Guideline on Post Approval Monitoring Program for McMaster University Animal Facilities

Post Approval Monitoring (PAM) relates to those activities that are in place for the monitoring of animal-based research in animals undergoing invasive procedures in the Animal Utilization Protocol (AUP) approved by the Animal Research Ethics Board (AREB). It involves procedures that either have the potential to or are expected to cause unnecessary pain and distress unless the application of endpoints is optimized as detailed in the AUP Endpoint section. This AREB Guideline discusses the procedures involved in PAM done in animal facilities at McMaster University.

The PAM Team consists of one or two of the following individuals: University Veterinarian, Lead Technician, Animal Ethics Officer, Veterinary Research Pathologist, or AREB Representative.

Several activities constitute PAM and they are discussed below.

1. **PAM Review**
   All AUPs receive one PAM review during its 4-year lifespan. The PAM review will be organized with the Principal Investigator (PI) or designated lab staff. A PAM Review letter will be emailed to the PI as confirmation (Appendix A). The Ethics Officer will review all documentation including the approved AUP, amendments and annual review forms, and all other logs/records that have been generated. During each PAM visit, the team will compare the procedures being performed with those that are documented in the approved AUP. All findings will be documented in a **PAM Review Report** (Appendix B), and be provided to the PI, University Veterinarian and AREB. The University Veterinarian will review the report and determine what additional steps are required, if any. All documentation generated during the PAM process, including email correspondence with respective labs, will be kept on file with the AUP.

2. **PAM Observations**
   When PAM Notification Request for Service forms are submitted, a PAM Observation is scheduled. This allows the PAM team to attend and observe new procedures and/or those with problems, and document all findings. Once the Observation is completed, a report is generated and submitted to AREB and the PI, and subsequently filed with the AUP (Appendix D).

3. **Request for Services (RFS)**
   All RFS forms (Appendix C) are reviewed by the Veterinary Staff and Technical Manager. Any regulatory or endpoint concerns are flagged, investigated and resolved. This also includes any internal operational concerns. See SOP GEN019 – How and When to Complete a Request for Services Form.
   3.1 All Level D protocols involving survival surgery or irradiation must complete a Post Approval Monitoring/Notification RFS form at least 24-hours in advance, indicating where and when the procedure will be done. This allows the PAM team to attend and observe new procedures and/or those with problems and document all findings.

4. **Lead/Health Technician Monitoring of an Animal’s Health and Body Condition**
   The Lead Technician in charge of Animal Health is part of the PAM Team. The Lead Technician follows up on all chronic experiments using endpoint and monitoring sheets as a guide. All record forms must be kept in the Central Animal Facility (CAF) or Thrombosis & Atherosclerosis
Research Institute (TaARI) to facilitate easy access by Lead Technicians, Veterinary Staff and animal regulatory inspectors.

4.1 Health Records (see SOP GEN052 – Treatment Protocols) are kept at the room level or in the treatment log in the Lead Technician Office.

4.2 The Treatment Log including weekend coverage (see SOP GEN059 – Treatment Log) is available in the Lead Technician Office and is distributed to all Veterinary Staff on weekends.

4.3 The Mortality Log record of deaths and euthanasia records all animals found dead, or are ill and euthanized. Select cases are submitted for pathology.

5. **Endpoint Monitoring**

   All forms are kept at the room level and can be maintained by the researcher or Animal Facility/TaARI staff or a combination, and can be found at [http://www.fhs.mcmaster.ca/csd/ethics/areb/forms.htm](http://www.fhs.mcmaster.ca/csd/ethics/areb/forms.htm) (Appendix E). These forms include:

   5.1 General Monitoring Forms (see SOP GEN075a – Monitoring Endpoints).

   5.2 Monitoring Body Condition (see SOP GEN073 – Body Condition Scoring in Rodents). All chronic projects are required to use body condition monitoring.

   5.3 Tumour Monitoring (see SOP GEN075 – Tumour Endpoints). All projects involving tumours are required to follow this SOP.

6. **Survival Anaesthesia and Surgery**

   6.1 Applicable SOPs and adherence to survival surgery SOPs are required including SOP GEN765 – Aseptic Survival Surgery in Non-Rodents and SOP GEN468 – Aseptic Survival Surgery in Rodents.

