Tromsø Aquaculture Research Stations experiment number:

The National Animal Research Authority id: Approved:

Short working title:

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| --- |
| **Before you fill out this form, contact the manager at the research facility where the experiment will take place.**  |
| Land-based Research Facility | kjersti.fredheim@havbruksstasjonen.no | Phone: 98 20 25 25 |
| Fish Health Laboratory | astrid.chr.hanssen@havbruksstasjonen.no | Phone: 98 20 25 19 |
| Centre for Marine Aquaculture | tove.hansen@havbruksstasjonen.no | Phone: 98 20 25 40 |
| Sea-based Research Facility | atle.skutvik@havbruksstasjonen.no | Phone: 98 20 25 55 |

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| Applicant:Phone:e-mail**:** |

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| Name of the invoice recipient:The project number in your company:EHF-account (organisation number): |

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| Personnel (except employees at Tromsø Aquaculture Research Station) working with live animals: Person 1.Person 2.Person 3. |
| Which procedures will be carried out on live animals and are any training necessary?Person 1.Person 2.Person 3. |
| 1. Course in Laboratory Animal Science (FELASA cat. C) | If yes, which year: | No  |
| 2. Course in Laboratory Animal Science (FELASA cat. C) | If yes, which year: | No |
| 3. Course in Laboratory Animal Science (FELASA cat. C) | If yes, which year: | No |

**Filled out by Tromsø Aquaculture Research Station:**

|  |  |
| --- | --- |
| Name of responsible research technician at Tromsø Aquaculture Research Station: | Name of responsible research technician at Tromsø Aquaculture Research Station: |
| e-mail: | e-mail: |
| Phone: | Phone: |
| Location of experiment: | Location of experiment: |

When the experiment is ended a report must be sent to the manager of the facility.This applies only to experiments on salmon at the Sea-based Research Facility.

**Regarding communication through e-mails, always enter the Tromsø Aquaculture Research Stations experiment number in the subject and include all involved parts of the experiment as recipients**

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| **Title of experiment:** |
| **Purpose of the experiment:** |
| **Criteria for humane endpoints, meaning criteria for terminating the experiment for the individual animal because the burden of the animal is bigger than necessary to reach the goal of the experiment.**  |
| **GMO – Does the experiment include genetic modified organisms?**  | **Yes** | **No** |
| **Date and time for the planning meeting:** |
| **Agreement regarding delivery of experiment data:** |

**Schedule and research conditions**

Both columns should be filled out if the experiment is located at several facilities:

|  |  |  |
| --- | --- | --- |
| **Research conditions** | **Facility:** | **Facility:** |
| Planned start: |  |  |
| Planned stop: |  |  |
| Species: |  |  |
| Total number of experimental animals: |  |  |
| Average weight (g): |  |  |
| Fresh water or sea water: |  |  |
| Water temperature (oC): |  |  |
| Number of tanks/cages: |  |  |
| Size of tanks/cages:  |  |  |
| Number of animals each unit: |  |  |
| Number of salmon lice or copepodid: |  |  |
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**Other comments:**

**These points will be filled out in relation to, or before, the planning meeting:**

Both columns should be filled out if the experiment is located at several facilities:

|  |  |  |
| --- | --- | --- |
| **Experiment conditions:** | **Facility:** | **Facility:** |
| Start acclimation |   |  |
| Stop acclimation |   |  |
| Start infection |   |  |
| Stop infection |   |  |
| Total number of groups |   |  |
| Total number of animals needed per group  |   |  |
| Total number of replicants |   |  |
| Total water flow (L/min) |  |  |
| Total water flow (L/min/tank) |   |  |
| Type of feed |   |  |
| Feeding regime |   |  |
| Light regime beyond the standard 24:00 (light: dark) |   |  |
| Brightness (lux) |   |  |
| Individual tagging/type of tag  |   |  |
| Documentation of environmental parameters |   |  |
| Register individual tags on dead animals |   |  |
| Vaccination |   |  |
| Name of chemicals used in experiment  |   |  |
| Dead experimental animals should be frozen at -20°C or -80°C? |   |  |
| What should be done with the leftover feed? |   |  |
|  |   |  |
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|  |   |  |

**Other comments:**

Place/date: Place/date:

Applicant (signature): Manager (signature):

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