**SUPPLEMENTARY ANIMALS REQUEST FORM**

1. **Principal Investigator**

**Name:** Click or tap here to enter text.

**College/Department:** Click or tap here to enter text.

**Mobile phone number:**Click or tap here to enter text. **Email:**

1. **Research Project details**

**Project Title:** Click or tap here to enter text.

**Project No:**Click or tap here to enter text. **Funding agency:** Click or tap here to enter text.

**Duration (Starting - Ending dates:**Click or tap here to enter text.

**Ethical approval number:** Click or tap here to enter text.

1. **Additional Animals Requested**

**Species/Strain:** Click or tap here to enter text. **Age/sex/weight:** Click or tap here to enter text.

**Number of animals previously approved/released: /**

**Number of supplementary animals requested:** Click or tap here to enter text.

1. **Justification for the request of additional animals.\***

**Please provide detailed clarification of the following points as an attachment.**

**Section 1:** Explain why the previously supplied animals were not enough. Explain challenges, unforeseen problems, or inconclusive data that necessitate the request of additional animals.

**Section 2:** Explain the scientific rationale, experimental modifications, or improved study design expected to provide the necessary outcomes when additional animals are granted.

**Section 3:** Provide a detailed justification for the specific number of animals requested. Include animal grouping variables, size, and statistical power analysis. Provide the animal grouping plan in a table format.

**Section 4:** Other justifications and new safety procedures if applicable.

**\* Please note that the additional animals should be of the same strain as the original request. Please submit a new ethics approval application to request a new animal strain.**

**Statement**

**I confirm my understanding and adherence to the international ethical standards of animal care and the accuracy of the information provided in this application.**

**Name and Signature:**………………………………………………….**Date:………………..**