   6.2 Anaesthesia/Surgery Monitoring Forms (see SOP GEN768 – Anaesthesia and Major Survival Surgery Record) must be completed.

   6.3 Scheduling Procedure Rooms and Limitations on Recovery Procedures

   All procedures are done in general purpose procedure rooms. Rooms in the CAF/TaARI are booked through the CAF/TaARI Office with veterinary oversight. There is a computer scheduling program used and all surgeries outside of Monday to Thursday from 9:00 a.m. to 5:00 p.m. must receive individual veterinary approval. Veterinary and Lead Technician Staff regularly access the procedure/surgery schedule and audit the procedure rooms and monitoring records which must be kept at the room level so that they are easily accessible by a Lead Technician, Veterinary Staff and animal regulatory inspectors.

7. **Training Requirements**

   Training requirements for all persons listed on each AUP submission are reviewed in detail by the Veterinary Staff and again by AREB during the approval process. Training completed and required is based on comparisons with the procedures section to make certain all personnel on the AUP have or are signed up for the training required for the procedures listed.

8. **Satellite Monitoring**

   Both Technical and Veterinary Staff monitor all chronic activities at satellites and as may be appropriate, provide detailed reports of all satellite facilities and ongoing work including the Level 3 Biohazard Unit (Appendix F).
9. AREB Audit Process
   9.1 All areas where procedures are performed on animals used outside the AF/TaARI are
       audited by an AREB team annually and more frequently as may be required based on issues
       reported to AREB by Veterinary Staff.
   9.2 Audits are usually scheduled with the PI or lab staff designate, unless an animal welfare
       emergency appears to exist.
   9.3 The AREB Audit Team consists of a Veterinarian, a Lay Member, at least one Scientist
       and the Animal Ethics Officer. An audit report (Appendix G) is generated and provided to the PI,
       University Veterinarian and AREB. Action items are documented and followed up on to ensure
       completion.
   9.4 Serious reoccurring or unresolved compliance issues impacting animal welfare can result
       in a PI being asked to appear before AREB to verify the validity of the approved AUP.
   9.5 All animal facilities are audited annually by an AREB team. A Facility Audit Report is
       generated and provided to the University Veterinarian and AREB (Appendix H). Action items are
       documented and followed up on to ensure completion.

10. Annual Review Form (Appendix I)
    10.1 Each PI must complete an Annual Review Form and submit to AREB for approval every
        12 months.
    10.2 At this time, the Lead Technicians and Veterinary Staff are consulted for input into the
        progress of the protocol to date.

11. Mortality Records
    11.1 Every unexpected death or euthanasia is recorded in the mortality log.
    11.2 The Veterinarian Research Pathologist keeps a log of mortalities. This can be requested
        by AREB for a particular research protocol (Appendix J). We can determine the number of
        animals found dead and the number of animals euthanized.

12. User Group Meetings
    12.1 Monthly Research Technician Meetings are held at satellite facilities.
    12.2 There is an established PI User group for McMaster Animal Facilities, St. Joseph’s
        Animal Facility and TaARI. Meetings are held at least quarterly, and terms of reference and
        minutes are available.
Date

PI Name

Dear PI Name:

**Re: Post-Approval Monitoring for AUP #XX-XX-XX**

The Canadian Council on Animal Care (CCAC) policy requires that each institution carry out post-approval monitoring of Animal Utilization Protocols (AUP).

The Animal Research Ethics Board (AREB), as part of its post-approval monitoring (PAM) program, has established a PAM team. The aim of the team is:

- to be collegial and supportive of animal-based research at McMaster University;
- to serve as the “eyes and ears” of the institution’s animal care committee;
- to work closely with the PI and lab staff to facilitate research; and
- to help your lab understand and comply with the expectations of the animal care and use program at McMaster University.

I would like to schedule a PAM visit with you or a lab designate. I will contact you by telephone to discuss possible dates.

During the visit, the attached PAM Report will be reviewed and completed, and a copy will be provided to you and AREB. This report will outline commendations and/or concerns that require correction, as well as instructions for any necessary follow-up.

I greatly appreciate your cooperation and look forward to meeting with you in the near future.

