FORM H
SHSU Institutional Animal Care and Use Committee
Post-Approval Monitoring of Research Involving Animals

1) Faculty/ Staff Member in charge

Name _____

Department _____

Campus address _____

Campus phone _____

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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?

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

35. If USDA species are housed in the lab for greater than 12 hours (24 hours for rats and mice), has the lab be 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 concern that pose a threat to human or animal safety, or animal welfare

Comments/ Clarifications: