**ANIMAL OWNER INFORMED CONSENT FORM FOR USE OF ANIMALS FOR RESEARCH**

**PART A - INFORMATION SHEET**

As the owner or duly authorised agent for the owner, you have been asked to have your animal participate in a research study. Your informed consent is required prior to this use. Please read this document and the Consent Form carefully and feel free to ask any questions you might have.

|  |  |
| --- | --- |
| **Animal Project Title:** | Click here to enter text. |
| **AREC Approval No:** | Click here to enter text. | **Approval Period Dates**: dd/mm/yy to dd/mm/yy  |
| **Principal Investigator Name:** | Click here to enter text. |
| **School/Department/Centre:** | Click here to enter text. |
| **Contact Details:** | *Phone:* | Click here to enter text. | *Email:* | Click here to enter text. |
| **Co-Investigator(s) Name:** | Click here to enter text. |
| **School/Department/Centre:** | Click here to enter text. |
| **Contact Details:** | *Phone:* | Click here to enter text. | *Email:* | Click here to enter text. |
| **The person responsible for the animal(s) during the research study:** | Click here to enter text. |
| **Contact Details:** | *Phone:* | Click here to enter text. | *Email:* | Click here to enter text. |
| **The location where the animal(s) participation/research study occurs** | Click here to enter text. |
| **Aims and benefits of the Research Study:** | Click here to enter text. |
| **Duration of animal(s) participation:** | Click here to enter text. |
| **Description of animal(s) procedures to be carried out:** | Click here to enter text. |
| **Possible discomfort, risks and complications, and steps to be taken to minimise risks:** | Click here to enter text. |
| **Possible benefits to the animal(s):** | Click here to enter text. |
| **Animal(s) to be returned:** | [ ]  Yes [ ]  No | **If Yes, instructions to the owner; If NO, what is going to happen to the animals?**Click here to enter text. |

**Voluntary Participation:**

The participation of your animal is voluntary, and you may withdraw your animal(s) for any reason at any time without a need for justification. If you do not wish to participate, you do not have to provide any reason for your decision. Refusal to participate or withdraw from the research will in no way affect the care to which animal participants are otherwise entitled. If you withdraw from the study before the completion of the study, any data collected about your animal will be retained by FNU for analysis.

**Unforeseen Risks:**

Unforeseen risks might arise at any time during the research study. The research investigators will promptly inform owners of all animals participating in the study of any new information that may affect their willingness to participate.

**Termination of Participation by Principal Investigator:**

The Principal research investigator(s) have the right to terminate the research study for any and/or all participants at any time for any valid reason.

**Financial Implications:**

There will be no cost to you for the participation of your animal in the research study. You will not be charged for any of the procedures performed solely for the study’s purposes. You will receive no reimbursement for the participation of your animal in the research study. All unrelated costs for diagnosis, management, and treatment of your animal are your responsibility (relates to veterinary studies). FNU does not provide compensation or therapy for any injuries or losses that may occur as a result of participation. If the animal is insured, you are advised to notify the insurer of involvement in the research project, preferably before the participation, and attain a formal consent pertaining to Insurance liabilities.

**Knowledge Transfer/Publication of Research Findings:**

*(Indicate how and to whom the research findings will be reported. Indicate how consenting owners may find out about the results of the research study. This may not apply to all research, such as commercial-in-confidence research). NOTE: For commercial -in -confidence, the owner needs to know this before the research and should be part of the agreement/consent.*

**Confidentiality:**

Owner and animal confidentiality will be maintained. There will be no identification of owners of the animal(s) made when reporting or publishing the data arising from this study.

**Questions:**

1. If you have any questions relating to the research study, you may contact the research personnel (the Principal Investigator and the Responsible Person) accordingly.
2. This research study has been approved by the Fiji National University Animal Research Ethics Committee. If you wish to discuss other matters or concerns relating to this project with the Animal Ethics Committee, you may contact the following Animal Research Ethics Committee (AREC) personnel

Manager Research Grants & Ethics/Secretary- Animal Research Ethics Committee

 Email: shailin.gonelevu@fnu.ac.fj

 Phone: +679 3394000 Extension : 2981

**CONSENT FORM FOR ANIMAL PARTICIPATION IN RESEARCH**

**PART A - NAME & IDENTIFICATION OF ANIMAL(S)**

|  |  |
| --- | --- |
| **Name:**  | Click here to enter text. |
| **Species:** | Click here to enter text. |
| **Breed:** | Click here to enter text. |
| **Sex:** | Click here to enter text. |
| **Age:** | Click here to enter text. |
| **Other identifying features (e.g. coat colour, tag number):** | Click here to enter text. |

1. I, Click here to enter text. *(please print name)* certify that I am 18 years of age and I am the owner (or duly authorised representative of the owner) of the above animal(s) and that the animal(s) are free of any lien or claim by any other person or persons.
2. I have read the attached Information Sheet for the research project. The principal research investigator has thoroughly explained to me about the participation of my animal(s) in the research study.
3. I understand that this research participation will involve leaving my animal(s) in the care of the suitably trained and authorised staff of the Fiji National University.
4. I have the opportunity to ask questions and discuss any aspects of the participation of my animal(s) with the research investigator.
5. I understand that the participation of my animal(s) is voluntary, and I may withdraw my animal(s) for any reason at any time.
6. I understand that some risk always exists when animal handling and animal procedures are performed. I understand that the research investigator(s) will inform me of any new risks that may be identified or any material changes in the way the study will be conducted.
7. I am aware that this project has current approval by *FNU Animal Research Ethics Committee*.
8. I understand that all private data about me and my animal(s) will be treated in strict confidence.
9. I am aware that I should retain a copy of this Consent Form and attached Information sheet.

**PART B - CONSENTING OWNER/AUTHORISED AGENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click here to enter text. | Proof of ownership shown/ documented: | Click here to enter text. |
| Signature: | Click here to enter text. | Date: | Click here to enter a date. |
| Address: | Click here to enter text. | Telephone/Email:  | Click here to enter text. |

**PART C - WITNESS DECLARATION**

I have described to the animal owner/authorised agent the nature of the animal(s) participation in the research study. In my opinion, he/she understood the explanation.

|  |  |
| --- | --- |
| Witness’s name: | Click here to enter text. |
| Role in Research Study: | Click here to enter text. |
| Signature: | Click here to enter text. | Date:  | Click here to enter a date. |

**Note:**

1. If you have any concerns about your animal(s) participation in this project, which you do not wish to discuss with the researcher, you can contact the Pro Vice Chancellor Research:

EO-PVCR

Office of the Pro Vice Chancellor - Research

Fiji National University

Phone: +679 3394000

Extension: 2042

1. Original of consent form to be retained by the Principal Investigator
2. A copy shall be given to the consenting owner/agent and if applicable a copy to be kept in the animal’s research record.