Yours truly,

M. Lisa Bulger
*Animal Ethics Officer*

/mlb

Enclosure
# PAM Review Report

**Animal Research Ethics Board – McMaster University**

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<tr>
<th>Principal Investigator</th>
<th>Department</th>
<th>AUP #</th>
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<tr>
<th>Room Number</th>
<th>Phone Number</th>
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**PAM Team Attendees:**

**Lab Member Attendees:**

## Section 1 – AUP, Personnel and Training

1) Does the PI have a copy of the most recent version of the AUP and any associated modifications? □ Yes □ No □ N/A
2) Are the people performing the study listed on the AUP? □ Yes □ No □ N/A
3) Is lab staff appropriately trained to perform the procedures listed on the AUP? □ Yes □ No □ N/A

**Comments**

## Section 2 – Animal Health

1) Did any animals experience excessive or avoidable pain or illness except as anticipated and provided for in the AUP? □ Yes □ No □ N/A
2) Were there any unexpected mortalities except as anticipated and provided for in the AUP? □ Yes □ No □ N/A
3) Have the concerns been reported to the consulting veterinarian? □ Yes □ No □ N/A
4) Are the approved endpoints listed in the AUP still satisfactory? □ Yes □ No □ N/A

**Comments**

## Section 3 – General Record Keeping

1) Are animal monitoring records complete and kept at room level? □ Yes □ No □ N/A
2) Are additional medications or treatments such as antibiotics and scheduled drugs accurately recorded (including dosages, frequency, route, date, time and initials)? □ Yes □ No □ N/A
3) Are controlled drugs recorded in a log book? □ Yes □ No □ N/A
4) Do all animals receive environmental enrichment (unless otherwise stated in the AUP and approved by AREB)? □ Yes □ No □ N/A

**Comments**

## Section 4 – Study Procedures

1) Are procedures used the same as those described in the AUP? □ Yes □ No □ N/A
2) Have any modifications been submitted for changes to procedures? □ Yes □ No □ N/A

**Comments**

## Section 5 – Anesthesia

1) Are the methods of anesthesia in compliance with the AUP? □ Yes □ No □ N/A
2) Are anesthetized animals monitored according to the approved method in the protocol? □ Yes □ No □ N/A
3) Are the animals maintained at an appropriate depth of anesthesia for the procedure being performed? □ Yes □ No □ N/A
4) If inhalant anesthetics are being used, are they being scavenged properly? □ Yes □ No □ N/A

**Comments**

## Section 6 – Analgesia

1) Is use of analgesia in accordance with what is outlined in the AUP? □ Yes □ No □ N/A
2) Are analgesic dosages, frequency and routes of administration accurately recorded in a log book (i.e., controlled drugs)? □ Yes □ No □ N/A

**Comments**
### Section 7 – Surgery

*Please ensure that all drugs, fluids and sutures are within the expiration dates.*

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<tbody>
<tr>
<td>1) If surgery is performed in a location other than AF, is the location approved in the AUP?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>2) Is there a dedicated, uncluttered clean area for surgery?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>3) Is the surgery conducted under aseptic conditions (GEN468)?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>4) Is the surgeon properly trained in anaesthetic, surgical and post-operative monitoring procedures?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>5) Are all drugs stored in a locked cabinet and have completed dispensing records?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>6) Is post-surgical care adequately documented?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>7) Is the frequency of post-surgical monitoring adequate?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>8) Are there any post-operative complications with surgical procedures or post-operative care?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>9) Are any post-operative complications reported to the consulting veterinarian?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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**Comments**

### Section 9 – Euthanasia

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<tbody>
<tr>
<td>1) Does the method of euthanasia correspond with what is written in the AUP?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>2) Is death assured by performing the appropriate physical examination when required?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>3) If a physical method <strong>without anesthesia</strong> is used, do you have AREB approval to perform this?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>4) Are animal carcasses disposed of promptly and according to Safety Office guidelines?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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**Comments**

### Section 10 – Hazardous Materials

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<tbody>
<tr>
<td>1) Are copies of the RFS, MSDS and Chemical Hazard Forms posted in the animal room?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>2) Are cages properly marked with Chemical Hazard tags and the specific agent?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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<tr>
<td>3) Does the laboratory have approval from Health Physics to use radioactive materials?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>4) Are all Biohazard animals housed in proper Biohazard rooms?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
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**Comments**

### Recommendations

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**AREB Office Use Only**

<table>
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<tr>
<th>AREB Comments</th>
<th>Follow-up complete</th>
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**University Veterinarian’s Signature**

**Date**

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**AREB Chair’s Signature**

**Date**
## Post Approval Monitoring/Notification Request for Service

This Request for Service (RFS) is to notify the AF of any invasive experimental procedures being performed. Please submit at least 24 hours prior to start of experiment.

