

**NUTS AND BOLTS OF REGULATORY REQUIREMENTS FOR
USE OF ANIMALS IN RESEARCH**

**(An Integrated Summary of the Regulatory Requirements
Applicable to VA Animal Research)**

The principles and policies that govern the use of animals in research in the Department of Veterans Affairs (VA) are set forth in VHA Handbook 1200.07. In addition to the requirements detailed in that Handbook, VA policy requires that all VA animal research also comply with the following:

The other related VHA issues, including Directive 1200 and Handbooks 1058.01, 1200.01, 1200.06, and 1200.08;

The United States Department of Agriculture Animal Welfare Act Regulations;

The Public Health Service Policy on Humane Care and Use of Laboratory Animals, which includes the provisions of the latest edition of the *Guide for the Care and Use of Laboratory Animals*; and

The Rules of Accreditation of the Association for Assessment and Accreditation of Laboratory Animal Care International.

This integrated summary is designed to facilitate compliance with all of the requirements, combined. There are many ways of achieving compliance. This document is meant to provide assistance in putting together the diverse requirements of the various regulatory entities involved, and provides some suggestions for best practices in meeting those requirements. It should not be interpreted as establishing any requirements in addition to those of the combined regulatory requirements, which in all cases take precedence.

Questions about this integrated summary may be referred to the office of the CVMO (see Appendix A, subpar. 1.b, below, for contact information).

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USE OF ANIMALS IN RESEARCH

1. PURPOSE

The Veterans Health Administration (VHA) Handbook 1200.07 sets forth the principles and procedures that govern the use of animals in research in the Department of Veterans Affairs (VA). It applies to all uses of animals that are subject to Institutional Animal Care and Use Committee oversight, as required by the Public Health Service Policy on Humane Care and Use of Laboratory Animals (PHS Policy), or the United States Department of Agriculture Animal Welfare Act Regulations (USDA AWAR), including the use of animals to train research and medical personnel learning procedures or safe device use. The Handbook does not apply to service or assistive animals accompanying veterans, employees or visitors, nor to therapy animals utilized at VA facilities.

2. BACKGROUND

Animal research contributes immeasurably to advancements in medical science. Principle #3 of the Nuremberg Code of 1947 states that human experimentation “should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.” Thus, it is often a moral imperative to perform research on animals before subjecting humans to new procedures, drugs, or devices. Most research involving human patients continues to be based on the results of animal research. To provide hope for veterans suffering from diseases that currently lack cures or effective treatments, VA actively supports the use of animals in research. However, the use of animals in research is a privilege granted with the understanding and expectation that such research is conducted according to the highest ethical and legal standards. Animal research in VA is governed by the United States (U.S.) Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training:

“The development of knowledge necessary for the improvement of the health and well-being of humans as well as other animals requires in vivo experimentation with a wide variety of animal species. Whenever U.S. Government agencies develop requirements for testing, research, or training procedures involving the use of vertebrate animals, the following principles shall be considered; and whenever these agencies actually perform or sponsor such procedures, the responsible Institutional Official shall ensure that these principles are adhered to:

I. The transportation, care, and use of animals should be in accordance with the [Animal Welfare Act \(7 U.S.C. 2131 et. seq.\)](#) and other applicable Federal laws, guidelines, and policies.

II. Procedures involving animals should be designed and performed with due consideration of their relevance to human or animal health, the advancement of knowledge, or the good of society.

III. The animals selected for a procedure should be of an appropriate species and quality and the minimum number required to obtain valid results. Methods such as mathematical models, computer simulation, and in vitro biological systems should be considered.

IV. Proper use of animals, including the avoidance or minimization of discomfort, distress, and pain when consistent with sound scientific practices, is imperative. Unless the contrary is established, investigators should consider that procedures that cause pain or distress in human beings may cause pain or distress in other animals.

V. Procedures with animals that may cause more than momentary or slight pain or distress should be performed with appropriate sedation, analgesia, or anesthesia. Surgical or other painful procedures should not be performed on unanesthetized animals paralyzed by chemical agents.

VI. Animals that would otherwise suffer severe or chronic pain or distress that cannot be relieved should be painlessly killed at the end of the procedure or, if appropriate, during the procedure.

VII. The living conditions of animals should be appropriate for their species and contribute to their health and comfort. Normally, the housing, feeding, and care of all animals used for biomedical purposes must be directed by a veterinarian or other scientist trained and experienced in the proper care, handling, and use of the species being maintained or studied. In any case, veterinary care shall be provided as indicated.

VIII. Investigators and other personnel shall be appropriately qualified and experienced for conducting procedures on living animals. Adequate arrangements shall be made for their in-service training, including the proper and humane care and use of laboratory animals.

IX. Where exceptions are required in relation to the provisions of these Principles, the decisions should not rest with the investigators directly concerned but should be made, with due regard to Principle II, by an appropriate review group such as an institutional animal care and use committee. Such exceptions should not be made solely for the purposes of teaching or demonstration.”

3. DEFINITIONS

The definitions summarized here reflect the usages in VHA Handbook 1200.07 and the other regulatory documents identified in the introduction to this document, and also include abbreviations in general use for referring to organizations and documents relevant to the regulatory requirements.

3.a. **AAALAC (Association for Assessment and Accreditation of Laboratory Animal Care, International)**. The accrediting body recognized by VA for animal research programs. Each local VA animal research program must be accredited by AAALAC.

3.b. **AALAS (American Association for Laboratory Animal Science)**. A professional society for those who work with laboratory animals, which sponsors the AALAS Learning Library (ALL), a web-based training resource

3.c. **ACLAM (American College of Laboratory Animal Medicine)**. The specialty certification board for laboratory animal veterinarians that is recognized by the American Veterinary Medical Association.

3.d. **ACORP (Animal Component of Research Protocol)**. The standard VA animal protocol

form. Protocols must be documented on this form for review and approval by the VA IACUC of Record (see subpar. 3.t, below) for projects that are to be funded by the VA Office of Research and Development.

3.e. **Affiliate (Affiliate Institution)**. An institution with a research or other relationship with a VA facility that is formally documented by an agreement such as a Memorandum of Understanding.

3.f. **Animal**. “Any live, vertebrate animal used or intended for use in research, research training, experimentation, or biological testing or for related purposes” (PHS Policy, par. III – see subpar. 3.bb, below). Although the USDA AWAR apply to more than just the animals addressed by PHS Policy and VHA Handbook 1200.07, to include dead as well as living animals, and also specific uses other than research, they also explicitly exclude birds and laboratory rats and mice bred for use in research. Thus, not all animals addressed by VHA Handbook 1200.07 are covered by USDA AWAR.

3.g. **Animal Research**. Any use of animals in research (see “VA research”, subpar. 3.hh, below), medical teaching or training activities, or any other activity involving animals that must be monitored by an Institutional Animal Care and Use Committee per the PHS Policy, USDA Animal Welfare Act Regulations, or VHA Handbook 1200.07. This term does not apply to the use of service or assistive animals accompanying veterans, employees, or visitors (see VHA Directive 2011-013, “Guide Dogs and Service Dogs on Veterans Health Administration (VHA) Property”), nor does it apply to the use of therapy animals at VA facilities.

3.h. **Animal Research Program (Animal Care and Use Program)**. The entire system of local administrative and service activities required to support the care and use of animals in research at a VA facility. It includes, but is not limited to, the management and operations of the Veterinary Medical Unit (VMU, see subpar. 3.kk, and par. 8 -10, below), activities of the VA IACUC of Record (see subpar. 3.t, and par. 11-28, below), the occupational health program (see par. 31, below) as it applies to personnel at risk of exposure to research animals, and disease surveillance within the animal population.

3.i. **AV (Attending Veterinarian)**. The veterinarian who has direct or delegated responsibility for, and authority over, the veterinary care of all animals in the animal research program of a VA facility (see subpar. 7.j, below, and USDA AWAR, 9 CFR §1.1).

3.j. **AVMA (American Veterinary Medical Association)**. The principal professional organization for veterinarians engaged in any specialty of the practice of veterinary medicine.

3.k. **CEO (Chief Executive Officer)**. The highest ranking administrative official. The USDA AWAR (see subpar. 3.gg, below) and PHS Policy (see subpar. 3.bb, below) require the CEO to appoint the members of the IACUC. In a VA facility, the Director (see subpar. 7.d, below) is the CEO, and is therefore responsible for appointing the members of the VA IACUC of Record.

3.l. **Clinical Veterinarian**. A veterinarian who may not have the training or experience in laboratory animal medicine to serve as a VMO (see subpar. 3.jj, below) or VMC (see subpar. 3.ii, below) but is employed to supplement the services of the VMO or VMC (see subpar. 8.d, below).

3.m. **Collaborative Animal Research**. Animal research in which more than one institution participates, beyond merely transporting animals between them. This includes, for example,

arrangements whereby animals purchased by one institution are housed at another, or personnel paid by one institution work on a project at another institution. Fee for service arrangements such as payments made by a VA institution to a non-VA institution for core services such as creation of transgenic mice or metabolic testing are not usually considered collaborative research.

3.n. **CRADO (Chief Research and Development Officer)**. The chief research administrator in the VA Central Office. Has the authority and responsibility for managing all human, animal, and laboratory research activities within VHA, including policy, research portfolio development, and budget management. The CRADO directs the Office of Research and Development (ORD), VA Central Office.

3.o. **CVMO (Chief Veterinary Medical Officer)**. The VA Central Office veterinarian responsible for formulating VA animal research policy, advising senior VA administrators on animal research and other veterinary medical issues, and providing support and guidance as needed to field research personnel conducting animal research. (See subpar. 8.a, below, for details, and Appendix A, subpar. 1.b, below, for contact information.)

3.p. **Director (Facility Director)**. The highest ranking administrative official at a VA medical facility. The Director is the CEO (see subpar. 3.k, above) and generally serves as the IO (see subpar. 3.v, below) for the local research facilities and programs. (See subpar. 7.d, below for further information on the role of the facility Director.)

3.q. **Guide (Guide for the Care and Use of Laboratory Animals)**. A publication of the Institute of Laboratory Animal Resources, National Academy of Sciences, which is a primary reference on the care and use of animals in research. PHS Policy and the VHA Handbook 1200.07 require compliance with the provisions of the most recent version of the *Guide* approved by OLAW.

3.r. **IACUC (Institutional Animal Care and Use Committee)**. The committee formally charged by an institution with reviewing and conducting continuing oversight of animal research and the animal research program, to ensure ethical treatment of the animals and compliance with federal laws, regulations, policy, and guidelines. In the VA system, the IACUC is organized administratively as a subcommittee of the Research and Development Committee.

3.s. **IACUC Member**. One who is officially appointed by the CEO to participate, with voting privileges, in the work of the IACUC. Those who participate without voting privileges are not considered “IACUC members” (see subpar. 13.e(3), below).

3.t. **IACUC of Record**. For each VA facility at which animal research is conducted, the single IACUC that provides primary oversight. The IACUC of Record may be managed a VA facility (internal IACUC), or it may be managed by an affiliate institution (external IACUC).

