



PAM member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PAM member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Audit Due: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Protocol #: \_\_\_\_\_ Species: \_\_\_\_\_

Title: \_\_\_\_\_

Date of protocol audit meeting: \_\_\_\_\_ Date of laboratory audit: \_\_\_\_\_

Number ordered to date: \_\_\_\_\_ Breeding colony?: \_\_\_\_\_

**Yes**      **No**      **N/A**

**Protocol and Personnel**

- |    |                          |                          |                          |  |
|----|--------------------------|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do the PI and personnel all have access to the most recent version of the protocol and (any) amendments? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do the PI and personnel have accurate knowledge of the protocol?   |

**Study Procedures**

- |    |                          |                          |                          |   |
|----|--------------------------|--------------------------|--------------------------|---|
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the procedures used the same as those described in the protocol?  |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has there been submission of amendments for any changes in procedure? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are animals taken from the immediate ARF facility for over 12 hours?  |

**Anesthesia & Analgesia**

- |     |                          |                          |                          |   |
|-----|--------------------------|--------------------------|--------------------------|---|
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the methods of anesthesia in compliance with what is written in the protocol?             |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are anesthetized animals being monitored according to what is written in the protocol?        |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If inhalant anesthetics (e.g. isoflurane) are used, are they scavenged properly?              |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are analgesic dosages, frequency, and route of administration accurately documented in ACORP? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If isoflurane anesthesia is used, have personnel been monitored within the past year?         |

	Yes	No	N/A	
<b>Rodent Surgery</b>				
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a clean, uncluttered, identified area for surgeries?
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the surgeon(s) wear clean gloves during surgery?
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the operative field shaved (or is there an IACUC-approved exception)?
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is an antiseptic solution applied to the surgical site?
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are disinfected instruments being used (glass bead sterilizer or bactericidal solution)?
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are implanted devices sterilized before use?
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there an appropriate recovery area for this species?
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all drugs, fluids, suture, etc. within expiration dates?
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are scheduled drugs stored under double lock and key and with appropriate records?
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there only one major surgery performed on each animal (unless prior approval by IACUC)?
<b>Survival Large Animal (Non-rodent Mammalian) Surgery</b>				
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are surgical procedures being performed in a surgical suite approved by the IACUC?
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is surgery done using aseptic techniques (i.e., wear mask, shoe covers, cap, sterile gloves and gown, is scrub/hand wash performed, are sterile drapes used and all instruments sterilized)?
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all drugs, fluids, suture, etc. within the expiration dates?
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are scheduled drugs stored under double lock and key and with appropriate records?
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there only one major surgery performed on each animal?
<b>Post-Surgical Care</b>				
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is post-surgical care in compliance with the approved protocol?
27.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the frequency of monitoring adequate and are animals monitored until conscious?
28.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the analgesia used consistent with the described in the protocol?
29.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the post-surgical care adequately documented?
30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are surgical sutures or staples removed at appropriate interval (no later than 14 days)?
31.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are any post-operative problems reported to the ARF supervisor or Veterinarian?
32.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are post-surgical endpoints appropriate and followed according to the protocol?
<b>Euthanasia</b>				
33.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the method of euthanasia correspond with what is written in the protocol?
34.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are animal carcasses disposed of promptly and correctly?
35.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the animal card filled out with a final disposition of the animal?
<b>Breeding Colony</b>				
36.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are animals weaned at appropriate time?
37.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are animals separated into appropriate size cages in a timely manner?
38.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all mating, birth and weaning records kept up to date?

	Yes	No	N/A	
<b>General Record Keeping</b>				
39.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is regular monitoring of animal weights a component of this protocol (e.g., see question "T" on the main ACORP regarding endpoint criteria)?
40.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes to #38, are these records accurate and complete?
41.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there an up to date inventory of the number of animals used in each pain category on the protocol?
42.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do USDA covered species have an individual ID number?
43.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For USDA covered species: Are medical/observational/treatment notes complete and adequate?
44.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For USDA covered species: Is there an up to date surgical log?
45.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For USDA covered species: Are injections, blood/tissue/fluid collections recorded (amount, date, initials)?
46.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was pain category E listed? If yes, procedures: _____
47.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes to #43, was adequate justification provided?
48.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were there any issues with the pain category E this year?

**Required Actions/Notes to PI:**

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**Attach extra pages as necessary.** (Modified from UCSD IACUC, as published in Lab Animal 11/2005)