<table>
<thead>
<tr>
<th>Today’s Date</th>
<th>PI</th>
<th>AUP #</th>
<th>Email</th>
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<table>
<thead>
<tr>
<th>PI Staff</th>
<th>Extension</th>
<th>Cage/Animal ID#</th>
<th>Exp. Start Date</th>
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<tr>
<th>Housing Rm#</th>
<th>Exp. End Date</th>
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</table>

### Endpoint #/ Title

In case of emergency, AF staff will call the following contacts in the order they appear below. Indicate preferred method of contact.

<table>
<thead>
<tr>
<th>Name</th>
<th>Lab Ext.</th>
<th>Home Number</th>
<th>Cell Number</th>
<th>Email Address</th>
<th>Preferred Method</th>
</tr>
</thead>
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Complete all applicable sections below.

### Bone Marrow Transplant - Refer to SOP GEN 1010 and complete Endpoint Monitoring section below.

1) Animals will be irradiated with _______ (# of rads) on _______ (date).

2) Expected to be sick starting _______ (date) for _______ days. They may appear to be sick again _______ days from start date.

3) Indicate treatment and frequency they are to be offered (i.e., fluids, gel, antibiotics) Fill Endpoint Monitoring Sheet section with more details.

### Survival Surgery

<table>
<thead>
<tr>
<th>Surgical Procedure</th>
<th>Surgical Date</th>
<th>Surgical Time</th>
<th>Surgery Room Location</th>
</tr>
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<tbody>
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</table>

1) An anaesthesia/surgery record MUST be completed and posted on the animal room door or in the monitoring records for a minimum of 5 days. Monitoring is normally required 5 days post operatively (including weekends). Who is responsible for this?

- [ ] AF
- [ ] PI Staff - Name

2) Sutures/staples are removed in 7-10 days post surgery. What date will suture/staples be removed and by whom?

### Endpoint Monitoring (Invasive projects where Endpoint Monitoring was requested by AREB)

1) When will Endpoint Monitoring begin (i.e., specific date, when tumours seen, when hind end weakness is noted, when injection “x” is given)?

2) Who will be responsible for doing Endpoint Monitoring?

- [ ] AF
- [ ] PI Staff - Name

3) If treatments are required, who will be responsible for implementing them?

- [ ] AF
- [ ] PI Staff - Name

4) Are there any treatments that cannot be administered according to the AUP (i.e., specific pain medication, ointments)?

5) If weighing animals is a requirement, who will be doing this?

- [ ] AF
- [ ] PI Staff-Name

6) a) Will fluids/gel be used? [ ] Yes [ ] No
   b) Who will administer?

   - [ ] AF
   - [ ] PI Staff - Name

7) If AF finds a moribund animal:

- [ ] Permission to euthanize ASAP
- [ ] Try to contact PI Staff first
- [ ] Take the following samples
**AF Use Only**

<table>
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<tr>
<th>Process Date/Initials</th>
<th>Team/Tech Assigned</th>
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<tbody>
<tr>
<td>ID#</td>
<td>Date Completed/Initials</td>
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Long-Term/Ongoing  ☐ No  ☐ Yes  
If yes complete the ongoing RFS form. All ongoing RFS forms require AF approval.

Management Initials  
If faxed 2 copies made  ☐

### Clinical Supplies
- Alcohol swabs
- Butterfly catheters
- Gauze squares
- Needles
- Syringe
- Vacutainers

### Services
- Autoclave load
- Wash Area time
- Dispensing Fee
- Short Notice Fee
- OR Technical time
- OR Tech. time (*OT)
- Technical time
- Technical time (*OT)

### Drugs
- Atravet/Acepromazine
- Temgesic/Buprenorphine
- Euthanyl
- Gel pack
- Isoflurane
- Ketamine
- Rompun/Xylazine
- Saline
- Septra
- Sodium Pentobarbital

**Notes/Comments**

*Overtime (OT) if any of this work is done after hours or results in overtime, please separate the appropriate hours.*
Ongoing Request for Services