3.u. **IBC (Institutional Biosafety Committee)**. Required by the “NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules” to review research that involves recombinant constructs not defined in those Guidelines as exempt. The IBC may also serve as the SRS (see subpar. 3.ff, below).

3.v. **IO (Institutional Official)**. The individual with the legal authority and responsibility to commit institutional resources to comply with the regulatory requirements governing animal research (see subpar. 7.d(1), below). At a VA medical facility, the Director generally serves as the IO.

- 3.w. **Just-in-Time (JIT)**. The ORD (see subpar. 3.y, below) policy requiring, and mechanism for, submission of project compliance documentation for ORD review only after the likelihood of VA funding is established.
- 3.x. **OLAW (Office of Laboratory Animal Welfare)**. The Public Health Service (PHS) office responsible for the general administration and coordination of PHS Policy (see 3.bb, below).
- 3.y. **ORD (Office of Research and Development)**. The office within VHA Central Office that is responsible for the overall establishment of policy, planning, coordination, and direction of VA research activities. (VHA Directive 1200, subpar. 2.b)
- 3.z. **ORO (Office of Research Oversight)**. The primary office within VHA Central Office advising the Under Secretary for Health and exercising oversight of all matters of compliance and assurance regarding not only animal welfare, but also human subjects' protection, research safety, and research misconduct (VHA Handbook 1058.01, par. 2). ORO is responsible for developing and conducting education programs for Research Compliance Officers (see subpar. 3.dd, below).
- 3.aa. **Public Health Service Animal Welfare Assurance (PHS Assurance, Animal Welfare Assurance, or Assurance)**. The document submitted to OLAW, describing how the institution will comply with the PHS Policy (see subpar. 3.bb, below). When approved by OLAW, this document becomes a binding agreement between the Assured Institution and the PHS.
- 3.bb. **Public Health Service Policy on Humane Care and Use of Laboratory Animals (PHS Policy)**. The policy that requires institutions to establish and maintain measures to ensure the appropriate care and use of all animals involved in research, research training, and biological testing activities supported by PHS funds (see PHS Animal Welfare Assurance, subpar. 3.aa, above). All VA animal research must comply with the PHS Policy, regardless of whether it is supported by PHS funds.
- 3.cc. **R&D (Research and Development) Committee**. The local VA Committee that is responsible for oversight to maintain high scientific, ethical, and regulatory standards in the local research program. Requirements for R&D Committee oversight are found in VHA Handbook 1200.01.
- 3.dd. **RCO (Research Compliance Officer)**. One appointed by the facility Director, to be responsible for auditing and monitoring local research projects relative to requirements for the protection of human subjects, laboratory animal welfare, research safety, and other areas under the jurisdiction of and specified by the ORO (see VHA Handbook 1058.01, subpar. 4.t).
- 3.ee. **SOP (Standard Operating Procedure)**. A written document specifying how local procedures are to be carried out. SOPs related to the animal research program are to be reviewed annually by the IACUC.
- 3.ff. **SRS (Subcommittee for Research Safety)**. A subcommittee of the R&D Committee, that is responsible for reviewing all VA research (see subpar. 3.hh, below) that involves biological, chemical, physical, or radiation hazards, for compliance with all applicable regulations, policies, and guidelines. See VHA Handbook 1200.08 (par. 7) for specific responsibilities of the SRS. The membership of the SRS may be selected such that it also meets the requirements for an Institutional Biosafety Committee, and the same group of members may serve the functions of both committees.

3.gg. **USDA (United States Department of Agriculture)**. The Federal agency charged with enforcing the USDA Animal Welfare Act Regulations and Standards (AWAR). The USDA Animal Care Section in the Animal and Plant Health Inspection Service (APHIS) is the administrative unit responsible for monitoring and enforcing compliance with the USDA AWAR.

3.hh. **VA Research**. Research that is approved by the R&D Committee and conducted by VA investigators (including PIs, Co-PIs, and Site Investigators, with compensated, WOC (Without Compensation), or IPA (Intergovernmental Personnel Act) appointments) while on VA time, and/or supported by VA resources, and/or conducted on VA property (including space leased to VA).

3.ii. **VMC (Veterinary Medical Consultant)**. A qualified laboratory animal veterinarian hired to provide veterinary services (see subpar. 8.b, below) at a VA facility through a formal agreement or contract with the VA or a VA research foundation, regardless of the level of effort. *NOTE: Laboratory animal medicine is a recognized specialty within veterinary medicine that requires special training and experience.*

3.jj. **VMO (Veterinary Medical Officer)**. A qualified laboratory animal veterinarian hired into a Federal position to provide veterinary services (see subpar. 8.b, below) at a VA facility, regardless of the level of effort. *NOTE: Laboratory animal medicine is a recognized specialty within veterinary medicine that requires special training and experience.*

3.kk. **VMU (Veterinary Medical Unit)**. All of the animal research facilities located on property owned or leased by VA, and all veterinary, husbandry, and technical personnel assigned to the animal research program. Space assigned by the medical facility directly to an investigator as laboratory space is not considered part of the VMU, but is subject to semiannual inspection if work is performed with animals in that space.

3.ll. **VMU Supervisor**. The individual who is responsible for overseeing local daily animal care activities and animal facility operations.

4. SCOPE OF VHA HANDBOOK 1200.07

4.a. **Authority to Conduct Animal Research and Required Local Environment**. Pursuant to Title 38, United States Code, Section 7303, the VA is authorized to carry out a program of medical research in connection with the provision of medical care and treatment to veterans. As part of this research program VA also conducts research involving laboratory animals.

4.b. Handbook Application and Authorities.

4.b(1) VHA Handbook 1200.07 applies to all animal research (see subpar. 3.g, above) that is considered VA research (see subpar. 3.hh, above). It does not apply to projects for which an affiliate administers the funds, the research is conducted at an affiliate, and the investigator conducts the research during non-VA duty hours.

Note: Because of the great complexity of the relationships between VA facilities and their affiliates or other collaborating institutions (such as vendors), requests for clarifications in the application of federal regulations and the provisions of this Handbook to a specific VA program should be referred to the CVMO, who will consult with ORO, OLAW, or USDA, as needed.

4.b(2) VA accepts that the interpretation of each set of Federal regulations and policies is the purview of the Federal agency responsible for them. In no case should VA policy be interpreted as being inconsistent with other Federal regulations or with AAALAC rules.

4.b(2)(a) Interpretation of the PHS Policy remains the sole purview of OLAW.

4.b(2)(b) Interpretation of the USDA AWAR remains the sole purview of USDA.

4.b(2)(c) Interpretation and implementation of VA policy related to use of animals in research is the responsibility of ORD, through the office of the CVMO.

4.b(3) Under exceptional circumstances, the CRADO may grant a waiver of some specific provisions in this Handbook to a VA facility for a specific project or animal research activity, provided that such a waiver is consistent with the PHS Policy and the USDA AWAR (or that such a waiver could also be obtained from OLAW and USDA). Requests for waivers must include detailed justification and be submitted to the CVMO for initial review (see Appendix A, subpar. 1.b, for CVMO contact information).

5. VA FACILITIES CONDUCTING ANIMAL RESEARCH

Local VA facilities are responsible for ensuring proper oversight and care of all animals used in VA research, which include compliance with all applicable VA and other Federal regulations, policies, and requirements. The high standards of animal care and use appropriate to VA research require a significant and sustained commitment of financial and personnel resources by the facility for procurement and maintenance of the necessary facilities, support of husbandry and veterinary care of the animals, and provision of committee and administrative support for the program.

5.a. **Initiation of New Animal Research Programs.** VA facilities may only initiate new programs or reactivate inactive programs if the CRADO grants specific approval.

5.b. **Withdrawal of Approval for Animal Research Programs.** If serious concerns about the health and welfare of animals are raised, the CRADO may withdraw approval for all or any portion of the animal research activities at a VA facility.

5.c. **Compliance with PHS Policy.** All VA facilities conducting animal research must comply with the PHS Policy and all associated guidance from OLAW, regardless of whether the work is supported by PHS funds. Each VA facility must therefore either have its own PHS Assurance or be covered explicitly by the PHS Assurance of an affiliate (to cover a VA facility, the affiliate's Assurance must specifically list the VA facility as a satellite performance site.)

5.d. **Compliance with the USDA AWAR.** All VA facilities conducting animal research must comply with the USDA AWAR and associated guidance from USDA, for those portions of the program that relate to species regulated by USDA. Any VA facility that houses USDA-regulated species must either have its own USDA registration or be covered by the USDA Registration (and be included in the annual reports) of an affiliate. Any facility that is registered with USDA must submit an annual report each year, regardless of whether any regulated species were used during the reporting year. Registration is not required for VA facilities in which no animal species regulated by USDA are used (i.e., only laboratory rats and/or mice are used), and a registered facility may cancel its registration if no USDA-regulated species will be used for the reporting year. If USDA-regulated species are to be used later, the USDA registration must be

reactivated before use of those species may be (re)-initiated. Please contact USDA for the application form required for reactivation.

5.e. **Compliance with CDC/NIH Guidelines.** All VA animal research involving infectious or recombinant agents must comply with guidelines found in the latest edition of “Biosafety in Microbiological and Biomedical Laboratories” (published by the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). VA programs should also comply with applicable animal research guidelines in the "NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules.”

5.f. **AAALAC Accreditation.** Each local VA animal research program must be accredited by AAALAC, either independently or as a documented component of an affiliate program. In addition, animals purchased with VA funds may be housed only in facilities accredited by AAALAC.

5.f(1) VA Central Office funds a contract with AAALAC for the accreditation of all VA facilities with animal research programs.

5.f(2) Under exceptional circumstances, a waiver of this requirement may be granted by the CRADO, or designee, in response to a written request submitted through the office of the CVMO.

5.g. **Inspections.** Each facility used for animal research on VA property or in space leased by VA (including investigator laboratories as well as the VMU) is subject to inspection by the following entities:

5.g(1) **AAALAC.** This is part of the accreditation process.

5.g(2) **ORO.** ORO review procedures and reporting requirements are found in VHA Handbook 1058.01.

5.g(3) **PHS.** OLAW or any other administrative unit of the PHS is authorized by VHA Handbook 1200.07 to conduct any investigation of VA facilities or programs required for meeting the regulatory mandates of PHS.

5.g(4) **USDA.** At its discretion, USDA is given authority by VHA Handbook 1200.07 to enter any VA facility to inspect any location on VA property or in VA-leased space in which USDA-regulated species are housed or used. Historically, USDA has rarely exercised this option.

***NOTE:** If the VA facility is covered by the USDA registration of an affiliate, and USDA-regulated animals (even if only ones purchased with affiliate funds) are housed on VA property or in VA-leased space, the affiliate is obliged to inform the USDA at initiation of such housing. The VA facility is then subject to unannounced USDA inspections as a satellite location of the affiliate.*

5.h. **Establishing an IACUC of Record.** Each VA facility conducting VA animal research must designate an IACUC that serves as its IACUC of Record (see subpar. 3.t, above). Either an internal or external IACUC may be utilized for this purpose. Use of an affiliate’s IACUC requires an MOU that outlines the respective responsibilities of the affiliate and the VA facility (see Paragraphs 28 and 29, below, for requirements for external IACUCs)

6. MANDATORY TRAINING

Through IACUC oversight, each VA facility must ensure that all personnel with duties related to animal research receive training to perform those duties competently and humanely.

6.a. **Animal Research Program Personnel.** Continuing education is mandated for all research and staff personnel who work with laboratory animals. (See USDA AWAR [9 CFR 2.32, Personnel Qualifications], the U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training [Principle VIII], the PHS Policy [Sec. IV.A.1.g.], and the *Guide*). The CVMO's office can assist in identifying training opportunities and materials.

6.a(1) **Facility Directors.** (See subpar. 3.p, above.) Facility Directors must be made aware of their responsibilities as the IOs for local animal research activities, through whatever mechanisms are deemed most appropriate at the local VA.

6.a(2) **Administrative Officer (AO) and Associate Chief of Staff (ACOS) for R&D.** (See subpar. 7.f, below.) The AO and ACOS for R&D should be sufficiently familiar with IACUC responsibilities to be able to help to ensure, on behalf of the facility Director, both that the IACUC has adequate support, and that the IACUC meets its obligations. Participation in training on animal research compliance issues is strongly recommended.

6.a(3) **IACUC Members.** Training for each of the voting members of the IACUC is required to ensure they can adequately fulfill their roles in critically reviewing and monitoring the animal research program (see subpar. 6.b, below, for minimum training requirements). Non-scientist and non-affiliated IACUC members may require additional training, tailored to their specific education needs.

6.a(4) **IACUC Support Personnel.** Administrative personnel who provide support to IACUCs (e.g., coordinators and secretaries) must be knowledgeable about the regulatory requirements for animal research programs, and have adequate technical and management skills to effectively assist the IACUC with its many responsibilities. Participation in IACUC administrator certification programs (e.g. the Certified Professional IACUC Administrator (CPIA) Program) is strongly recommended.

6.a(5) **Personnel Conducting Animal Research.** Before approving any protocol, the IACUC must ensure that each individual who will be involved in the work with animals is listed on the protocol and is current on training for use of animals in research in general, and for use of the particular species included in the protocol. The training must cover at least all topics listed in USDA AWAR (9 CFR 2.32(c)) – see subpar. 6.b, below. **NOTE:** *Investigators who are responsible for supervising animal research must complete this training even if they will not perform any of the procedures themselves.* The IACUC must also ensure that each individual has adequate additional training to perform the specific procedures on the protocol before beginning to perform them (see USDA AWAR, 9 CFR 2.32(a); Principle VIII, U.S. Government Principles for The Utilization and Care of Vertebrate Animals Used in Testing, Research, And Training; and the *Guide*, pp. 115-116).

6.a(6) **Veterinarians.** Each veterinarian must satisfy the continuing education requirements of all relevant licensing and specialty boards (e.g., through attendance at conferences), and complete any continuing education and training in laboratory animal medicine and surgery needed to remain qualified to provide care for the species of animals utilized locally in VA

research. Furthermore, any veterinarian serving as a voting IACUC member must complete the training required of all IACUC members (see subpar. 6.a(3), above).

6.a(7) **VMU Supervisors.** VMU Supervisors must complete continuing education and training to remain aware of new developments in personnel management, animal care and use procedures, and animal care equipment and technology. Participation in the technician certification program of AALAS is strongly encouraged. A Cooperative Research and Development Agreement (CRADA) is in place between ORD and AALAS to allow animal care staff, including the VMU Supervisor, to access at no charge the web-based training developed for them by AALAS (see Appendix A, subpar. 2.b).

6.a(8) **Animal Care Staff.** Staff members providing care for animals must complete continuing education and training relevant to their specific duties in the animal research program. Participation in the technician certification program of AALAS is strongly encouraged. The CRADA in place between ORD and AALAS allows animal care staff to access at no charge the web-based training developed for them by AALAS (see Appendix A, subpar. 2.b(2)).

6.b. **ORD Web-Based Training.** ORD has developed free web-based training that helps meet training requirements for both research staff and IACUC members (see Appendix A, subpar. 2.b(1)). Each individual involved in animal research must complete this ORD web-based training (or approved equivalents, see subpar. 6.b(1), below) before beginning work, and periodically thereafter. The current requirements with regard to curricula and frequency of renewal of training are posted on the ORD website (http://www.research.va.gov/programs/animal_research/).

6.b(1) Any training to be utilized in place of the free web-based training provided by ORD, must be pre-approved by the CVMO. Any request for approval to use alternate training must include written documentation of how the proposed alternate training will cover each topic addressed in the training provided by ORD.

6.b(2) Education goals for web-based training will be considered met when personnel are able to pass an exam of sufficient difficulty to provide some assurance that important concepts in the training have been learned.

6.c. **Application of VA Training Mandates to Non-VA Personnel.** The VA IACUC of Record is authorized to determine how the mandated training requirements (see subpar. 6.a, above) must be met by non-VA personnel such as the following, who have only limited involvement in VA animal research:

6.c(1) Attendees of short training workshops that use VA research animals;

6.c(2) Animal care staff members at the affiliate who care for VA animals housed at the affiliate;

6.c(3) Affiliate personnel who provide core animal research services at the affiliate, for a fee paid with VA funds or as part of a collaboration with a VA investigator.

7. ROLES IN VA ANIMAL RESEARCH

7.a. **ORD.** ORD is responsible for establishing both the office of the CVMO and VA policy for animal research in the VA. It funds animal research, provides education to field research and administrative staff, and provides guidance on animal research policy matters.

7.b. **ORO.** The functions of ORO (http://www.va.gov/ORO/About_ORO.asp) include “developing, implementing, and evaluating operational policies and procedures related to assessing compliance of individual facilities with laws, regulations, and policies related to research, identifying issues arising from research compliance and assurance activities related to the responsible conduct of research, and providing direction, guidance, and oversight to its Regional Offices that support the mission of ORO.” With respect to VA animal research,

7.b(1) ORO conducts routine and “for cause” site visits of VA animal research programs, to assess compliance with Federal animal research regulations and guidelines, as well as with VHA Handbook 1200.07.

7.b(2) ORO assists local facilities with correction of problems identified.

7.b(3) ORO develops and conducts education programs for RCOs.

7.c. **Chief Veterinary Medical Officer (CVMO), VA Central Office.** The primary responsibility of the CVMO is to assist in the development of VA policies regarding the use of animals in VA research, and to provide interpretation of those policies and guidance regarding their implementation by VA field facilities. Specific qualifications and responsibilities of the CVMO are detailed in subpar. 8.a , below.)

7.d. **Director of the VA Facility.** As the CEO and (usually) IO of the local VA facility, the Director bears ultimate responsibility for ensuring that the animal research conducted at the VA facility is monitored by an effective IACUC of Record, that IACUC members, IACUC support staff, veterinarians, and animal care staff have adequate opportunities for continuing education, and that adequate resources are available for the animal research program to comply with regulatory requirements. This includes ensuring that adequate support for animal research is provided as needed by other Services of the facility (e.g., completion of work orders by the Engineering Service).

7.d(1) **Responsibilities as the IO.** The facility Director must serve as the IO for the animal research program of the VA facility, as follows:

7.d(1)(a) If the VA facility has its own USDA registration, the facility Director must sign the USDA Annual Report of Research Facility, reporting the use of species regulated by USDA and committing the VA facility to meet the requirements of USDA AWAR. If the VA facility does not have its own USDA registration and instead is covered by the USDA registration of an affiliate, an official at the affiliate (rather than the VA facility Director) must be the designated as the IO for USDA AWAR. The VA facility Director then shares with that IO the responsibility for maintaining compliance with the USDA AWAR.

7.d(1)(b) If the VA facility has its own PHS Assurance, the facility Director signs the PHS Assurance as the IO, committing the VA facility to follow the PHS Policy. If the VA facility does not have its own PHS Assurance and instead is covered by the Assurance of an affiliate, an official at the affiliate (rather than the VA facility Director) must be the designated as the IO of

the VA facility for PHS Policy. The VA facility Director then shares with that IO the responsibility for maintaining compliance with PHS Policy.

7.d(1)(c) If the VA facility is itself accredited by AAALAC, the facility Director is the responsible institutional official for ensuring compliance with AAALAC's Rules of Accreditation. If the VA program is accredited by AAALAC as a component of the program of an affiliate, an official at the affiliate (rather than the VA facility Director) must be the designated responsible institutional official of the VA facility for AAALAC Accreditation. The VA facility Director then shares with the responsible institutional official at the affiliate the responsibility for ensuring compliance with the Rules of Accreditation.

7.d(2) **Responsibility to Appoint Each Voting IACUC member.** As the CEO, the facility Director must appoint each voting member and each alternate voting member of the VA IACUC of Record (internal or external IACUC).

7.d(3) **Regulatory Authority.** As the CEO or IO, the facility Director has the authority to stop or delay unilaterally any work with animals (see subpar. 23.a(2)(a)2, below), and to authorize any other official to do so. *NOTE: Only the VA IACUC of Record has the authority to approve VA animal research.*

7.d(4) **Responsibility to Work with the IACUC.** For the Director to meet the above responsibilities, it is essential that the IACUC have direct access to the Director on a regular basis to communicate important information about the status of the animal research program. The facility Director must meet personally with IACUC representatives to discuss and sign the report of each semiannual IACUC evaluation of the VA facility animal research program and facilities, promptly after the report is signed by the IACUC. No other official may substitute for the facility Director, and the meeting must be in person unless a waiver has been obtained beforehand from the CVMO to utilize another method. (See subpar. 18.i and 28.e(4), below.) *Note: Only facility Directors officially appointed by the VISN may sign the semiannual IACUC evaluation. Other members of the local leadership team (e.g., the Associate Director, Assistant Director, Chief of Staff, and Chief of Nursing/Patient Care Services) and other personnel "acting" in place of the Director during short absences may not sign in place of the Director.*

7.e. **Freedom of Information Act (FOIA) Officer.** The local VA facility FOIA officer is responsible for determining the appropriate information to release in response to external requests for information about the animal research program, and for ensuring that information that may be kept confidential is properly redacted. Any external request for information about VA animal research must be forwarded to the local VA facility FOIA Officer, the CVMO, and the VACO FOIA Officer for consultations prior to release of any documents.

7.f. **Administrative Officer (AO) and Associate Chief of Staff (ACOS) for R&D.** The AO for R&D and the ACOS for R&D are responsible for overall management and operations of the research service, which includes management of budgets and implementation of day-to-day processes that support the conduct of animal research and the function of research committees such as the IACUC. The ACOS for R&D serves as a non-voting *ex officio* member of the R&D Committee and functions as its Executive Secretary (VHA Handbook 1200.01, subpar. 7.b). The AO for R&D is also *ex officio* a non-voting member of the R&D Committee and assists in the work of that committee (VHA Handbook 1200 .01, subpar. 4.c and 13.f(1)).

