



**MSU Post Approval Monitoring form**

**Date conducted:** \_\_\_\_\_

Post approval monitoring of Animal Use Protocols (AUPs) is performed to provide assurance to regulatory agencies and MSU that animal experiments are monitored for compliance with approved IACUC protocols. The Committee confirms consistency with approved protocols and accuracy of practices. Selection of Protocols for Review: A. Active protocols involving the use of USDA Category C, D, or E will be monitored on a random basis, or at the discretion of the IACUC and veterinary personnel. B. Protocols involving less invasive procedures will be monitored at the discretion of the IACUC and veterinary personnel. C. In general, the IACUC Coordinator will schedule monitoring sessions with the Principal Investigator or other research personnel in advance. D "For cause" monitoring may be conducted at any time, with or without advance notice to the Principal Investigator or research personnel.

**1) Faculty/ Staff Member in charge**

Name Department \_\_\_\_\_

Campus address \_\_\_\_\_

Campus phone \_\_\_\_\_

Campus Email \_\_\_\_\_

Faculty\_\_ Staff \_\_ Grad Student \_\_ Undergrad Student If Student: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Address of Supervisor \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_

IACUC Protocol Number \_\_\_\_\_

2) Project Title: \_\_\_\_\_



**MSU Post Approval Monitoring form**

3) Species and Number of each animal:

Species \_\_\_\_\_ Number \_\_\_\_\_

Species \_\_\_\_\_ Number \_\_\_\_\_

Species \_\_\_\_\_ Number \_\_\_\_\_

Signatures

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

**For IACUC use only:**

**IACUC Chair/Authorized signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attending Veterinarian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The Protocol and Personnel**

1. Do the PI and research personnel have the most recent version of the complete protocol, including amendments, in their lab space?
2. Have the investigators and research personnel read the protocol?
3. Are the people performing the study listed on the protocol?
4. Are all personnel currently enrolled in the Occupational Health Program?
5. Is each room where animals are taken listed on the protocol?

**Study Procedures**



**MSU Post Approval Monitoring form**

6. Does the protocol number on the animals' cage card match the IACUC approved protocol number?
  
7. Are the procedures performed consistent with those approved in the protocol?
  
8. Are research personnel appropriately trained to perform these procedures?
  
9. Are investigators/research personnel wearing appropriate PPE and/or other attire (i.e., gloves, masks, etc.) for the species and procedures performed?
  
10. Are the species, strains, ages, and number of animals consistent with those in the approved protocol?

**Anesthesia**

11. Are the methods of anesthesia in compliance with the protocol?
  
12. Are anesthetized animals monitored according to the approved methods in the protocol?
  
13. Are the animals maintained at an appropriate depth of anesthesia for the procedure performed?
  
14. If inhalant anesthetics are used, are they scavenged appropriately?
  
15. Are anesthetic machines serviced and calibrated annually?



**MSU Post Approval Monitoring form**

16. Are the analgesic dosages, frequency and routes of administration accurately recorded?

**Surgery**

17. Is surgery performed in a location that has been approved by the IACUC?

18. Is the location and method of animal prep appropriate and in accordance with the approved protocol?

19. Is survival surgery performed using sterile instruments, sterile gloves, a surgery mask and aseptic technique?

20. Is an appropriate heat source used to keep the animal warm throughout the surgical procedure?

21. Are incisions closed appropriately and in accordance with the approved protocol?

22. Is there an appropriate/designated recovery area for the animals?

23. Is there only one major surgery performed on each animal (unless prior approval by the IACUC) and is an identification method in place to indicate which animals have had a procedure performed on them?

**Post-Surgical Care**

24. Is the post-surgical area in compliance with the approved protocol?

25. Are the methods of analgesia (dose, frequency, duration) consistent with the approved protocol?

26. Is post-surgical/post-procedural care adequately documented?



**MSU Post Approval Monitoring form**

27. Are any post-operative problems reported to CCM veterinary staff?

**Euthanasia**

28. Does the method of euthanasia correspond with what is written in the protocol?

29. Is death assured by performing an appropriate physical/secondary method of euthanasia when required?

**Record Keeping**

30. Is there an up-to-date and complete surgical/procedure log?

31. Are individual animals appropriately identified (cage cards, ear tags, tattoos, etc.)?

32. Are medical and post-procedural care progress notes complete and accurate?

33. Is medication/anesthetic/analgesic administration accurately documented?

34. Are injections, blood collection, and fluid collection amounts dated and documented?

**Laboratory**



**MSU Post Approval Monitoring form**

35. If USDA species are housed in the lab for greater than 12 hours (24 hours for rats and mice), has the lab been approved for this activity by the IACUC?

36. Are drugs, suture material, and other items within the expiration date noted on the package?

37. Are controlled substances stored/logged appropriately?

38. If applicable, are sharps containers located within the lab?

39. Are there any safety issues or other concerns that pose a threat to human or animal safety, or animal welfare?

**Comments/ Clarifications:**