All requests must be received 24 HOURS IN ADVANCE
Please be very specific, as incomplete information will result in delays in completing the request
(Please reference the CAF SOP, “Request for Services Form”)

<table>
<thead>
<tr>
<th>Date(s) services required</th>
<th>Principal Investigator</th>
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</thead>
<tbody>
<tr>
<td>Time</td>
<td>AUP #</td>
</tr>
<tr>
<td>Room/Location</td>
<td>Species/Strain</td>
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<tr>
<td>Number of animals</td>
<td>Animal I.D.</td>
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</table>

**Services Required**
For those services that require injections or tissue/blood collection, please indicate the route of administration, volume of sample, anticoagulant of choice, collection container of choice and whether equipment required will be supplied by the CAF or PI. Please indicate whether there is to be food and/or water deprivation.

*Please print*

<table>
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<tr>
<th>Requested by</th>
<th>Extension</th>
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<tr>
<td>Today’s Date</td>
<td>Email Address</td>
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Short notice requests will result in additional charges.
Request for Services are posted and removed by CAF Staff only.

**CAF Use Only**

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<th>Processed Date/Initials</th>
<th>Team/Tech Assigned</th>
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<tbody>
<tr>
<td>ID #</td>
<td>Date Completed/initials</td>
</tr>
<tr>
<td>Long-Term/Ongoing</td>
<td>No Yes, (if No, use white Short-Term RFS form)</td>
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<tr>
<td>Management Initials</td>
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<tr>
<td>If faxed 2 copies made</td>
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All ongoing RFS forms are to be placed in the room binder.
Remember to update the Animal Room Information sheet. All charges to be recorded on room charge sheets

Updated January 2008
Short-Term Request for Services

All requests must be received **24 HOURS IN ADVANCE** (48 hrs for autoclave request)
Please be very specific, as incomplete information will result in delays in completing the request
(Please reference the CAF SOP, “Request for Services Form”)

<table>
<thead>
<tr>
<th>Date(s) services required</th>
<th>Principal Investigator</th>
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<tbody>
<tr>
<td>Time</td>
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<tr>
<td>Room/Location</td>
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<tr>
<td>Number of animals</td>
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**Services Required**
For those services that require injections or tissue/blood collection, please indicate the route of administration, volume of sample, anticoagulant of choice, collection container of choice and whether equipment required will be supplied by the CAF or PI. Please indicate whether there is to be food and/or water deprivation.

**Please print**

Requested by

Today’s Date

Extension

Email Address

Short notice requests will result in additional charges.
Request for Services are posted and removed by CAF Staff only.

**CAF Use Only**

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<td>Date Completed/Initials</td>
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<tr>
<td>Long-Term/Ongoing</td>
<td>No</td>
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<tr>
<td>Management Initials</td>
<td>If faxed 2 copies made</td>
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Updated January 2008
Short-Term Request For Services
Notification / ST-RFS for Septra Water

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<th>Date:</th>
<th>PI:</th>
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<tr>
<td>Time:</td>
<td>PI Technician:</td>
</tr>
<tr>
<td>Room/location:</td>
<td>AUP#</td>
</tr>
<tr>
<td>Number of animals:</td>
<td>Species/Strain:</td>
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<tr>
<td>Cage/Animal ID:</td>
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These *mice/rats (circle one)* will be on septra water from ___________ to ___________ (start date) (end date).

The amount of septra in each bottle is _______ ml to make a final concentration of ____ mg/ml.

CAF/ PI tech/ student (circle one) is responsible for changing the water.

If the water bottle leaks or is empty the CAF is to do the following:

- [ ] Replace with new septra water
- [ ] Replace with plain water
- [ ] Other (please include emergency contact information here if applicable) ________________________________

Please note that for humane reasons the CAF cannot leave a cage without a fluid source unless specified in a current Animal Use Protocol (AUP)

CAF / PI tech / student (circle one) to put special water tags on cages

CAF / PI tech / student (circle one) to put special food/water sheets on the door

If any problems, please contact:

Name: __________________________ Lab ext: __________

E-mail: __________________________ Cell: __________

**CAF Use Only**

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<tr>
<th>Process Date/Initials:</th>
<th>Tech/Team Assigned:</th>
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</thead>
<tbody>
<tr>
<td>STR #</td>
<td>Date Completed:</td>
</tr>
<tr>
<td>Management Initials:</td>
<td>Notes:</td>
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Complete all information on the reverse and return to the "Request For Services Completed" bin.