7.f(1) **Responsibility to support the work of the IACUC.** The ACOS for R&D and the AO for R&D must coordinate support for the work of the IACUC as needed. To facilitate this, the

IACUC is expected to keep them informed by sending directly to the ACOS copies of all IACUC reports that are not otherwise provided to the R&D Committee.

7.f(2) **Responsibility to ensure communication between an external IACUC of Record and the VA facility.** When an external IACUC of Record is used, the ACOS for R&D must ensure that the voting members representing the VA facility are adequately communicating significant issues that impact VA research back to the R&D Committee and research administrators for appropriate action as needed (see subpar. 28.b(1)(b), below).

7.g. **R&D Committee.** The R&D Committee is responsible for broad oversight of the work of the IACUC, to help ensure that mechanisms for identifying and correcting problems are functioning effectively and that oversight entities are kept properly informed about deficiencies.

7.g(1) At least one individual who regularly attends IACUC meetings should also regularly attend meetings of the R&D Committee (see subpar. 14.a, below).

7.g(2) VHA Handbook 1200.01 (subpar. 14.e) requires the IACUC to make available to the R&D Committee a copy of the final minutes of each IACUC meeting.

7.h. **IACUC.** The IACUC is responsible for overseeing the animal research program (see details in par. 11-27, below), which includes:

7.h(1) Reviewing proposed protocols for animal research, assisting the PIs to make the protocols compliant with regulatory requirements, and approving compliant protocols,

7.h(2) Identifying problems and resource needs in the program and communicating them to the facility Director, and

7.h(3) Fostering an environment that supports animal research and maintains an ethical and compliant program.

7.i. **Local Veterinarians.** The local veterinarians include at least one full-time or part-time VMO and/or VMC, one of whom serves as the Attending Veterinarian (see subpar. 7.j and 8.c, below), and may be assisted by clinical veterinarians (see subpar. 7.k and 8.d, below). They are responsible for providing veterinary medical services, supervising the VMU supervisor, and guiding the IACUC with regard to veterinary and regulatory requirements. Specific qualifications and responsibilities of the local veterinarians are detailed in subpar. 8.b, below.

7.j. **The Attending Veterinarian.** In addition to all of the responsibilities of any local veterinarian, the Attending Veterinarian is responsible for supervising all other local veterinarians, has program responsibility for all local activities involving research animals, and is *ex officio* the veterinarian who is required to serve as a voting member of the IACUC. Qualifications and responsibilities are detailed in subpar. 8.c, below.

7.k. **Clinical Veterinarians.** If exceptional circumstances preclude the provision of adequate and timely veterinary medical care by a VMO or VMC, a local veterinarian without training or experience in laboratory animal medicine may be employed to provide clinical and other services. Such a clinical veterinarian is supervised by, and supplements but does not replace, a VMO or VMC. Qualifications and responsibilities are detailed in subpar. 8.d, below.

7.l. **The VMU Supervisor.** The VMU Supervisor is responsible for overseeing all animal facility operations, including daily husbandry. Specific qualifications and responsibilities of the VMU Supervisor are detailed in subpar. 8.e , below.

7.m. **IACUC Coordinator.** The IACUC Coordinator is responsible for preparing meeting agendas and minutes in a timely fashion (with the assistance of the Chair or other members as needed), assisting investigators with submission of protocols and correspondence, communicating IACUC decisions in writing, maintaining complete IACUC records, and (in consultation with the IACUC Chair, veterinarian(s), and the VMU Supervisor) responding to requests from the Office of the CVMO for data from field programs to inform decisions about VA animal research.

7.n. **Principal Investigator (PI).** PIs are responsible for all animal research activities conducted in their laboratories or otherwise by research staff members under their supervision. Their role in the animal research program includes not only the use of the animals but also the training and supervision of the personnel on their research teams, and management of appropriate documentation of the work and communication with the IACUC, to ensure compliance with regulatory requirements. This includes:

7.n(1) Providing complete and accurate information on each protocol so that the IACUC can thoroughly review of the proposed animal use.

7.n(2) Ensuring that all of their research staff members conducting animal research are aware of which procedures and practices have been approved for which animals by the IACUC, and that personnel are properly trained before conducting the approved procedures or manipulations.

NOTE: It is a best practice to maintain copies of all IACUC-approved protocols in the laboratory for ready reference by staff members.

7.n(3) Ensuring that no animal research activities are initiated or significant changes in procedures are made before they are approved by the IACUC. The PI must ensure that all research staff members involved in animal research are aware of the requirement for IACUC approval, and must make it clear that compliance is expected.

7.n(4) Ensuring that records of surgical procedures, post-operative care, and analgesic administration are accurately maintained, as dictated by local policy and approved protocols.

7.n(5) Responding in a timely fashion to requests and correspondence from the IACUC.

7.n(6) Informing (self-reporting to) the IACUC as soon as they become aware of any significant deviations from approved protocols, or the conduct of any other animal research activities without IACUC approval.

7.n(7) Ensuring the full cooperation of all of their research staff members with the IACUC and its designees during any investigation of matters related to animal research.

7.n(8) Ensuring that corrective actions are taken promptly as required, e.g., in response to requests from the IACUC, or as dictated by their own commitment to high standards of animal care and to compliance with regulatory requirements.

7.n(9) Not permitting retribution against any of their research staff members who reports

concerns about or potential deficiencies in animal research supervised by the PI.

7.o. **Research staff utilizing research animals.** All research personnel are responsible for their own actions with regard to complying with regulatory requirements pertaining to VA animal research. Their responsibilities therefore include:

7.o(1) Being familiar with the IACUC-approved protocols with which they are involved, knowing which procedures and manipulations are included, and ensuring that they are properly trained before performing those procedures or manipulations.

7.o(2) Initiating animal research activities and implementing significant changes in procedures only after they are approved by the IACUC.

7.o(3) Maintaining accurate records of the surgical procedures, post-operative care, and analgesic administration that they are assigned to perform, as dictated by local policy and the protocols approved by the IACUC.

7.o(4) Informing (self-reporting to) the PI and the IACUC as soon as they become aware of any significant deviations from approved protocols or other conduct of animal research without IACUC approval.

7.o(5) Cooperating with the IACUC and its designees during any investigations of matters related to animal research.

7.o(6) Taking corrective actions as required by the IACUC, by the PI, or as dictated by their personal commitment to high standards of animal care and to compliance with regulatory requirements.

7.o(7) Declining to participate in any retribution against other research staff members who report concerns or potential deficiencies in the animal research program.

8. ANIMAL CARE AND USE SUPPORT PERSONNEL

8.a. Chief Veterinary Medical Officer (CVMO), VA Central Office.

8.a(1) **Responsibilities.** Responsibilities include, but are not limited to:

8.a(1)(a) Advising the CRADO, the Deputy CRADO, and ORD Service Directors with regard to animal welfare and animal research matters, including animal research facility operations, animal care and use issues, and the selection of veterinary medical personnel serving field facilities.

8.a(1)(b) Assisting with the development of policies at the national level for improving the practice of laboratory animal medicine and the care and use of animals in VA research.

8.a(1)(c) Providing interpretation of ORD policy and guidance to VA field facilities on the operation and function of the VMU and other aspects of the facility's animal research program.

8.a(1)(d) Acting as liaison to other Federal agencies, and to other public and private institutions engaged in research involving animals.

8.a(1)(e) Participating as an expert on laboratory animal medicine and regulatory compliance

issues at conferences and meetings sponsored by national and international scientific and professional organizations.

8.a(1)(f) Advising public relations personnel at the agency and local levels about communications with special interest groups and the general public, regarding animal research.

8.a(1)(g) Providing guidance and support to VA facilities, in complying with applicable non-VA Federal laws and guidelines pertaining to the care and use of research animals.

8.a(1)(h) Providing guidance and assistance to VA facilities, with regard to achieving and maintaining full accreditation by AAALAC.

8.a(1)(i) Coordinating the JIT review process for animal research documents in support of applications for VA funding.

8.a(1)(j) Advising and interacting with ORO personnel on implementation and application of VHA Handbook 1200.07 in local VA animal research programs.

8.a(1)(k) Serving as VA's representative on interagency committees such as the Interagency Research Animal Committee, a multi-agency group committed to addressing important animal research issues that impact federal agencies.

8.a(2) **Qualifications.** The CVMO must meet the qualifications for a GS-15 VA veterinarian found in VA Handbook 5005, Staffing, Part II, Appendix F32.

8.a(3) **Supervisory Controls.** The CVMO reports directly to the CRADO or designee.

8.b. **Local Veterinarians.**

8.b(1) **Responsibilities of VMOs and VMCs.** Primary responsibilities and duties of VMOs and VMCs include, but are not limited to, working in partnership with the IACUC by:

8.b(1)(a) Providing veterinary medical care that meets or exceeds currently accepted standards of treatment, consistent with the protocols approved by the IACUC.

8.b(1)(a)1. Establishing and maintaining disease surveillance programs in the VMU.

8.b(1)(a)2. Supervising any clinical veterinarians whose qualifications do not meet those of VMOs and VMCs.

8.b(1)(a)3. Developing a written Program of Veterinary Care (PVC). USDA Policy requires that a written PVC be in place if veterinary coverage of an animal research program will be provided only by part-time veterinarian(s). VA policy extends this requirement to include all VA animal research programs, regardless of whether USDA-regulated species are involved. It is the responsibility of a VMO or VMC to develop the PVC. **NOTE:** *If the local VA animal research program is considered to be a satellite of an affiliate's program by OLAW [e.g., the VA facility is covered by the affiliate's PHS Assurance], then this provision is waived if the VMC has an aggregate full-time appointment for the service of the combined affiliate and VA facilities.*

8.b(1)(a)3.a. The PVC must specify the minimum frequency of veterinary visits, describe the provisions for after-hours, weekend, emergency, and holiday veterinary coverage, and define the role(s) of the part-time veterinarian(s) in VMU operations and in supervision of the VMU

supervisor.

8.b(1)(a)3.b. The PVC must be approved by the IACUC, and then reviewed and revised as needed for re-approval at least annually by the IACUC, preferably during a semi-annual IACUC program review.

8.b(1)(a)3.c. Visits by any part-time veterinarian must be documented in writing. A simple logbook may be used for this purpose.

8.b(1)(a)3.d. The appropriate frequency of visits by part-time veterinarians will depend on the amount and nature of the animal research activity at a particular location, but should generally not be less frequent than monthly. Supplemental visits, scheduled or unscheduled, must be arranged as required to ensure provision of adequate veterinary medical care. **NOTE:** *If the level of activity and type of work performed in a local VA animal research program does not warrant monthly visits, a PVC specifying less frequent visits may be developed in consultation with the CVMO.*

8.b(1)(b) Guiding local VA investigators, animal care staff, the IACUC, and research administrators, with respect to compliance with animal research regulations, guidelines, and prevailing standards. This includes, but is not limited to:

8.b(1)(b)1. Acquiring and maintaining a strong working knowledge of all relevant federal animal welfare laws, regulations, and policies; the *Guide*; the AAALAC Rules of Accreditation; and VHA Handbook 1200.07, which includes some requirements that exceed other federal agency mandates.

