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**Data Assessment Report for**

**Vertebrate Toxic Agent: Animal Welfare**

* For new applications, complete this entire form.
* For variation applications, complete the relevant sections.

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| Identity | | |
| **1.1** | **Applicant** |  |
| **1.2** | **Trade name** |  |
| **1.3** | **Registration number (if known)** |  |
| **1.4** | **Active ingredient(s) and concentration** |  |
| **1.5** | **Formulation type** |  |

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| Proposed use pattern | | | |
|  |  | **Proposed** | **Current (if applicable)** |
| **2.1** | **Target species** |  |  |
| **2.2** | **Use situation** |  |  |
| **2.3** | **Application method(s)** |  |  |
| **2.4** | **Application rate(s)** |  |  |
| **2.5** | **Application timing(s)** |  |  |

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| Risk assessment Guidance as to the content of your assessment is provided in the boxes below. Please replace the guidance with your assessment as you work through the form. | | |
| **3.1** | **Humaneness** | *Comment on the humaneness of the product and, if relevant, in relation to other vertebrate toxic agents.* |
| **3.2** | **Method of application** | *Comment on whether the proposed method of application has any influence on the humaneness of the toxin.* |
| **3.3** | **Cross references** | *Comment on whether there are products with similar claims that can be cross-referenced to, or comment on the appropriateness of the applicant’s request to cross-reference to other products.* |

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| Conformance |
| *Comment on whether the information provided, including experimental methods, trial design, and statistical analysis, is of a sufficient standard to support the conclusions drawn.*  *Identify and discuss any issues that may have affected the results.*  *Has the applicant addressed any areas of non-conformance? If so, discuss.* |

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| Recommendations of the data assessor | | |
| **5.1** | **Do you believe the data package supplied is sufficient to support the proposed label claims?** | *<yes/no>*  *Outline those areas not supported.*  *In your expert opinion, can those deficient areas be supported? Explain.* |
| **5.2** | **Other comments/issues** | *For example, are there issues the ACVM Group should be aware of that are not identified in the information provided by the applicant?* |
| **5.3** | **Label amendments** | *Does the label contain sufficient information to allow appropriate use? If not, indicated any amendments required.* |
| **5.4** | **Advice to applicant** | *For example, guidance on:*   * *deficiencies that need to be addressed before submitting the application for regulatory appraisal* * *improvements for future submissions.* |

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| Conflict of Interest Statement Note: MPI may contact you to request more information if necessary to determine whether the assessment can be considered independent. |
| I do not have any conflicts of interest regarding this application.  <OR>  I have the following associations with this application, which may be regarded or perceived as conflict(s) of interest:  *List any potential conflicts of interest.*  However, I do not consider that these potential conflicts of interest have affected the objectivity of my assessment, for these reasons:  *Explain why they have not influenced your assessment.* |

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| Assessor's name |  |
| Signature |  |
| Listing status  (delete 2 options) | Listed  Provisionally listed  Not listed |
| If listed, what are your listed areas of expertise? |  |
| Date signed |  |