Updated June 2, 2009
# PAM Observation Report

*Animal Research Ethics Board – McMaster University*

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<tr>
<th>Principal Investigator</th>
<th>Department</th>
<th>AUPs</th>
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**PAM Team Attendees:**

**Lab Member Attendees:**

**Procedure**

**Observation**

**Recommendations**

## AREB Office Use Only

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### Endpoint Monitoring Sheet

**Principal Investigator**: 

**AUP #**: 

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<th>A</th>
<th>B</th>
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<th>E</th>
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**Legend**

- A – Normal
- B – Hunched/dehydrated
- C – Ruffled coat
- D – Fluids given
- E – Lethargic
- F – Pale mucous membranes
- G – Respiratory distress
- H – Morbund
- I – Septra water
- J – Gel on floor
- K – Mush on floor
- L – Euthanized
Level 3 Report

Re: Visit to the Biohazard Level 3 Animal Facility,

To: 

Date: July 7, 2006

Guided by , a very expert technician with Dr. laboratory I inspected the Biohazard Level III Animal Facility.
The anteroom is clean, well organized and stocked with protective booties, gloves, tapes, gowns and greens.
The second anteroom is clean, well organized and has well organized and ready to use battery packs for HEPA-filtered forced air supply to clean, disinfected personal head and shoulder hoods. Hoods are stored individually in cloth bags.
The vestibule is equipped in large biosafety cabinet and refrigerator. It is clean and well organized.
The room houses animals. In one of two Biobubble-inclusive racks there are 2 cages with C57Bl/6 mice and 2 cages with NAP-12 k/o mice infected intranasally with *Mycobacterium tuberculosis* organism 8 weeks ago. These mice are to be terminated in 2 weeks form today. All mice appear healthy. The cages are supplied with food and water. The room is clean and in good order.

indicated to me that on average she has not have remarkable health issues with TB-infected experimental mice.

indicated that after the present mice are terminated the entire Biohazard 3 Animal facility will be subject to annual decontamination therefore the next shipment of mice will not be received until the second half of September.

End of the Report.
Appendix G

Laboratory Audit Report

Audit Date

It is a requirement of the Canadian Council on Animal Care (CCAC) and the Ontario Ministry of Agriculture and Food (OMAF) that the Animal Research Ethics Board (AREB) assess annually all laboratories that animals are taken to for procedural purposes. These agencies can inspect these areas at any time without notice.

AREB Panel

### Section 1

**Researcher**

Principal Investigator | Lab Room Number
--- | ---

Research Technician(s) in Attendance

### Section 2

**Animal Utilization Protocol**

AUP # - -

1) What is the justification for animals in the lab?

2) How long are animals kept in the lab?

3) Briefly describe the procedures being performed on the animals in the lab.

### Section 3

**Assessment**

1) Was the *Animal Removal from the CAF* form completed at the animal room level?  
   - Yes  
   - No

2) Do the animals return to their animal room?  
   - Yes  
   - No

3) Are there any personnel safety issues regarding the area the animals are housed?  
   - Yes  
   - No  
   If yes, describe.

4) Are there any security issues regarding the area the animals are housed?  
   - Yes  
   - No  
   If yes, describe.

5) Are the husbandry needs of the animals being met (food, water, changing)?  
   - Yes  
   - No

6) Is the procedure area adequate (sanitizability, instrument maintenance)?  
   - Yes  
   - No

7) Are procedures in place including adequate monitoring, observations, analgesics, emergency response, etc.?  
   - Yes  
   - No

8) Are appropriate records being kept (monitoring, anaesthesia, recovery, observation log)?  
   - Yes  
   - No

9) Is major survival surgery being done in the lab?  
   - Yes  
   - No  
   If yes, justify why survival surgery cannot be done in the CAF, and does set-up adhere to CAF SOP #468?

10) List all controlled drugs used.
11) Are the controlled drugs under proper lock-up?

