



## APPLICATION FOR PERMISSION UNDER SECTION 20 OF THE ANIMAL DISEASES ACT, 1984 (ACT NO 35 OF 1984) TO PERFORM RESEARCH / STUDY

### IMPORTANT NOTICE

- Please complete this form fully, preferably typed in text, and email to Mr Gololo at [HerryG@daff.gov.za](mailto:HerryG@daff.gov.za) or fax to 012 319 7470 for Attention: Mr Herry Gololo.
- Application must be submitted at least 3 months prior to the proposed starting date of the research.
- Records relating to the information supplied in this section must be kept for auditing purposes for five years.

I hereby apply for permission from the National Director of Animal Health, South Africa, to do research under Section 20 of the Animal Diseases Act, 1984 (Act No 35 of 1984):	
Date:	
Study/protocol/ethical approval reference number	
DAFF reference number (to be completed by DAFF)	
<b>1. Researcher</b>	
Full names and title of the researcher:	
Work address of the researcher:	
Contact details of relevant person for correspondence regarding application :	
Name:	
Tel:	
Fax:	
E-mail:	
<b>2. Project</b>	
Title of research project:	
Aim of research project:	
Proposed starting date:	
Proposed date of completion:	

<b>3. Institutions (Details of all research institutions or laboratories where research will be done. Kindly amend table if more space is needed)</b>	
Name:	
Physical address:	
Postal address:	
Laboratory/ sub-section:	
<b>4. General</b>	
4.1. Pathogen/disease/vector to which study relates:	
4.2. Micro-organism, parasite or animal material (including vaccine, serum, test kit, toxin, anti-toxin, antigen, biological product which consists or originates from a microorganism animal or parasite) to be used in study:	
4.3. Does the study involve the importation of the material mentioned in 4.2 above and/or unregistered pharmaceutical products?  Please list these products and the exporting country	
4.4. Biological origin of the micro-organism, parasite and/or animal material:	
4.5. As part of the study, will field samples be collected from any animal or obtained from a biobank or laboratory? Please provide the details thereof and list all samples and species of origin	
4.6. Please attach a letter from the relevant state veterinarian of the research/ sampling area stating whether it is under any disease restrictions and/or a letter of permission from the biobank or laboratory concerned. (complete only if "Yes" to 4.5)	<u>SV letter:</u> Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> <u>Biobank/laboratory letter</u> Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
4.7. If samples are to be collected at an abattoir, please supply the registration and name of the abattoir, written permission from the abattoir owner and written permission from the relevant state veterinarian in the province.	<u>Permission for abattoir owner:</u> Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> <u>Permission from relevant state veterinarian</u> Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
4.8 Will samples be packaged and transported in accordance with International Air Transport Association (IATA) requirements and/or the National Road Traffic Act, 1996 (Act No. 93 of 1996);	Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> If no, please describe alternative method/SOP:
4.9. Does the study involve genetically modified organisms/material?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>5. Facilities</b>	
5.1. Indicate the Biosafety of all facilities involved in the handling of samples/animals for this study:	
5.2. Are these facilities DAFF approved /compliant? If yes, supply certificate number of BSL 3 or evaluation by DAFF for another BSL level, if available. If not DAFF approved for a specific BSL, provide a short description of BSL related precautions in place:	
5.3. Describe the containment of the pathogen/material at facilities in detail (includes handling of food, bedding, waste, access control, vector proof etc.) or provide/refer to relevant SOP:	
<b>6. Live Animals</b>	
6.1. Will live animals be used in study? If yes, list which species and approximate number:	
6.2. If live animals will be used specify origin of animals:	
6.3. Please attach a letter from the relevant state veterinarian of the sourcing area stating whether it is under any disease restrictions.	<u>SV letter:</u> Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
6.4. Describe containment of live animals in facility in detail:	
6.5. Fate of live animals after completion of the study: <i>(Refer to guidelines if to enter human food chain)</i>	
<b>7. Disposal of materials and/or animals</b>	
7.1. Describe the disposal of all biological/contaminated/potentially infectious waste at end of study:	
7.2. Method of disposal/ destruction used:	
7.3. If this function is outsourced provide name and registration certificate of accredited waste contractor used:	
7.4. If incinerated on the premises, supply calibration certificate and discuss disposal process from study site to incinerator:	
<b>8. Storage and/or distribution</b>	
8.1. Will any vaccine, serum, toxin, anti-toxin, antigen, biological product which consists or originates from any microorganism, animal or parasite be stored beyond the duration of the study? If yes, specify in detail: which samples, how they will be stored and where they will be stored.	

8.2. Will any vaccine, serum, toxin, anti-toxin, antigen, biological product which consists or originates from any microorganism, animal or parasite be distributed? If yes, specify where and for what purpose.		
<b>9. Kindly provide a concept note, abstract or brief overview of the study in the space below:</b>		
<i>If insufficient space, please provide additional information as attachment/annex to the application form (maximum 2 pages) This information must be signed off as true and complete and representing complete disclosure.</i>		
<b>10. Details of person responsible for research</b>		
Name:		
ID/Passport number:		
Physical address:		
Postal address:		
<p>I hereby confirm that the summary and the information of the research/study as provided with this application, is true and correct and represent a complete disclosure. I further confirm that, where applicable, the following conditions will be adhered to:</p> <ol style="list-style-type: none"> <li>1. No part of the study will commence until valid ethical approval has been obtained from the relevant South African authority as applicable;</li> <li>2. Approval under the Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act, 1947 (Act No 36 of 1947) and/or the Medicines and Related Substances Control Act, 1965 (Act No 101 of 1965) will be obtained prior to the commencement of the study if applicable;</li> <li>3. Any suspicion of a controlled/notifiable disease in terms of the Animal Diseases Act, 1984 (Act No 35 of 84), will be reported immediately to the responsible State Veterinarian;</li> <li>4. If a test for a controlled/notifiable disease was not performed in a DAFF approved laboratory for the specific test, the results will not distributed as a possible diagnostic test result to anyone other than the responsible State Veterinarian;</li> <li>5. Consent from the owners of animals to be used in the study will be obtained in writing prior to the commencement of the study, if applicable;</li> <li>6. Should there be any deviations to the descriptions, specifications or conditions described in this Section 20 application and/or Section 20 permit approved by the Director: Animal Health for the research/study; the Director: Animal Health will be informed immediately.</li> </ol>		
_____ Researcher Name	_____ Researcher signature	_____ Date

11 Details of person(s) responsible for the institution(s):	
Name:	
ID/Passport number:	
Physical address:	
Postal address:	
Designation:	
<p>I am aware of the research referred to on this application form and take responsibility for this project to be done according to the research/study summary provided, at the above mentioned institution. Should there be any descriptions, specifications or conditions described in this Section 20 application and/or Section 20 permit approved by the Director: Animal Health for the research/study, the Director: Animal Health will be informed immediately;</p> <p>.</p>	
Signature: _____	Date: _____