

Company: PIC Australia Ltd	Issue date: 12 November 2021
Document: 24B PIC AEC Project Completion Advice V4	Authorised: Quality Manager

Text boxes will expand automatically to accommodate entry. Please do not delete headers or footers.

Name:			
Organisation:		Project site	:
Address:			
Phone:	Fax:	E Mail:	
. Project Details		·	
Title of Project			AEC Proposal Reference Number
Status of project Was the project terminate No	Completion Da	ate:	
□ Yes	Termination D	ate:	
		e outcomes (Please	provide a summary using plain English te s involved in the project)
. List the aims of the projec Ensure you include comment on	t and summarise the how the outcomes justify	e outcomes (Please the use of the animals	
List the locations where the after last cell entry to add more	t and summarise the how the outcomes justify	e outcomes (Please the use of the animals	s involved in the project) st Annual Progress Report (Hit Tab
List the locations where the after last cell entry to add more	t and summarise the how the outcomes justify	e outcomes (Please the use of the animals	s involved in the project)
List the locations where the after last cell entry to add more	t and summarise the how the outcomes justify	e outcomes (Please the use of the animals ucted since the last	s involved in the project) st Annual Progress Report (Hit Tabonth only required)
List the aims of the project Ensure you include comment on List the locations where the after last cell entry to add more according.	t and summarise the how the outcomes justify	e outcomes (Please the use of the animals ucted since the las Period (mo	s involved in the project) st Annual Progress Report (Hit Tab onth only required) y to add another row
List the aims of the project Ensure you include comment on List the locations where the after last cell entry to add more according.	t and summarise the how the outcomes justify nis project was conductors) (Hit Tab key after last conductors)	Period (medical entry to add more resince last Annual	s involved in the project) st Annual Progress Report (Hit Tab onth only required) y to add another row

Yes

□ No

AEC?



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If yes, explain why the discrepancy occurred and what effect it had on the project:

e. Animal Wellbein	g			
During the project, wa	as the we	ellbeing of the animals	consistent with that antic	sipated in the proposal?
	No	□ Yes		
If no, provide an expl	anation:			
			eath or serious injury or il t Annual Progress Report?	Iness not covered in the AEC
	No	□ Yes		
If yes, provide details				
Event (eg. death or serio illness or injury)		bable/known cause	Remedial action taken	Was the event reported to the AEC?
Mortality Data by We Reproduce table for n Total number of pigs a Site rolling 52 week m	number o at start o		rt	
Week	No	Reason for Mortali	ty	



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(Add lines to	o table for extra	weeks if ne	ecessary)	
Total per	centage of mo	rtalities	at end of trial:	
. otal poi			_	
A <u>dd addit</u>	ional informa	tion abo	ut mortalities if	required:
	-			place animals, reduce the impact on animal welfare and/or ocedures in similar projects?
	□ No		□ Yes	
If yes pro	vide details:			
ii yes, pro	viue details.			
a				
3. Publi	cations, Repo	rts & Pre	esentations	
Have any	publications,	reports	and/or presenta	ations resulted from the project?
•	,	•		• •
	□ No		□ Yes	
If ves nro	vide details:			
ii yes, pre	viac actalis.			
4 Comr	olaints and Gr	iovancos		
4. Comp	namits and Gi	ievalices	•	
a. Has t	here been a c	omplain	t or grievance lo	odged against this project and/or
inves	stigator/teach	er/train	er associated wi	th this project since the last Annual Progress Report?
	□ No		□ Yes	Date of complaint:
			••	
If yes	s, select the so	ource of	the complaint:	
□ AF	C member			□ Government Agency
	imal Welfare (Group		□ Other institution
□ Pul		•		□ Staff
□ Stu	ident			□ Other
Date	of Complaint			
Date	or complaint.			



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If yes, also select the complaint category (mark one box only):

Animal Ethics □ Non-compliance with t Edition 2013 □ Non-compliance with c □ Carrying out restricted □ Unregistered person us □ Other	onditions of scientific pu	AEC approval rpose without appro	val (eg LD50 test	s for scientific purposes, 8 th	
Animal Welfare					
□Accommodation	□ Lamenes	SS	□ Cruelty		
□Death of animals	□ Shelter		□ Over	crowding	
□Disease	□ Environr	nental factors	□Sickn	ess	
□Food	□ Social de	eprivation	□Hand	ling	
□Water	□ Transpo	rt	□ Injur	У	
□Other					
taken/recommended to re	emedy the si	tuation.			
DECLARATION					
I declare that the information	n provided i	n this report is true a	and correct		
Signature of the Applicant (or duly authorised agent)		(Please print name duly authorised age		Date	
, 3: 7		, ,			
AEC Acceptance (To be com	npleted by th	e AEC Chair)			
Name of Chair:					
Signature:					
Date:					