

POST-APPROVAL PROTOCOL REVIEW

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| Principal Investigator | |
| Department | |
| Protocol Number & Title | |
| Date of Review | |

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| Summary of Review | <p>OVERVIEW OF PROTOCOL AIMS AND EXPERIMENTAL DESIGN (3-5 sentences)</p> <p>SPECIES _____</p> <p>NUMBER ANIMALS APPROVED _____ NUMBER ANIMALS USED TO DATE _____</p> <p>LIST OF APPROVED PROCEDURES</p> <p>ADVERSE EVENTS AND/OR NONCOMPLIANCE REPORTS</p> <p>PROCEDURES OBSERVED (list)</p> <p>Procedures were performed as described in protocol Yes/No</p> <p>PERSONNEL Personnel performed with competence and expertise Yes/No</p> <p>SUGGESTIONS AND BEST PRACTICES</p> <p>ACTION ITEMS The following items need to be added to the protocol via amendment.</p> |
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PAM Review Checklist

| Personnel | | Y | N | NA | Comments |
|-----------------------|---|--------------------------|--------------------------|--------------------------|-----------------|
| 1. | Does the Study Team have accurate knowledge of the protocol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Is the Team Page up to date? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | Are Training Records up to date? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | Is the Study Team wearing the appropriate PPE for the experiments being conducted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Procedures | | Y | N | NA | Comments |
| 6. | Are the procedures being conducted listed in the protocol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. | Are the procedures being conducted as described in the protocol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. | Is each room where animal procedures occur listed in the protocol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. | Are there any Bio/Radioactive/Chem SOPs associated with this protocol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. | If yes, are they being followed as described in SOP? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Anesthesia | | Y | N | NA | Comments |
| 11. | Are anesthetized animals monitored consistent with IACUC policy and as described in the protocol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. | Is intra-anesthetic/operative monitoring adequately documented for procedures \geq 1 hour? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. | Are the anesthesia methods (drug, dose, frequency and duration) consistent with the protocol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. | Are anesthetics and/or analgesics used prior to their expiration date? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. | If inhalant anesthetics are used, are they scavenged properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16. | Are anesthetic machines serviced and calibrated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Rodent Surgery | | Y | N | NA | Comments |
| 17. | Is there a dedicated surgical area that is clean and uncluttered? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18. | Are aseptic techniques employed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| 19. | Are pre-operative procedures performed as described in the protocol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20. | If re-used, are instruments kept in a disinfecting solution/glass bead sterilizer between surgeries? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 21. | Are implanted devices sterilized before use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 22. | Is there an appropriate recovery area for this species? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 23. | Is a heat source used during recovery? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Large Animal (non-rodent) Surgery | Y | N | NA | Comments |
| 24. | Is the location & method of animal prep appropriate and in accordance with the protocol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 25. | Is surgical scrub/hand wash performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 26. | Is sterile technique employed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 27. | Is an appropriate heat source used to keep the animal warm during the surgical procedure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 28. | Are incisions close appropriately and in accordance with the protocol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 29. | Is there an appropriate recovery area for the animals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Post-operative Care | Y | N | NA | Comments |
| 30. | Is post-operative care consistent with IACUC policy and as described in the protocol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 31. | Is post-operative monitoring done according to the protocol and adequately documented with pain scores? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 32. | Are surgical sutures/staples removed at the appropriate time post surgery (≤ 14 days after surgery) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Euthanasia | Y | N | NA | Comments |
| 33. | Does the method of euthanasia correspond to what is written in the protocol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | Other | Y | N | NA | Comments |
| 34. | Are controlled substances stored appropriately? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 35. | Are drugs, suture material & other items within the noted package expiration dates? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 36. | Is there a satellite housing/surgery room? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| 37. | Are there any safety issues or concerns that pose a threat to human or animal safety or animal welfare? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | IACUC Review | Y | N | NA | Comments |
| 38. | Was the initial review complete? - All relevant sections included - All procedures described Proper pain category | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 39. | If requested, were progress reports sent to IACUC (rare) and did IACUC review? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 40. | Are changes made via amendment within the original scope of the protocol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 41. | Are the amendment changes and the rationale/reason for the changes clearly described? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 42. | Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Please submit your amendment (if needed) to the IACUC office by _____. Failure to address concerns, clarifications, or corrections detailed in the PAM report within 30 days may result in notification of your Department Chair, the Assistant Dean for Research or other disciplinary action by the IACUC.

Oversight & Outreach Specialist: _____

RARI, CTSI

Cc: IACUC Chair
IACUC Director
Assistant Dean for Regulatory Affairs & Research Integrity