

POST APPROVAL MONITORING CHECKLIST

Protocol #: _____
Protocol/Course Title: _____
PI/Instructor: _____
Completed by: _____
Date of Assessment: _____

A. Protocol and Personnel

	YES	NO	N/A	Comment
Does the Primary Instructor/Investigator have the most recent and approved version of their complete Animal Use Protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the lab personnel have easy access to the most recent version of the approved protocol, including amendments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the listed Primary Instructors/Investigators, Co-Instructors, and lab team members read the protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the people performing the laboratory exercise/study listed on the protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Category of Invasiveness demonstrated reflective of that listed in the protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Please note: This form replaces and supersedes any previous Post Approval Monitoring Checklist forms.

B. Animal Information

	YES	NO	N/A	Comment
Does the protocol number on the animal's cage card match the animal use protocol number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the number of animal's ordered/used match with the number stated on the protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were there any refinements relative to protecting animals from pain, distress and mortality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

C. Procedures

	YES	NO	N/A	Comment
Are the procedures performed consistent with those approved in the protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the teaching/research personnel appropriately trained to perform the procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the species consistent with those in the approved protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the purpose of Animal use consistent with that listed in the protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the procedure rooms, equipment and instruments adequate for the procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Please note: This form replaces and supersedes any previous Post Approval Monitoring Checklist forms.

D. Anesthesia

	YES	NO	N/A	Comment
Are the methods and regime of anesthesia in compliance with the approved animal use protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the anesthetized animals monitored according to the approved method in the approved animal use protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the drugs/medications dosages, frequency and routes of administration listed on the approved animal use protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

E. Surgery/Post Care

	YES	NO	N/A	Comment
Is the method of animal prep appropriate and in accordance with the approved animal use protocol or SOP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did any animals die or undergo any unexpected events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there an appropriate recovery area for animals after surgery and are animals monitored during recovery in accordance with the approved animal use protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is post-surgical/post-procedure care adequate and in compliance with the protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If there were any post-operative problems, were they reported to the veterinarian?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Please note: This form replaces and supersedes any previous Post Approval Monitoring Checklist forms.

F. Fate of the Animals

	YES	NO	N/A	Comment
Is the clinical and humane endpoints well understood and respected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If animal was euthanized was it performed humanely under the CCAC euthanasia guidelines and consistent with what is written in the protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

G. Hazards

	YES	NO	N/A	Comment
Are all hazard materials listed on the approved Animal Use Protocol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are personnel aware of and follow all applicable safety precautions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any safety issues or other concerns that pose a threat to human or animal safety, or animal welfare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

Additional Comments:

Please note: This form replaces and supersedes any previous Post Approval Monitoring Checklist forms.