



**Institutional Animal Care and Use Committee (IACUC)
Post-Approval Monitoring Document Review Checklist**

Audit Date:	Auditor(s):
Principal Investigator:	Department:
Protocol #:	Protocol Approval Date:
Emergency Contact:	Updated (if needed):
Secondary Contact:	Updated (if needed):

1. Documents/Information needed to conduct audit:

- Current Version of Protocol
- List of Approved Amendments (by date)
- Documents Associated with Protocol, including but not limited to:
 - Flow Chart
 - Vertebrate Animal Section
 - Consultation Forms
 - Breeding Calculations
 - Hazardous Attachment
- Training Records
- Protocol Status Sheet

2. Animal Numbers/ Species:

Species Approved (list all):	Total # Approved (by species)	Total # Used (by Species)

Be sure to "Update Animal Use Count" and attach the Protocol Status Sheet to the protocol.

3. Training Records:

Use the table below to list all personnel, and mark which trainings are completed and/or still needed.

Verify the training of personnel listed on the protocol, please list missing training requirements below. <i>Instruct PI to remove any personnel no longer a part of the project though an amendment.</i>			
Name	CITI Training	MHQ	DLAM

3a. Do all personnel have updated Medical Health Questionnaires (MHQs) on file?

☐ Yes

☐ No

If No, which personnel do not have an updated MHQ on file?

Auditor Comments:

4. Funding Source:

a. Is the funding source identified on the protocol?

☐ Yes

☐ No

b. If the protocol is publicly funded, is there a congruence check attached to the protocol?

☐ Yes

☐ No

☐ N/A

c. If the protocol does not require a congruence check, was a peer review conducted for the protocol?

☐ Yes

☐ No

☐ N/A

Auditor Comments:

5. Animal Model:

a. Is the Species, Strain, Sex, Age and/or Weight Identified for the animal model used for the protocol?

☐ Yes

☐ No

b. If only one sex is used, is there adequate justification for not including the other sex?

☐ Yes

☐ No

☐ N/A

c. Is the Animal Species well justified (cost is not a justification)?

☐ Yes

☐ No

d. Is the number of animals well justified, showing how the group size was determined, and how the total number of animals requested was achieved?

☐ Yes

☐ No

e. Does the protocol provide a rationale for animal use?

☐ Yes

☐ No

Auditor Comments:

6. Animal Use Location:

a. Does the protocol specify which vivarium the animals will be housed in?

☐Yes ☐No

- b. Are there special housing/ husbandry requirements needed for this protocol? If yes, is it identified, described, and justified?

☐Yes ☐No ☐N/A

- c. If animals are removed from the facility, is the laboratory they are taken to identified?

☐Yes ☐No ☐N/A

- d. Is justification provided for removing the animals from the facility?

☐Yes ☐No ☐N/A

- e. Is the method for transporting the animals to and from the facility described?

☐Yes ☐No ☐N/A

- f. Is the laboratory approved for animal use?

☐Yes ☐No ☐N/A

Auditor Comments:

7. Procedures:

a. Animal Welfare Considerations (Category D & E Protocols):

- i. Is justification provided for category E studies?

☐Yes ☐No ☐N/A

- ii. Is a search for alternatives conducted, and a statement indicating that the research described is not unnecessarily duplicative?

☐Yes ☐No ☐N/A

- iii. Are the study and humane endpoints described, along with appropriate humane endpoint criteria?

☐Yes ☐No ☐N/A

b. Substance Administration: *NOTE - If this section is not applicable, check here: N/A* ☐

- i. If Substances are administered, are the substance, the Dose, route of administration, and frequency provided?

☐Yes ☐No ☐N/A

- ii. If Substances are non-pharmaceutical, is justification provided, along with the consideration for the grade, purity, sterility, pH, pyrogenicity, osmolality, stability, formulation, compatibility, and pharmacokinetics (as applicable)?

☐Yes ☐No ☐N/A

- iii. If Substances are controlled, or contain a potential to being hazardous, is the hazard attachment complete and attached, and was a Safety & DLAM Consult conducted?

☐Yes ☐No ☐N/A

c. Breeding: *NOTE - If this section is not applicable, check here: N/A* ☐

- i. If animals are bred, is justification for breeding provided?

☐Yes ☐No ☐N/A

- ii. Were breeders and surplus animals included in the animal numbers?

☐Yes ☐No ☐N/A

- iii. Are animals weaned between 21 and 28 days? If not, is justification provided?

☐Yes ☐No ☐N/A

- iv. Are animals genotyped? If yes, is it in accordance with IACUC SOP 010?