8.b(1)(b)2. Service on the IACUC. Each VMO and VMC should be available to serve as needed on the IACUC, either as a consultant or as a voting member.

8.b(1)(b)3. Helping the VA facility prepare for AAALAC site visits and compliance visits by internal and external regulatory agencies.

8.b(1)(b)4. Drafting and/or reviewing documents required for compliance with applicable regulations, guidelines, and policies. These documents include, but are not limited to, AAALAC Program Descriptions, AAALAC annual reports, PHS Animal Welfare Assurance documents, annual reports to OLAW, USDA Annual Reports, and VA VMU annual reports.

8.b(1)(b)5. Directing the operation of the VMU to ensure compliance with current animal welfare laws, regulations, and policies, so as both to protect the animals and to support the R&D activities that involve animals.

8.b(1)(b)6. Interacting with the CVMO and the Senior ORO Veterinarian. Regardless of the supervisory structure in place at a local VA facility, all veterinarians associated with VA animal research programs are authorized to contact and consult with the CVMO and/or the senior ORO veterinarian directly with regard to animal research and compliance issues; they must not be required to receive local permission to do so. **NOTE:** *Consistent with USDA AWAR (9 CFR 2.32(c)(4)) and the No FEAR Act (Title 5 USC, Part III, Subpart A, Chapter 23, Sec. 2302), personnel are protected from reprisal for reporting animal welfare concerns through mechanisms established by the IACUC, or directly to the CVMO or ORO officials)*

8.b(1)(c) Guiding the IACUC and local research administrators to help ensure that adequate

facilities, caretaker staffing, veterinary technical support, and veterinary medical support are available for animal research at the VA facility. This includes, but is not limited to:

8.b(1)(c)1. Providing input to the local research administrators preparing the proposed annual budget for the VMU. If an internal IACUC of Record is utilized, the budget must be submitted for review and approval by the IACUC.

8.b(1)(c)2. Initiating and/or reviewing requests for equipment to be used in the animal research facility, and plans for construction or renovation of the VMU.

8.b(1)(c)3. Reviewing annually, in conjunction with local research administrators, the share of total animal care costs (including *per diem* rates) that is charged to investigators, so that adjustments can be made as necessary to maintain the financial health of the VMU.

8.b(1)(c)4. Participating in the IACUC semiannual evaluations of the local VA facilities and/or program.

8.b(1)(d) Supervising the VMU Supervisor. If the position of the VMU Supervisor is filled by a Federal employee, the administrative supervisor of the VMU Supervisor must also be a Federal employee (so a VMC would typically not be eligible to provide the administrative supervision), but the VMU Supervisor must be supervised by a veterinarian for veterinary medical and animal care issues in any case. Even if administrative supervision is provided by another individual, under no circumstances may such an administrative supervisor interfere with the veterinary medical and technical supervision provided by either the VMO or VMC. *NOTE: This subparagraph defines a performance standard, and many different shared supervisory arrangements that work well are possible and acceptable. Any significant disagreements arising from the shared supervision must be brought to the attention of the IACUC of Record or the CVMO for resolution if they cannot be resolved otherwise.*

8.b(1)(d)1. Guiding the VMU Supervisor in the development of written SOPs covering animal care and other matters as deemed necessary and appropriate for the local VA animal research program.

8.b(1)(d)2. Working with the VMU Supervisor to guide the IACUC with regard to training requirements for husbandry staff

8.b(1)(e) Providing professional guidance and technical support to VA investigators in the planning, execution, and direction of animal research. This typically includes:

8.b(1)(e)1. Performing the veterinary consultations for investigators as required during the preparation of each animal protocol, prior to its submission for IACUC review.

8.b(1)(e)2. Providing guidance to investigators on evaluating the condition of research animals, providing veterinary medical care for the animals as needed, and providing training for investigators who need to perform procedures with which they are not familiar.

8.b(1)(f) Guiding and facilitating the work of the IACUC and local safety personnel to ensure that safety concerns related to animal research are appropriately addressed. This includes, but is not limited to:

8.b(1)(f)1. Consulting with the SRS and the Safety and/or Biosafety Officer as needed.

8.b(1)(f)2. Consulting with occupational health professionals as needed to assist them in designing a safe and effective occupational health and safety plan for personnel who work with animals or otherwise must enter the animal facility.

8.b(1)(f)3. Facilitating communications between individual investigators, and the SRS and biosafety/safety officials, with regard to the selection of appropriate safety equipment and protective clothing for personnel engaged in animal research activities that involve hazardous agents.

8.b(1)(f)4. Providing guidance on appropriate management of potential contamination by hazardous materials within the VMU (e.g., disposal of contaminated bedding).

8.b(1)(f)5. Working with individual investigators, safety/biosafety officials, and the VMU Supervisor to establish SOPs to protect VMU personnel from exposure to hazardous agents used in animal research.

8.b(1)(g) Promoting positive relationships between VA and non-VA entities. As opportunities arise, positive relationships should be fostered between the VA facility, affiliates, and the wider community. In addition, it is very important for VA veterinarians to promote public appreciation for the importance of animal research in improving healthcare for veterans.

8.b(1)(h) Assisting the CVMO. VMOs and VMCs are expected to assist with agency-wide animal medicine or animal research projects as time and talents allow. This includes working with the IACUC Chair, the IACUC Coordinator, other veterinarians, and the VMU supervisor to respond to requests from the Office of the CVMO for data from field programs to inform decisions about VA animal research.

8.b(2) **Qualifications.** The credentials of each VMO and VMC must be approved by the CVMO prior to appointment. *NOTE: Laboratory animal medicine is a recognized specialty within veterinary medicine that requires special training and experience.*

8.b(2)(a) All VMOs and VMCs, including the Attending Veterinarian (see subpar. 3.i and 7.j, above, and 8.c, below), must meet the experience and training requirements for VMOs in the most current version of VA Handbook 5005, Staffing, Part II, Appendix F32.

8.b(2)(b) It is preferred that veterinarians serving VA animal research programs hold ACLAM certification (see subpar. 3.c, above).

8.b(3) **Recruitment and Retention Incentives.** Because of the critical importance of participation of qualified laboratory animal veterinarians in VA animal research programs, VA veterinarians should be considered for recruitment, retention, and other incentive allowances, to the extent allowed by VA policy.

8.b(4) **Supervisory Controls.** At stations with more than one VMO or VMC, the Attending Veterinarian (see subpar. 7.j, above, and 8.c, below) supervises all other local veterinarians.

8.c. **The Attending Veterinarian.** For the purposes of internal and external correspondence, the organizational title of the Attending Veterinarian is “Chief, VMU”. All of the provisions of subpar. 8.b, above, regarding local veterinarians, apply to the Attending Veterinarian. In addition, the following apply specifically to the Attending Veterinarian:

8.c(1) **Responsibilities.**

8.c(1)(a) Providing overall veterinary oversight. The Attending Veterinarian is the veterinarian described in USDA Policy as the one with program responsibility for local activities involving animals. VA applies this concept to all VA programs, regardless of whether USDA-regulated species are involved.

8.c(1)(b) Supervising all other local veterinarians, including all other VMOs or VMCs, and any clinical veterinarians.

8.c(1)(c) Review of SOPs. Together with the VMU Supervisor and other qualified personnel, the Attending Veterinarian must review all SOPs that address matters of animal care or use, or operations of the VMU, at least annually to determine whether new SOPs or revisions of current SOPs are warranted (see subpar. 19.a, below).

8.c(1)(d) Serving on the VA IACUC. The Attending Veterinarian must serve *ex officio* as a voting member on the IACUC of Record.

8.c(1)(e) Serving on the SRS as needed. As dictated by local program needs, the Attending Veterinarian should be available to serve on the SRS, either as a consultant or as a voting member.

8.c(2) **Qualifications.** The Attending Veterinarian must be a graduate of a veterinary school accredited by the Council on Education of the American Veterinary Medical Association, or have a certificate issued by the Education Commission for Foreign Veterinary Graduates, and must have had training and/or experience in the care and management of the species being attended.

8.c(3) **Supervisory Controls.** Locally, the Attending Veterinarian is supervised by the ACOS for R&D, the facility Chief of Staff, or the facility Director.

8.d. **Clinical Veterinarians.** Local veterinarians without training or experience in laboratory animal medicine are not qualified to serve as VMOs or VMCs, but may be employed to assist, under the supervision of the VMO or VMC.

8.d(1) **Responsibilities.** Clinical veterinarians are responsible for providing clinical and other veterinary services commensurate with their training and skills, within the scope of the written PVC prepared by a VMO or VMC.

8.d(2) **Qualifications.** The credentials of each clinical veterinarian must be approved by the CVMO prior to appointment.

8.e. **The VMU Supervisor.** Each VA animal facility must be managed by a single individual, the VMU Supervisor, who is responsible for overseeing all animal facility operations, including daily husbandry. Stations with more than one administratively autonomous animal facility may have a different VMU Supervisor assigned to each facility.

8.e(1) **Responsibilities and Duties.** The VMU Supervisor's responsibilities typically include, but are not limited to, ensuring that the following are performed, unless other qualified personnel are specifically delegated by the Attending Veterinarian to assume these responsibilities:

8.e(1)(a) Managing VMU personnel.

8.e(1)(a)1. Scheduling work shifts and assignments of the VMU staff, and monitoring the

quality and quantity of work performed.

8.e(1)(a)2. Providing orientation and training to animal care staff to ensure that they are qualified to perform their duties. Typically, such training should prepare personnel to attain AALAS certification at progressively higher levels over time. VA animal research programs should pay for certification exam fees and training materials. **NOTE:** *The CVMO's Office and AALAS have a CRADA in place that provides free access to AALAS certification preparation materials online by VA animal care personnel and any research affiliate personnel who care for VA animals. Contact the CVMO's Office for instructions for accessing these materials.*

8.e(1)(b) Managing animal care.

8.e(1)(b)1. Establishing and ensuring a sound program of animal husbandry.

8.e(1)(b)2. Daily observation of each animal, and identification and reporting of any abnormal behavior, illness, or injury in any animals to the designated veterinarian or other animal veterinary technical staff, as dictated by local policy.

8.e(1)(b)3. Instructing and assisting research technicians and investigators in common animal use procedures such as handling and restraint, dosing, blood collection, and euthanasia.

8.e(1)(c) Managing the animal facility.

8.e(1)(c)1. Collecting and maintaining essential records and information related to VMU operations, such as logs of daily husbandry and room care, visits by part-time veterinarians, equipment performance, and work orders submitted, and records of veterinary care provided by VMU personnel, animal procurement, and VMU income and expenses (see details in subpar. 10.e, below). This includes working with the IACUC Chair, the IACUC Coordinator, and the veterinarian(s) to respond to requests from the Office of the CVMO for data from field programs to inform decisions about VA animal research.

