



agriculture, land reform & rural development

Department:
Agriculture, Land Reform and Rural Development
REPUBLIC OF SOUTH AFRICA

REQUEST TO AMEND EXISTING PERMIT FOR RESEARCH UNDER SECTION 20 OF THE ANIMAL DISEASES ACT, 1984 (ACT NO 35 OF 1984)

IMPORTANT NOTICE

- Please complete this form fully, preferably typed in text and email to Mr Gololo at HerryG@dalrrd.gov.za or contact Mr Gololo at 012 319 7532 if email submission is not possible, for alternative arrangements.
- Amendment request must be submitted at least three months before the proposed commencement of the amended research protocol.
- If the request is ONLY to extend the expiry date, the request must be submitted at least one month before the expiry date of the existing Section 20 permit.
- Records relating to the information supplied hereunder must be kept for auditing purposes for five years.

I hereby apply for an amendment to an existing Section 20 permit from the National Director of Animal Health, South Africa	
Date:	
Study/protocol/ethical approval reference number	
Department of Agriculture, Land Reform and Rural Development (DALRRD) reference number (as on the existing Section 20 permit)	
1. Researcher	
Full names and title of the researcher:	
Institution/ work address of the researcher:	
Contact details of relevant person for correspondence regarding application	
Name:	
Tel:	
E-mail:	
2. Project	
Title of the approved research project as on the current Section 20 approval permit:	

3. Prerequisite documentation. Please attach the following to this application form:

- 3.1. A copy of the existing Section 20 permit.
- 3.2. A copy of the original and signed Section 20 application document (based on which the existing Section 20 permit was issued).
- 3.3. A copy of the latest certificate of compliance/ recommendation report if any work is conducted within a DAH approved or DAH complainant facility.
- 3.4. Copies of all previous amendments or extensions granted for the Section 20 permit. If previous requests for amendments have been declined, please indicate so below:

4. Amendment information

4.1. Would you like to extend the expiry date of the Section 20 permit?

If yes, please supply:

(a) The new proposed end date (max 3 year period).

(b) A summary of the research that has been completed and that still requires completion.

(c) The reason why an extension is required.

Yes ☐ No ☐

(a) New proposed end date:

(b) Summary (can add as attachment):

(c) reason for extension:

4.2 Has the researcher, supervisor or person(s) responsible for the involved institutions changed?

If yes, please specify.

Yes ☐ No ☐

Full names, title, location and contact details:

4.3. Please indicate whether any part of the approved research project/ study protocol will change or require amendment in any way. Please select all that apply and provide the details for each in the space provided hereunder:

a) Place of sample/animal source: Yes ☐ No ☐

b) Species of animal/sample source: Yes ☐ No ☐

c) Type of sample collected: Yes ☐ No ☐

d) Testing destination of samples: Yes ☐ No ☐

e) Research animal facility: Yes ☐ No ☐

f) Amendment to storage of samples (place, medium, condition, sample type etc.): Yes ☐ No ☐

g) Analyses or testing of samples : Yes ☐ No ☐

h) Importation of materials required: Yes ☐ No ☐

i) Additional vaccine, reagents or other product to be used: Yes ☐ No ☐

j) Any other amendment not covered above : Yes ☐ No ☐

If the answer is yes to any of the above, please describe hereunder:

Please supply all relevant supporting documentation as described in the latest official version of “Guidelines for application for a permit under Section 20 of the Animal Diseases Act 1984 (Act No 35 of 84)”.

5. Details of person responsible for research

Name:	
ID/Passport number:	
Physical address:	

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:

1. No part of the amended study will continue unless valid ethical approval has been re-obtained from the relevant South African authority as applicable;
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;
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;
4. If a test for a controlled/notifiable disease was not performed in a DAH approved laboratory for the specific test, the results are not considered diagnostic results and may not be distributed, verbally or in writing. All positive results must be sent immediately to the DAH at epidemiology@dalrrd.gov.za for consideration;
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;
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.

Signature: _____

Date: _____

6. Details of supervisor of the person responsible for research:	
Name:	
ID/Passport number:	
Physical address:	
Designation:	
Email address:	
<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>Signature: _____ Date: _____</p>	
7. Details of person(s) responsible for the main laboratory(ies)/ facility(ies) where the research will be conducted (kindly expand table if more space is needed):	
Name:	
ID/Passport number:	
Physical address:	
Designation:	
Email address:	
<p>I am aware of the proposed amendments to 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 deviation from 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.</p>	
<p>Signature: _____ Date: _____</p>	