☐Yes ☐No ☐N/A

- v. If the breeding causes phenotypical concerns, is the animal welfare consideration described?

☐Yes ☐No ☐N/A

d. Tissue/ Fluid Collection: *NOTE - If this section is not applicable, check here: N/A* ☐

- i. Is the tissue/ fluid identified (by species)?

- ☐Yes ☐No ☐N/A
- ii. Is the volume collected identified, if blood is collected is the volume identified within IACUC SOP 042: Blood Collection Guidelines?
☐Yes ☐No ☐N/A
- iii. Is the method of collection described? Does the method include whether the animal is anesthetized or restrained during the collection?
☐Yes ☐No ☐N/A
- e. Restraint:** *NOTE - If this section is not applicable, check here: N/A* ☐
- i. Is the restraint method (manual, device) described?
☐Yes ☐No ☐N/A
- ii. Is the length of time the animal is restrained described?
☐Yes ☐No ☐N/A
- iii. Will the animals be restrained for > 10 minutes? If yes, is justification provided?
☐Yes ☐No ☐N/A
- iv. Is the frequency in which the animals are restrained described?
☐Yes ☐No ☐N/A
- v. Is there a description for how an animal is acclimated to the restraint device, and what happens if an animal does not acclimate to the restraint device?
☐Yes ☐No ☐N/A
- f. Food/Fluid Regulation:** *NOTE - If this section is not applicable, check here: N/A* ☐
- i. Does the protocol describe what is regulated (i.e., food, fluid)?
☐Yes ☐No ☐N/A
- ii. Is the amount of restriction and the duration of the restriction provided?
☐Yes ☐No ☐N/A
- iii. Is there justification for the regulation?
☐Yes ☐No ☐N/A
- g. Behavior Studies:** *NOTE - If this section is not applicable, check here: N/A* ☐
- i. Are the behavior procedures described?
☐Yes ☐No ☐N/A
- ii. Does it provide the total number of behavior studies an animal will receive, and the amount of time an animal will be allowed to rest between sessions?
☐Yes ☐No ☐N/A
- iii. Is there a description for how the behavior equipment will be cleaned?
☐Yes ☐No ☐N/A
- h. Imaging Procedures:** *NOTE - If this section is not applicable, check here: N/A* ☐
- i. Are the imaging procedures described?
☐Yes ☐No ☐N/A
- ii. Is the frequency in which the animals will undergo the imaging provided?
☐Yes ☐No ☐N/A
- iii. Is the duration of the imaging session described?
☐Yes ☐No ☐N/A
- iv. Is the reason for the imaging session provided?
☐Yes ☐No ☐N/A
- v. Does it describe if animals will be restrained or anesthetized during the procedure?
☐Yes ☐No ☐N/A
- i. Surgical Procedures:** *NOTE - If this section is not applicable, check here: N/A* ☐
- i. Is the surgical type described (i.e., survival, non-survival, multiple survival, major, minor, etc...):
☐Yes ☐No ☐N/A

- ii. If multiple survival surgeries occur, is justification provided, along with the total number of surgeries, and the amount of time the animal is allowed to recover between surgical procedures described?
☐ Yes ☐ No ☐ N/A
- iii. Is aseptic technique described (animal prep, surgeon prep (including PPE), surgical area prep, sterilization of instruments)?
☐ Yes ☐ No ☐ N/A
- iv. Is the pre-operative care described (how the animal is anesthetized, how anesthetic depth is verified)?
☐ Yes ☐ No ☐ N/A
- v. Is the intra-operative procedure described, including how the wound is closed/ sutured?
☐ Yes ☐ No ☐ N/A
- vi. Is the post-operative care described (including post-surgical analgesics, frequency of monitoring, etc..)?
☐ Yes ☐ No ☐ N/A
- j. **Euthanasia Methods:** *NOTE - If this section is not applicable, check here: N/A* ☐
 - i. Euthanasia method described within AVMA Guidelines for euthanasia, or justification provided?
☐ Yes ☐ No ☐ N/A
 - ii. Is the method to confirm death provided?
☐ Yes ☐ No ☐ N/A
 - iii. If anesthetics are used, are the agent, dose, route of administration described?
☐ Yes ☐ No ☐ N/A

Auditor Comments:

Is there a need for a Close Out Meeting?

☐ Yes ☐ No

Additional Questions/Comments:

Initial Comment/Findings from Auditor(s) (if any):

Signature of Auditor

Date

PI/Study Staff Designee (PRINT NAME)

Signature of PI/Study Staff Designee (if meeting)