8.e(1)(c)2. Monitoring and documenting the environmental conditions for animals in the VMU, and communicating with the proper authorities, to maintain temperature, lighting, and ventilation within the ranges recommended in the *Guide*. This includes monitoring temperature logs, promptly reporting malfunctions to the proper authorities, monitoring the progress of the corrections, and documenting completion of the corrections.

8.e(1)(c)3. Testing the response of facilities management to unexpected overheating of animal rooms on VA property, at least once every 12 months, and assisting the IACUC of Record in evaluating the timeliness and effectiveness of the response (see subpar. 9.c, below). This includes repeating the overheat tests as directed by the IACUC, if the IACUC deems the response times unsatisfactory.

8.e(1)(c)4. Managing access of personnel to the VMU so as to prevent entry by unauthorized individuals.

8.e(1)(d) Documenting and reporting potential noncompliance in animal care and use activities, according to the mechanisms established by the IACUC for making such reports.

8.e(2) **Qualifications.** Through training and/or experience, the VMU supervisor must have adequate knowledge and expertise in laboratory animal science and technology, record keeping, and personnel management, to direct the day-to-day operations of the VMU such that the care

and husbandry of all animals are appropriate.

8.e(2)(a) Although not a requirement for the position, certification by AALAS or the Canadian Association for Laboratory Animal Science (CALAS) is strongly recommended as a standard for all animal research facilities.

8.e(2)(b) Prior to appointment as the VMU Supervisor, a candidate should have at least 1 year of experience working with laboratory animals in a biomedical research setting, as a laboratory animal care technician or manager, an animal health technician, or a veterinary technician.

8.e(3) **Supervisory Controls.** For issues related to veterinary medical and animal care, the VMU supervisor must be supervised by a veterinarian. If the position of the VMU Supervisor is filled by a Federal employee, administrative supervision of the VMU Supervisor must be provided by another Federal employee. A VMC typically does not hold a Federal position, so if there are no VMOs at the VA facility, the ACOS for R&D or AO for R&D may provide administrative supervision of the VMU Supervisor for matters unrelated to the care of the animals.

8.e(4) **Interaction with the CVMO and Senior ORO Veterinarian.** Regardless of the supervisory structure in place at the local VA facility, all VMU Supervisors are authorized to contact and consult with the CVMO and/or the senior ORO veterinarian directly on animal research and compliance issues; they must not be required to receive local permission to do so. *NOTE: Consistent with USDA regulations (9 CFR 2.32(c)(4)) and the No FEAR Act (5 USC III. A.23.2302), personnel are protected from reprisal for reporting animal welfare concerns through mechanisms established by the IACUC, or directly to the CVMO or ORO officials.*

9. THE VETERINARY MEDICAL UNIT – EQUIPMENT AND PHYSICAL PLANT

This paragraph applies to animal facilities on VA property or on property leased by the VA.

9.a. **Funding.** VA facility programs are expected to include the costs of projected purchases of caging and other needed equipment in the calculation of *per diem* charges and the setting of VMU budgets. Some equipment funds may also be available periodically from VA Central Office or ORD; The CVMO's office will communicate information about such equipment funding opportunities as they become available, and requests will be considered according to demonstrated need and the availability of funds.

9.b. **Work Orders.** Work orders for repairs in the VMU should be completed in a timely manner. Logs of work order submission and status must be reviewed as part of the IACUC semiannual evaluation of the animal care and use program (see subpar. 18.b(1), below). Any delays that have the potential to affect the health or well-being of animals or humans must be communicated to the IACUC for evaluation as potentially reportable deficiencies (see subpar. 22.b, below).

9.c. **Heating, Ventilation, and Air Conditioning (HVAC) Equipment in the VMU.** HVAC equipment serving rooms that house animals on VA property or on property leased by VA, or other rooms that house animals purchased with VA funds, must be designed to fail in the "off" or "safe" position. *NOTE: The commercial default is for reheat boxes to fail in the "on" position, which can result in rapid and potentially dangerous elevations in room temperatures.*

9.c(1) Facilities support personnel are required to determine whether air handlers serving any of

these VA animal housing rooms contain a preheat coil or other equipment that could deliver excessive heat to the animal rooms, and to notify the IACUC of their findings. If excessive overheating is a threat in cases of HVAC failure, preventive action (e.g., installation of a preheat coil-fan interlock) must be taken, with due consideration for preventing damage to cooling coils or other air handler equipment.

9.c(2) The ability of facilities management personnel to properly detect and respond to elevations in animal room temperatures must be tested at least once every 12 months, as follows:

9.c(2)(a) The VMU Supervisor or another designated VMU staff member must intentionally overheat a temperature sensor (e.g., using a hair dryer) in at least one animal housing room of each animal research facility, without advance notification of engineering or facilities management personnel.

9.c(2)(b) The VMU staff must document the procedure used to conduct the overheat test, and the response, and report them to the IACUC at the next convened meeting.

9.c(2)(c) The IACUC must decide whether the response to the overheat test was timely and adequate. If not, the IACUC must report this finding to the facility Director, through the ACOS for R&D, for prompt corrective action to ensure an appropriate emergency response.

9.c(2)(d) After the corrective action has been taken, the unannounced tests must be repeated and documented by a designated VMU staff member, monthly or more frequently, until timely and adequate responses are demonstrated to the satisfaction of the IACUC.

9.c(2)(e) All reviews of overheat testing must be documented in the IACUC minutes. **NOTE:** *Repeated deficiencies in the responses to overheat tests may be considered reportable, as described in par. 22 and 24, below.*

9.d. **Animal Facility Construction and Renovation.** Design plans for any animal facility construction or renovations estimated to cost more than \$100,000 (including equipment purchases) must be reviewed by a local VMO/VMC (see subpar. 8.b(1)(c)2, above), and then by the CVMO. Construction or renovation work may begin only after approval by the CVMO. This is to reduce the potential for costly mistakes with regard to compliance with regulatory requirements. It is recommended that plans be submitted to the CVMO initially by the time the design work is about 30-50% complete. **NOTE:** *Construction and renovation activities must be conducted pursuant to existing VA policy as applicable [e.g. VHA Directive 1800.1, “Major Construction and Real Property Project Document Approval Level Procedures”].*

9.e. **Physical Security.** Measures must be implemented to prevent the entry of unauthorized personnel into the animal research facility. Special attention to physical security is warranted by the threat of property destruction and theft by groups opposed to animal research. **NOTE:** *VA Handbook 0730, “Security and Law Enforcement”, Appendix B, “Physical Security Requirements and Options”, details security requirements for animal facilities.*

9.e(1) Use of a computer-based system for tracking individual user entry through perimeter doors and individual animal room doors is highly recommended.

9.e(2) If extraordinary security risks exist, installation of security cameras in the animal research facility, monitored by facility security personnel, is recommended.

10. THE VETERINARY MEDICAL UNIT – OPERATIONS

This paragraph applies to animal facilities on VA property or on property leased by the VA. A VMU must be operated as an administratively centralized unit, including both the facilities and the services.

10.a. **Standard Operating Procedures (SOPs).** SOPs to address routine husbandry (e.g., schedules and methods of cleaning animal housing and research areas, feeding and watering practices), sentinel animal procedures, breeding procedures, staff training, equipment maintenance, and other related activities, must be developed as needed to meet the operational needs of each local VA animal research program. Such SOPs must be reviewed by the IACUC at least annually.

10.b. **Tours of the VMU.** Tours of the VMU for members of the general public may only be conducted if approved by the facility Director in consultation with the IACUC. The CVMO may also be consulted.

10.c. **Searches for Missing Pets.** Inquiries regarding missing pets must be handled with caution and sensitivity, and must be addressed as follows:

10.c(1) A description of the missing pet must be obtained, including as much detail as possible (e.g., species, breed, sex, color, markings, microchip identification, approximate weight and age, and date and location the pet was last seen).

10.c(2) VMU personnel must then thoroughly review both the records provided by the vendors, and the observable characteristics of animals currently housed in the VMU, to determine whether the missing animal is present. If it is determined that an animal received from a vendor may actually be a missing pet, every effort must be made to return the missing pet to its owner, if possible.

10.c(3) The results of the review should be communicated through the facility Director. There should be no need to allow the owner to tour the facility to search for the pet. (See subpar. 10.b, above, for addressing requests to tour the VMU.)

10.d. **Recovery of Operating Costs.** VA facility programs are expected to include total animal care costs in the calculation of *per diem* and technician support fees charged to investigators using animals. The local veterinarians, the IACUC, the VMU Supervisor, research administrators, and other stakeholders as needed should review the *per diem* rates and technician support fee schedule periodically so that revisions can be made to maintain the financial health of the VMU. Charges for animal care should be based on projected operating costs, including the costs of routine replacement of caging and equipment, less any amounts received as Cost Center 105 funding and any local subsidies. Ordinarily, projections of animal care costs are best made from records of previous year expenditures, and adjusted by an inflation factor, such as the increase in the consumer price index. **NOTE:** *The Cost Analysis and Rate Setting Manual for Animal Research Facilities, published by NCR, May 2000, is a good source of information when calculating per diem charges.*

10.d(1) *Per diem* rates may only be changed as approved by the IACUC.

10.d(2) The IACUC and/or research administrators must notify the R&D Committee when any investigator is more than 3 months delinquent in *per diem* payments, as this may be relevant to

R&D Committee reviews of research projects, and discussions regarding budgetary issues in the research service.

10.e. **Record-Keeping.** The following are essential to running the VMU in a fiscally responsible and compliant manner, and should be maintained by the VMU Supervisor or other designated responsible individual:

10.e (1) Logs for each animal room documenting routine husbandry by animal care staff, including room sanitation, and daily animal health checks.

10.e (2) Logs of veterinary visits by part-time veterinarians.

10.e (3) Performance logs for equipment, documenting, for example, temperatures achieved by cage washers, effectiveness of sterilization by autoclaves, room temperatures, ventilation, and humidity, and lighting intensities and cycles.

10.e (4) Logs of work orders submitted, including follow-up on completion of the work ordered.

10.e (5) Records of veterinary care, including surgical procedures performed, post-operative care provided, and analgesics administered, by VMU personnel.

10.e (6) Records of numbers of animals acquired and used, relative to the numbers approved by the IACUC;

10.e (7) Records of VMU income (e.g., *per diem* and technician support or user fee payments) and expenditures.

10.f. **Use of Controlled Substances.** The ordering, receipt, disbursement, and disposal of all classes of controlled substances used in the VA facility, including the Research Service, are dictated by VA policy (see VHA Handbook 1108.01 and VHA Handbook 1108.02). No controlled substances may be brought onto VA property from any other source (including any affiliate institution), unless arranged or otherwise approved of by the local Pharmacy Service at the VA facility. The VA facility pharmacy may not decline to order the controlled drugs needed for treatment or pain relief of animals, even if they are not on the human clinical formulary. Any problems with obtaining controlled drugs needed for use in animal research should be immediately brought to the attention of the ACOS for R&D and, if necessary, the CVMO and senior ORO veterinarian.

