University of Louisiana at Monroe
School of Pharmacy Animal Vivarium
Reporting and Investigating Animal Welfare Concerns

****Approved by ULM IACUC, December 10, 2012

REPORTING
All individuals using and caring for animals in the ULM Vivarium have the responsibility of safeguarding animal welfare. To that end, it is your responsibility to report events you believe cause inhumane treatment to ULM Vivarium animals to management. If you do not wish to remain anonymous, events believed to involve inhumane treatment to Vivarium animals can be reported to any of the following. If immediate action is required and you wish to report anonymously, report by phone but do not leave your name.

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Email</th>
<th>Office Number</th>
<th>Office Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vivarium Director</td>
<td>Dr. Benny Blaylock</td>
<td><a href="mailto:blaylock@ulm.edu">blaylock@ulm.edu</a></td>
<td>Bienville 102C</td>
<td>342-1603</td>
</tr>
<tr>
<td>Vivarium Asst. Director</td>
<td>Mr. Coty Lee</td>
<td><a href="mailto:colee@ulm.edu">colee@ulm.edu</a></td>
<td>Bienville V203</td>
<td>342-1701</td>
</tr>
<tr>
<td>IACUC Chair</td>
<td>Dr. Sharon Meyer</td>
<td><a href="mailto:meyer@ulm.edu">meyer@ulm.edu</a></td>
<td>Bienville 262</td>
<td>342-1685</td>
</tr>
<tr>
<td>Attending Vet.</td>
<td>Dr. Brent White</td>
<td><a href="mailto:hbw_jam1@comcast.net">hbw_jam1@comcast.net</a></td>
<td>-</td>
<td>323-4411</td>
</tr>
</tbody>
</table>

Alternately, if immediate action is not required, you may complete Part A of the form appended to this SOP and leave it with Mr. Lee in the Vivarium. If you wish to report anonymously, do not complete item 4-a in form.

INVESTIGATING
- Once management is informed of the event, an investigation will be conducted. If management finds animals moribund, using criteria of the OECD (Organization for Economic Cooperation and Development (OECD), 2000), the attending veterinarian will be consulted. Mr. Lee will be notified and animals will be euthanized. The principal investigator will be notified. If intervention procedures are thought feasible, the attending veterinarian will be notified and, if necessary, will administer treatment at the site.
- If management and/or the attending veterinarian judge that inhumane treatment of Vivarium animals has occurred; the IACUC chair will be notified. If mishandling is severe, The IACUC chair will call a full IACUC meeting as soon as possible and the incident will be reviewed by a quorum of the IACUC. The principal investigator will be notified.
- If a majority of a quorum of IACUC members judges the activity as inhumane, corrective actions will be imposed or the animal use protocol accession number for that activity will be revoked. Reported concerns and corrective actions will be documented in the meeting minutes.
- The Institutional Official will be notified by memorandum from the IACUC chair of the issue, findings and corrective actions taken.
- If the person reporting the event did not do so anonymously, that individual will be informed of the outcome and corrective actions.

DISTRIBUTION
Reporting of this SOP will be posted in the entrance to the Vivarium animal housing area. The entire SOP will be included in an index binder of SOPs housed in shelving in the Vivarium conference room and will be posted on the School of Pharmacy Vivarium website.

REFERENCE
A. Completed by Person Reporting Concern

1) Concern is: ☐ Animal Use or Protocol ☐ Husbandry ☐ Veterinary Care
☐ Occupational Health and Safety ☐ Other – explain: _______________________________

2) General Information:
   - Principal Investigator: __________________________________ Date: ______________
   - Protocol Number: ____________________ Species Involved: ____________________
   - Cage ID ____________________ # of Animals Involved: ____________________

3) Location of Animals (Vivarium Room #): ______________________________

4) Briefly Describe Your Concerns:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
a. *OPTIONAL* Person Reporting Concern: ______________________________

B. Completed by Person Investigating The Concern

Name: ____________________________________________________________

Was there a negative impact on animal health? ☐ No ☐ Yes
Explain impact and actions taken:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Persons contacted to discuss the concern (list each individual separately):

1) Name: ________________ Date: ________________ Time: ________________
2) Name: ________________ Date: ________________ Time: ________________
3) Name: ________________ Date: ________________ Time: ________________

Summarize the issues which were discussed with persons in item 4:

1) Person 1: ____________________________________________________________
2) Person 2: ____________________________________________________________
3) Person 3: ____________________________________________________________

Describe corrective actions needed or performed:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Is there a protocol violation? ☐ No ☐ Yes If yes, describe:
____________________________________________________________________
____________________________________________________________________

Was a corrective action agreed upon: ☐ No ☐ Yes If yes, describe:
____________________________________________________________________
____________________________________________________________________

IACUC notification: ☐ Request for immediate subcommittee review and action
☐ For report at regular IACUC meeting

Veterinarian Signature: __________________________ Date: __________________

C. Completed by IACUC Chair

Date Animal Care and Use Reporting Form received in IACUC Office:
____________________________________________________________________
Date of IACUC Review #1 ________________ Action taken: ______________________
Date of IACUC Review #2 ________________ Action taken: ______________________

Date of form: 11/01/2012

Animal Use Form 5.01