



Institutional Animal Care and Use Committee
REVIEWER'S CHECKLIST

Protocol # _____

PI: _____

Reviewer Name (Designated or Primary) _____

GENERAL ISSUES:

1	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Protocol contains appropriate information about animal species, size, strain, and total number of animals to be used for a 3 year period; animal numbers are consistent with experiments described.
2	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	PI provides justification for the numbers of animals to be used and rationale for involving animals as well as the species selected.
3	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Written assurance that the proposed activities do not unnecessarily duplicate previous experiments is given.
4	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	A clear and complete description of the proposed use of the animals is provided. In addition, an appropriate "lay summary" is provided.
5	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Personnel listed in protocol (including the PI) have completed all of the required on-line training modules as well as any specialized training that may be needed, and are appropriately qualified to do the procedures.
6	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Animals will be housed in the BRF with veterinary care available unless special arrangements for alternative housing have been previously approved & documentation is provided.
7	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Occupational health and safety issues are appropriately addressed; PI has included an approved, signed copy of the IRSR-1 form from OEHS and made arrangements with the BRF for special housing if necessary.

PAIN & DISTRESS ISSUES:

8	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	The pain/distress classifications using USDA categories are appropriate for the types of procedures that will be used; the PI has not under-represented the potential for pain/distress in the project.
9	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	The PI assures that pain or distress will be limited to that which is unavoidable for the conduct of scientifically valuable research including in the protocol:
10	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	provision for the use of analgesic, anesthetic, and tranquilizing drugs where indicated and appropriate to minimize discomfort and pain to animals;
11	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	appropriate post-procedural monitoring strategies and intervention plans
12	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	clearly delineated humane endpoints : criteria by which animals will be removed from the study early (for euthanasia or other) if pain/distress issues can not be resolved.
13	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	The PI has considered alternatives to procedures that may cause more than momentary or slight pain or distress (Protocols with animals in Categories D or E), and has provided a written narrative description of the methods and sources used to determine that alternatives were not available. All "3 R's" are addressed in this section of the protocol.



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14	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Any Procedures that may cause more than momentary or slight pain or distress will be performed with appropriate sedatives, analgesics or anesthetics,
15	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Unless withholding such agents is justified for scientific reasons: The PI must provide strong scientific reasons for procedures that place animals into category E as well as assure that those procedures will continue for only the shortest period of time necessary.
16	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	PIs proposing procedures involving pain/distress categories D or E must have consulted with the attending veterinarian;
17	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Procedures do not include the use of paralytics without anesthesia;

SURGERY:

18	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	All survival surgery (with USDA regulated species) will be performed using aseptic procedures, including surgical gloves, masks, sterile instruments, and aseptic techniques in a dedicated facility intended for that purpose.
19	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Surgery on rodents does not require a dedicated facility, but must be performed using aseptic procedures.
20	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Activities that involve surgery include appropriate provision for post-operative care in accordance with established veterinary medical and nursing practices and IACUC Guidelines
21	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Animals will not be used in more than one major survival surgical procedure, unless:
22	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Justified for scientific reasons by the principal investigator, in writing;
23	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Required as routine veterinary procedure or to protect the health or well-being of the animal as determined by the attending veterinarian; or

EUTHANASIA:

24	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Description of euthanasia method to be used is provided.
25	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Method of euthanasia is in accordance with AMVA guidelines, Unless
26	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Any deviation (such as decapitation without anesthesia), is justified for scientific reasons, in writing, by the investigator;
27	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	A secondary means of confirming death is included if required (e.g. if CO2 is used for euthanasia)

RECOMMENDATION:

APPROVE

REFER TO FULL COMMITTEE (for additional review)

REVIEWER'S SIGNATURE: _____ **Date:** _____

Attach the reviewer's summary of project with description of issues that arose in the review (both veterinary and member(s), and indicate how these were resolved in the final version.