10.g. **Use of Hazardous Agents in Animal Facilities.** Prior to the use of any hazardous agent in animal research, the use must be approved by the IACUC, the SRS and/or the Institutional Biosafety Committee, and the R&D Committee (see Appendix C, subpar. 5.a, below), to ensure that appropriate measures are taken to protect and minimize unnecessary risks to VMU personnel and research personnel, as well as to the research animals and other animals.

10.g(1) The use of chloroform is prohibited in the animal facility, and must be avoided in any laboratories close to the animal facility, because it is lethal to male mice of many strains.

10.g(2) Material Safety Data Sheets for all hazardous agents in use must be readily available to VMU personnel (see Appendix C, subpar. 5.b(2)(c)).

10.g(3) Because of the potential effects of many chemical pesticides on research animals, nontoxic methods (e.g., amorphous silica gel, traps) and methods specific to insects (e.g., insect

growth regulators) are preferred. When toxic pesticides must be used, investigators whose animals may be exposed should be consulted with regard to the potential impact on research in progress.

10.h. **Use of Explosive Agents in Animal Facilities.** No explosive substance (e.g., ether) may be used or stored in an animal research facility unless scientific considerations preclude the use of non-explosive alternatives.

10.h(1) Explosive agents may only be used in VA animal facilities after the IACUC and the SRS grant specific approval.

10.h(2) Prior to approving each use of an explosive agent in the VMU, the IACUC and the SRS must ensure that all reasonable precautions are in place to prevent explosions. Examples of such precautions include the following:

10.h(2)(a) Procedures will only be performed in certified safety hoods that meet the specifications required for the safe use of explosive agents.

10.h(2)(b) All electrical equipment to be operated when such agents are in use will be located and powered outside the hood.

10.h(2)(c) Containers of the explosive agent(s) will only be stored in explosion-proof cabinets, refrigerators, or freezers.

10.h(2)(d) Throughout use, containers of the explosive agents will be held in a safety hood or otherwise maintained under conditions approved by the IACUC and SRS.

10.h(2)(e) Containers emptied of an explosive agent will be disposed of in accordance with accepted procedures; items that potentially contain traces of any explosive agent must not be disposed of by incineration or in receptacles for waste that is ordinarily incinerated.

10.h(2)(f) Special precautions will be taken to ensure that all potentially explosive fumes have dissipated from animal carcasses and other objects before they are placed into storage. Such carcasses they will only be stored in explosion-proof cabinets, refrigerators, or freezers.

10.i. **Use of the VMU for Studies Involving Human Cadavers or Human Tissues.** Use of rooms in the VMU for studies involving human cadavers or human tissues can suggest disrespect, and so is only permitted if all of the following conditions are met:

10.i(1) Appropriate study facilities outside of the VMU are not available.

10.i(2) The work is conducted with due consideration for maintaining institutional respect for the human cadavers and tissues at all times.

10.i(3) The work has been approved by the IACUC and the SRS. If the work is to be performed in the VMU, but does not involve use of any animals, there is no requirement for the work to be submitted as an animal use protocol, but the IACUC must in any case determine that the provisions of this subpar. (10.i) are met before approving it.

10.j. **Emergency and Disaster Planning for the VMU.** An emergency plan and a disaster plan for the VMU are required by the PHS Policy, which endorses and mandates compliance with the recommendations of the *Guide* (p. 35).

10.j(1) An emergency plan must be developed to address facility problems that may come up during and after hours, or on weekends or holidays, and must include plans for protecting both personnel and animals in case of disasters.

10.j(2) The emergency/disaster plan for the animal facility should be developed jointly by the IACUC and appropriate research and hospital VA safety committees, in consultation with the Attending Veterinarian and the VMU Supervisor, both of whom should be designated “official responders” so that they are authorized to access the VMU in the event of any emergency or disaster that impacts research animals.

10.k. **Contact Information.** The following must be posted prominently in the animal facility, so that all personnel can determine easily whom to contact in case of concerns about the animal research program. It may be requested that local officials be contacted first unless the individual with concerns would prefer to speak directly with the CVMO or ORO personnel:

10.k(1) The names and contact information of the IACUC Chair and Attending Veterinarian.

10.k(2) Contact information for the CVMO and the phone numbers for the anonymous reporting hotlines of ORO (see Appendix A, subpar. 1.b and 1.d(2), for contact information).

11. USE OF ANIMALS IN RESEARCH

All use of animals in VA research must comply with the USDA AWAR, the PHS Policy, and all relevant VA policies (including the provisions of VHA Handbook 1200.07). This paragraph summarizes the combined provisions of these regulatory documents with regard to the use of animals in research. Animals may only be used in research protocols that have been approved by the VA IACUC of record, applicable other R&D Committee subcommittees, and the R&D Committee. The research may not be initiated until the PI is notified by the ACOS/R&D that all required approvals have been secured.

11.a. **Care, Husbandry, and Research Practices.** All care, husbandry, and research practices used with animals in VA research must be in accordance with applicable federal laws, regulations, and policies.

11.b. **Animal Procurement and Transportation.** Any animal used in VA animal research must be acquired and transported in accordance with applicable federal, state, and local laws, regulations, and policy. Procurement of animals with VA funds must be conducted pursuant to existing VA policy (e.g. VA Directive and Handbook 7126.2, “Procurement Sources and Programs”) as applicable.

11.b(1) No request for animal procurement can be approved or initiated until the source of animals is determined to be appropriate (routine orders from a list of approved vendors may be utilized in lieu of approval of individual orders), that adequate and appropriate housing will be available upon arrival, and that the animals are designated for use in an IACUC-approved protocol. Disagreements about whether a particular vendor can be approved should be reviewed and settled by the IACUC of Record, in consultation with the Attending Veterinarian.

11.b(2) The number of animals received must be deducted from the total number of animals approved for use on the corresponding IACUC-approved protocol.

11.b(3) Delivery of live animals must be made directly to the VMU, unless other arrangements

have been made to ensure that appropriately qualified personnel will be available as necessary to receive and inspect the animals immediately on arrival elsewhere.

11.b(4) For procurement of aged and other special groups of animals, see Appendix B of this Nuts and Bolts guide.

11.c. **Health of Animals.** Research animals must be kept as free as possible of infectious agents capable of adversely affecting research, the health of animal colonies, or the exchange of animals between VA investigators and their collaborators at other institutions.

11.c(1) In general, if a practical means of diagnosing and eradicating an infection in the VMU exists, steps should be taken to do so, and measures to minimize the possibility of future infection should be instituted.

11.c(1)(a) Infectious agents known to have severe effects on both animal health and research (e.g., MHV, Sendai Virus, and *Mycoplasma pulmonis*), as well as agents with known zoonotic potential (e.g., *Hymenolepis nana*), should be eradicated aggressively.

11.c(1)(b) Decisions about eradicating infectious agents with no known zoonotic potential, and for which health and research effects are not established, should be made with due consideration of costs, policies at affiliate institutions, and the needs of local VA researchers.

11.c(1)(2) The IACUC of Record should play an important role in such decisions, with professional input from veterinarians and the VMU Supervisor.

11.d. **Veterinary Care.** Adequate veterinary medical care must be provided for all VA research animals under a program developed and overseen by the Attending Veterinarian, and must include the following components:

11.d(1) USDA AWAR requires that each animal must be observed at least once daily by trained animal care or veterinary technical staff to evaluate its health status. This observation must also include ensuring that adequate food and water are available to each animal.

11.d(2) A qualified veterinarian must be available as needed for consultation in a timely manner.

11.d(3) Anesthetics, analgesics, and tranquilizers must be administered as directed by a qualified veterinarian, unless alternate treatment has been approved by the IACUC of Record.

11.e. **Euthanasia.** Euthanasia of animals used in VA research must be performed in a manner that minimizes stress and discomfort to the animals, and avoids undue psychological distress to the persons performing the euthanasia, while meeting the scientific requirements of the approved work. In general, methods of euthanasia must follow the recommendations in the most recent edition of the *AVMA Guidelines for the Euthanasia of Animals*. Any exceptions must be project-specific, based on scientific necessity, described and justified in the protocol form, and approved by the IACUC of Record.

11.f. **Adoption of Research Animals as Pets.** Adoption of any VA research animal as a pet may only be considered after consultation with the CVMO.

12. RESPONSIBILITY FOR MONITORING THE ANIMAL RESEARCH PROGRAM

The VA IACUC of Record for each VA facility has primary responsibility for monitoring the local animal research program, which includes oversight of all animal research for which the VA facility bears sole or shared responsibility, and oversight of the facilities where the animals are housed or used. Each VA facility that engages in animal research must designate a VA IACUC of Record charged with carrying out these responsibilities and ensuring compliance with the federal laws, regulations, policy, and guidelines that apply to animal research. Every VA IACUC of Record must meet the requirements of the USDA AWAR, the PHS Policy, and VHA Handbook 1058.01, regardless of whether it is an internal or external IACUC, where the animals are housed or used, the source of the funds used to support the work, and the affiliation of the personnel performing the work.

12.a. **IACUC of Record.** This paragraph and paragraphs 13-31 that follow summarize the combined requirements that apply, and incorporate the additional requirements that are specific to VA policy on use of animals in research. *NOTE: Paragraphs 13-27 in this Handbook address the requirements that apply when VA animal care and use program has an internal IACUC. Paragraphs 28-29 address the requirements when an external IACUC is used. Paragraphs 30-31 address collaborative animal research involving projects in which the VA and a non-VA partner share responsibility (see subpar. 3.m, above). Questions regarding specific local circumstances not covered explicitly in this Handbook should be addressed to the CVMO, who will consult with ORO to help ensure consistency of response across the agency.*

12.b. **Memoranda of Understanding (MOU).** When a VA facility shares authority and responsibility for an animal research program, VA policy is consistent with the recommendation of the *Guide* that a MOU be in place between the VA facility and the affiliate, except if the animal research program of the VA facility overlaps only minimally with the animal research program of the other institution, as defined by the *Guide* (see Chapter 2, p. 15).

12.b(1) Specific elements that must be addressed in the MOU are summarized in paragraph 29, below, when an external IACUC serves as the VA IACUC of Record, and in paragraph 31, below, for collaborative animal research.

12.b(2) For any existing shared arrangements, OLAW required that a signed MOU be in place, or a specific plan to get a signed MOU into place be implemented, by December 31, 2012. For any new arrangements established after December 31, 2012, an MOU should be signed before the shared activity begins.

13. MEMBERSHIP REQUIREMENTS (INTERNAL IACUC)

The IACUC must be properly constituted to conduct any official business. This paragraph summarizes the combined membership requirements of USDA AWAR, PHS Policy, and VA policy, including the requirements that are specific to VA policy on use of animals in research and apply to an internal IACUC.

13.a. **Appointment of Members.** A minimum of five voting members with the required qualifications must be officially appointed by the facility Director to serve on the IACUC.

13.a(1) Each official appointment must be documented in writing (in a hardcopy or electronic letter of appointment, or in the IACUC minutes), and should specify the name of the member

appointed, the duration of the appointment, and any specific role to be filled by the member (see subpar. 13.b, below).

