

**Rutgers, the State University of New Jersey
IACUC Protocol Post Approval Self Evaluation Form**

Protocol Title:
Protocol #:
Investigator:
Date of Approval:

This self-evaluation form provides a format to review your approved Animal Care and Use protocol, associated amendments, and evaluation of laboratory activities associated with the protocol.

For each of the items listed below, check "YES", "NO", or not applicable (N/A) to indicate the laboratory's compliance with the approved Animal Use protocol and amendments.

If you have any questions or concerns, please contact Lauren Zizza, (Zizza@ored.rutgers.edu) or Elizabeth Dodemaide (edodema@ored.rutgers.edu).

I. The Protocol and Personnel

Description	YES	NO	N/A
The current copy of the approved protocol (including amendments) is available to all study staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study staff have read the protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All study staff conducting the study are listed in the protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study staff have completed all required training (orientation, lab safety etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study staff have received occupational health clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study staff have received training relevant to study procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room where animals are taken outside the animal facility is listed in the protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any changes in personnel are listed on your protocol(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you started this study yet i.e. the animal portion of the study?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Occupational Health and Safety

Description	YES	NO	N/A
Have appropriate approval for use of radioactive, chemical and biohazardous materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study staff has received proper training for the use/handling/storage of hazardous materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazard SOP is posted on animal room door when hazard is in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Staff demonstrates proper use of Personal Protective Equipment (PPE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials are properly stored, handled and disposed of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SDS sheets are in a central location and accessible to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Animal Usage

Description	YES	NO	N/A
Species, strain, age and number of animals consistent with the approved protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of animals ordered and used is recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protocol number on the animal(s)' cage matches the approved protocol number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protocol matches the animal experimental procedures described in the appropriate grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual animals are identified in lab records (as appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Non-Surgical Procedures

Description	YES	NO	N/A
Procedures performed are consistent with procedures in the approved protocol and amendments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study staff wear PPE appropriate for the species and procedures performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unexpected morbidity, mortality or other problems are reported to vet staff and IACUC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs, fluids, etc used are within expiration dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. Post-Procedure Care

Description	YES	NO	N/A
Appropriate recovery area for procedure is used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of monitoring is appropriate for procedure, and as described in the protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-procedure care is adequately documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All post-procedure problems reported to CMR vet staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. Anesthesia and Analgesia

Description	YES	NO	N/A
Methods of anesthesia are in compliance with protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmaceutical grade compounds are being used for anesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-pharmaceutical grade compounds are justified in protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-pharmaceutical compounds are prepared to be sterile before administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalant anesthetics are scavenged properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analgesics are used for painful procedures and/or surgeries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analgesic dosages, frequency, and routes of administration are accurately recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analgesia used is consistent with that described in the protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlled drugs are stored and recorded properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rodent Surgery

Description	YES	NO	N/A
Surgery is performed in a location that has been approved by the IACUC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedicated area for surgery and is clean and uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location and method of animal preparation and recovery is appropriate and in accordance with the approved protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survival surgery is performed using aseptic techniques: surgeon maintains sterile field by using sterile drapes and sterile instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survival surgery: surgeon wears appropriate attire (sterile gloves, clean lab coat or surgical gown, head cover, and surgical mask)			
Incisions are closed appropriately and in accordance with the approved protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical location is clean and organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intraoperative care is provided in accordance with protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implanted devices are sterilized before use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anesthetized animals are being monitored (i.e. TPR, CO2) and monitored parameters are recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate recovery area for species is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. Post-Surgical Care

Description	YES	NO	N/A
Appropriate recovery area for species is used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post operative monitoring is adequate (until conscious and sternal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-surgical care is adequately documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical sutures or staples are removed at appropriate intervals (no more than 14 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All post-operative problems reported to CMR vet staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. Euthanasia

Description	YES	NO	N/A
Method(s) of euthanasia are consistent with what is listed in the protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death is assured by performing an appropriate physical method of euthanasia, or prolonged observations, as approved in protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal carcasses are disposed of promptly and correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final disposition of the animal is recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs used for euthanasia are properly recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IX. Breeding Colony

Description	YES	NO	N/A
Animals are weaned at appropriate time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animals are separated into appropriate size cages in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All mating, birth and weaning records are kept up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X. General Record-Keeping

Description	YES	NO	N/A
Animals are identified by protocol number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/observation/treatment notes are complete and adequately recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatments such as antibiotics are recorded (dosages, frequency, route, date, time, and initials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical log is up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injections, blood/tissue/fluid collections are recorded (amount, date, initials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>