- [ ] Yes
- [ ] No

Comments

Recommendations
## Facility Audit Report

### Security

1) Are all access points to the facility secure?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

**Comments**

### Animal Holding Rooms

1) Is the ventilation good?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

2) Is the temperature good?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

3) Is relative humidity good?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

4) Are the light intensity and cycles appropriate for the species?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

5) Is the noise level acceptable for animals being housed?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

6) Are the floors, walls, ceilings and doors clean and in good repair?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

**Comments**

### Animal Caging, Aquatic Tanks, Health and Welfare

1) Are cages and aquatic tank cards filled out with required information such as gender, number of animals, date of birth or arrival date, investigator, protocol number, special instructions or procedures performed?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

2) Are enrichment items in cages?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

3) Do cages/aquatic tanks look clean?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

4) Is the general health and appearance of animals good?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

**Comments**

### Condition of General Ancillary Areas (Feed/Bedding Storage/Cage wash)

1) Is the area clean and floors, ceiling, walls and doors in good repair?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

2) Is vermin control in place?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

3) Is the food stored off the floor?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

4) Are the wash area temperatures monitored and records kept?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

5) Are measures in place to prevent cross-contamination between the clean and dirty side of the wash area?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

**Comments**

### Condition of Animal Ancillary Areas (Surgery Room, Procedure Room, Wet Lab, Euthanasia)

1) Is the area clean and floors, ceiling, walls and doors in good repair?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

2) Is the operating room clean and neat?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

3) Are controlled substances kept in a double-locked secure area?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

**Comments**

### Record Keeping

1) Are all SOPs available to and read by all staff within the facility?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

2) Are current protocols easily available to all staff within the facility?  
- [ ] Yes  
- [ ] No  
- [ ] N/A  

**Comments**
Recommendations

Commendations

Revised April 2013
Appendix I

Annual Review
Animal Research Ethics Board – McMaster University

Principal Investigator: [Name]
Department: [Department]
AUP#: [AUP#]
Room Number: [Room Number]
Phone Number: [Phone Number]

Project Title: [Project Title]

1) Did any animals used during the last 12 months experience any anticipated or unanticipated adverse reactions?  
   Yes ☐  No ☐  
   If yes, provide a brief description of the adverse reaction(s) and the course of action taken to alleviate any pain/suffering in the animals.

2) Has the endpoint application been successful?  
   Yes ☐  No ☐

3) Were there any changes to this protocol during the last 12 months?  
   Yes ☐  No ☐  
   If so, were these changes submitted to AREB as an amendment?  If no, attach an Amendment.

4) Animal numbers
   ~ Genetically modified (TMK) and non-genetically modified animals must be listed separately ~
   What are the total numbers of animals of each species approved on your AUP including amendments requesting additional animals?  
   [Species] [Total per Year]
   What were the total numbers of animals of each species used during the last calendar year?  
   [Species] [Total per Year]
   What are the total numbers of animals of each species required next year?  
   [Species] [Total per Year]
   Has the justification for animal numbers changed?  
   Yes ☐  No ☐  
   If yes, provide details.

5) Has there been any advancement towards addressing the 3R's (Reduce, Refine, Replace)?  
   Yes ☐  No ☐  

6) Have there been any publications, thesis topics, grants, presentations or other evidence of progress related to this work?  
   Yes ☐  No ☐  
   If yes, provide details.

Declaration

I certify that the information provided in this form accurately describes the numbers of animals and procedures which will be used during the next year of this project.  I reaffirm that the use of all animals under this AUP will be in accord with the requirements of the Canadian Council on Animal Care and the Ontario Animals for Research Act.

Principal Investigator’s Signature: [Signature]  Date: [Date]

Review to AREB by Email PDF, Mail (HSC-1B7) or Fax (905) 523-6061

AREB Office Use Only

Reviewer’s Comments:

[Reviewer’s Comments]

University Veterinarian’s Signature: [Signature]  Date: [Date]  
AREB Chair’s Signature: [Signature]  Date: [Date]

Revised February 2012
## Research Animal Mortality Log Book

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<th>Submitted by (Initials)</th>
<th>Contact (Date Notified) (dd/mm/yy)</th>
<th>ALIP #</th>
<th>Room #</th>
<th>Research Animal ID #</th>
<th>Submitted and Method of Euthanasia</th>
<th>Principal Investigator Euthanized</th>
<th>Sex</th>
<th>Rat or Mouse</th>
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Relevant Information Including:
1. Date of birth or arrival
2. Dates and nature of experimentation
3. History of disease and treatment, health status of cagemates
4. Special requests by the researcher regarding carcasses