

**Rutgers University**  
**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 Damir Hamamdzic, [damir.hamamdzic@rutgers.edu](mailto:damir.hamamdzic@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 and associated amendments	<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 all the former staff members been removed from the protocol?	<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 only when hazard is in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Staff demonstrates proper use of Personal Protective Equipment (PPE) and the PPE is appropriate for the species and procedures performed.	<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"/>
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 used are in accordance 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"/>
Only sterile and IACUC approved non-pharmaceutical compounds are used.	<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).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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, CO <sub>2</sub> ) 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 animals are 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"/>
Secondary physical method of euthanasia, or prolonged observations, as approved in protocol is used to ensure animal death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CO <sub>2</sub> euthanasia is approved by IACUC and is performed according to the Rutgers University policy and the AVMA guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CO <sub>2</sub> euthanasia is NOT performed on rodent pups.	<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 stored and recorded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guillotine usage and paper cut test results are performed and documented.	<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"/>
Appropriate and approved method for genotyping is used. Ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If tail snips are used for genotyping, only animals 21 days and younger are genotyped in this manner, unless approved by the IACUC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If tail snipping is approved by IACUC, this is performed only under anesthesia.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**X. General Record-Keeping**

<b>Description</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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"/>