field trials required for the marketing authorisation of a veterinary  medicinal product |
|  | Practices undertaken for the purposes of recognised animal husbandry |
|  | Practices undertaken for the primary purpose of identification of an animal |
|  | Practices not likely to cause pain, suffering, distress or lasting harm equivalent to, or  higher than, that caused by the introduction of a needle in accordance with good  veterinary practice |
|  | Other |
| **In relation to the category/categories chosen above, describe your reasoning as to why this project/study/technique may fall outside the scope of scientific animal protection legislation** | |
|  | |

Section c: checklist and signature of applicant

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| **Have sections A and B of this form been completed in full?**  **Is the project/study protocol/technique SOP and any additional relevant documentation attached?** | | Yes  Yes  N/A |
| I certify that the information and documentation submitted with this application is correct in detail and all the information requested has been supplied. | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print/type name: | Date: | |

Please forward the completed classification request form, with attachments to [sap@hpra.ie](mailto:sapsubmit@hpra.ie).