13.a(2) The Attending Veterinarian is appointed *ex officio* (on the basis of position) so the term of the appointment as an IACUC member lasts as long as the position of Attending Veterinarian is held. The terms to which any other regular or alternate voting members (see subpar. 13.e, below) of the IACUC are appointed may be up to three years. There are no limits on re-appointment, and no requirements for any lapse in service between successive appointments.

13.a(3) At any time, if a member resigns or becomes unable to participate meaningfully, such that any of the required roles is no longer filled, or there are fewer than 5 members appointed to the IACUC, the committee is no longer constituted and may not conduct any further official business until new voting members are officially appointed by the facility Director to fill the vacant roles.

13.a(4) The assignment of one of the members to serve as the Chair of the IACUC must be made at least annually by the facility Director, but there is no limit on re-assignment, and no requirements for any lapse in service between successive assignments. If, at any time, the member serving as the Chair is unavailable to serve this function, but the committee is otherwise still constituted, the members of the committee may immediately vote to elect another member to serve temporarily as the Chair until the facility Director makes another assignment.

13.b **Required Voting Members.** To be “constituted” to conduct official business, the IACUC must include at least one member appointed to fill each of the roles required by PHS Policy (Attending Veterinarian, Practicing Scientist with Animal Research Experience, Non-Affiliated Member, and Non-Scientist Member). OLAW will be consulted to make final decisions on any questions about the eligibility of specific individuals to serve in specific roles on the IACUC.

13.b(1) **Attending Veterinarian.** The Attending Veterinarian of the VA animal care and use program must serve *ex officio* as a voting member on the IACUC (see subpar. 7.j and 13.1(2), above).

13.b(2) **Practicing Scientist with Animal Research Experience (also referred to as a “Scientist”).** This member provides the perspective of those who use animals in research.

13.b(3) **Non-Affiliated Member (also referred to as a “Community Member” or “Public Member”).** Compliance with federal requirements and the *Guide* requires that the IACUC include at least one voting member who would reasonably be expected by an outside observer to represent the interests of the general community, independent of the interests of the institution, with regard to the proper care and treatment of animals.

13.b(3)(a) This member must not be a laboratory animal user.

13.b(3)(b) This member must not be affiliated with the VA facility in any way, other than serving as the Non-Affiliated Member on the IACUC. This includes meeting each of the following criteria:

13.b(3)(b)1. Is not an employee of the VA facility, and is not part of the immediate family of anyone who is.

13.b(3)(b)2. Is not part of the immediate family of a person who is otherwise affiliated with the

VA facility.

13.b(3)(b)3. Is not serving on any other VA committee or subcommittee, and is not part of the immediate family of anyone who does.

13.b(3)(b)4. Is not a volunteer in any other capacity at the VA facility, and is not part of the immediate family of anyone who is.

13.b(3)(b)5. Does not receive medical care at the VA facility and is not part of the immediate family of anyone who does.

13.b(3)(c) Non-affiliated members may be compensated for travel expenses and time, as long as such reimbursement cannot be construed as influencing their votes or otherwise compromising their independent roles on the IACUC. Any monetary compensation should not be significant enough to be considered an important source of income or to qualify the member as an employee of the VA facility.

13.b(4) **Non-Scientist Member (also referred to as a “Lay Member”)**. Compliance with federal requirements and the *Guide* requires that the IACUC include at least one voting member who does not qualify for the role of “Practicing Scientist with Animal Research Experience”. This member should reasonably be expected by an outside observer to represent the interests of those not involved in animal research, with regard to ensuring the appropriate care and use of research animals. The primary occupation of any Non-Scientist Member must therefore not be related to conducting or supervising the conduct of research involving animals.

13.b(4)(a) Ethicists, lawyers, and members of the clergy commonly serve in this role.

13.b(4)(b) This member may be employed or otherwise affiliated with the VA facility. Individuals trained and active in non-biological scientific fields may also be eligible to serve in this role, if they are otherwise appropriately qualified.

13.b(4)(c) Although veterans who are receiving medical care at the VA facility are not eligible to serve as Non-Affiliated Members, their appointment to serve otherwise on the IACUC (e.g., as Non-Scientist Members, or as additional members not filling any of the specific required roles) is strongly encouraged.

13.b(5) **IACUC Chair**. This is not a role that must be filled for the committee to be constituted, but VA requires that one of the committee members be assigned to serve as the Chair whenever the committee conducts business. The IACUC Chair leads the IACUC in fulfilling its responsibility to ensure that the requirements of the USDA AWAR, the PHS Policy, VA policy, and the recommendations of the *Guide*, are met, as applicable. One of the voting members of the IACUC, other than the Attending Veterinarian or the non-affiliated member, must be assigned by the facility Director to serve as the Chair. Typically, experience as a senior scientist, experience with animal research, and experience with committee management, all enhance the effectiveness of the Chair.

13.b(6) **Keeping All Required Roles Filled**.

13.b(6)(a) The appointment of a single individual to fill more than one of the required roles on the IACUC is permitted, but this practice is discouraged by both OLAW and VA because it diminishes the relative weight on the committee of each of the positions held by the single

individual, and it increases the difficulty of reconstituting the committee if that single member leaves the committee.

13.b(6)(b) Because it is typically difficult to identify and retain qualified Non-Affiliated Members and Non-Scientific Members to serve on the IACUC, the facility Director is strongly encouraged to appoint, for each of these roles, either an alternate voting member (see subpar. 13.e(2), below) or an additional qualified voting member, so that, in case a non-affiliated member or non-scientific member leaves the committee, the IACUC can continue to conduct official business, even if the process of recruiting and appointing replacements becomes prolonged.

13.c. **Responsibilities of Voting IACUC Members.** Each voting member is required to complete the training for IACUC members at the specified intervals (see subpar. 6.a(3), above), and to participate meaningfully in the work of the committee.

13.d. **IACUC Attendance Requirements.** Unlike for the Institutional Review Board, there is no requirement for any particular voting members to be present for the IACUC to be authorized to conduct official business, but frequent absences by any individual voting member raise concerns about the member's ability to participate meaningfully. The ACOS/R&D should be notified of such concerns by the Chair or IACUC Administrator, so that the ACOS/R&D can assist in identifying a replacement or, if a VA employee is involved, in reminding the individual of the importance of regular attendance.

13.e. **Voting Status of IACUC Participants.** Although only the voting members of the IACUC (appointed by the facility Director) have the authority to conduct official IACUC business, other individuals may be permitted by the IACUC to participate in the work of the committee. Because of the potential for confusion with regard to quorums and the number of signatures required for approval of reports of semiannual evaluations, the voting status of each participant should be made clear in all documents generated by the IACUC, as follows:

13.e(1) **Regular voting members.** Regular voting members have the full rights and responsibilities of any IACUC member with regard to participating in the deliberations of the committee, and voting.

13.e(1)(a) The total number of regular voting members is the number to be used in calculating the number of members who must be present for a quorum to be achieved, and in determining the number of members who must sign each semiannual report for it to be complete.

13.e(1)(a)1. As defined by PHS Policy, a quorum to conduct official business is "a majority of the total number of voting members of the IACUC". The quorum thus consists of the smallest whole number of regular voting members that is larger than half of the total. Most IACUC decisions can be passed by a majority of the quorum voting in favor.

13.e(1)(a)2. Regular voting members who are recused from participating in committee action on an item of business (e.g., because of a potential conflict of interest) do not contribute to a quorum, and may not vote, on that item.

13.e(1)(a)3. Reports of semiannual evaluations must be signed by a number of voting members greater than 50% of the total number of regular voting members.

13.e(1)(b) In addition to the members filling the five required roles on the IACUC (see subpar.

12.b, above), any number of additional regular voting members may also be appointed.

13.e(1)(b)1. These additional voting members may be, but are not required to be, qualified to fill any of the required roles.

13.e(1)(b)2. There is no requirement for a member to be assigned to serve as Vice Chair, but the facility Director may assign a regular voting member or an alternate voting member (see subpar. 13.e(2), below) to do so. A Vice Chair automatically chairs the committee when the Chair is not available, and can therefore help to provide leadership continuity in the Chair's absence. The role may also be useful for training and acquisition of experience before eventual assignment to serve as the Chair.

13.e(1)(c) ***Ex officio* voting member.** On a VA IACUC of Record, this designation applies only to the Attending Veterinarian of the VA animal research program, who is required to serve as a voting member because of holding that office.

13.e(2) **Alternate voting members.** PHS Policy defines alternate voting members as those who are authorized to take on the rights and responsibilities of a regular voting member when that regular voting member is not available to contribute to the work of the IACUC. Like regular voting members, alternate voting members must be officially appointed by the facility Director, as documented in a hardcopy or electronic letter of appointment, or in the IACUC minutes, which should specify the name of the alternate voting member, the duration of the appointment, the status of the member as an alternate, and any of the required roles in which the alternate voting member is qualified to serve. The appointment of an alternate voting member does not change the total voting membership, and the alternate contributes to the formation of a quorum, and is authorized to vote only when the regular voting member is not available and no other alternate is taking the place of that regular voting member.

13.e(3) **Non-voting participants.** Any number of other individuals may participate in the work of the IACUC, at the discretion of the IACUC. They need not be eligible to serve as voting members, and are not appointed to the committee, so they do not contribute to the formation of a quorum, and may not vote. The contributions of any non-voting participants should be acknowledged in the corresponding meeting minutes and reports, with the non-voting participants identified by terms such as "non-voting consultant" or "invited guest". Any dissenting opinions submitted by the non-voting participants (as well as those submitted by voting members) for inclusion in those minutes and reports must be included. The following are examples of non-voting participants:

13.e(3)(a) Consultants. Consultants may be invited by the IACUC to assist the committee regularly or as needed, with special knowledge or expertise, or to serve as resources to the IACUC as liaisons with other administrative or medical units of the facility.

13.e(3)(b) Invited guests. The IACUC may invite guests to meet occasionally with the committee as subject experts or, for example, as prospective new members observing a meeting as an introduction to the work of the committee

13.e(3)(c) Agency observers (e.g., personnel from the VA VISN, ORD, or ORO). Agency observers can request to attend a meeting to observe or interact with the IACUC. Except under extraordinary circumstances, the IACUC may not refuse such requests. If the IACUC determines that such an observer should not be allowed to attend, the CVMO or the senior ORO veterinarian should be notified immediately.

13.e(3)(d) PIs and their designees. The IACUC must permit PIs and their designees to attend IACUC meetings to provide information about their protocols under review or to contest decisions of the IACUC. They must be permitted to ask questions of the committee and they must receive a response, but they may not be present while the IACUC deliberates, votes, or conducts business related to their protocols.

13.f. **IACUC Protections.** Because of the potential for inappropriate influence over the decisions of the voting members of the IACUC, VHA Handbook 1200.07 restricts the participation of certain VA personnel in the work of the committee.

13.f(1) The personnel below may not serve as voting members, and it is a best practice to allow their regular attendance at IACUC meetings only if approved by a majority vote of a quorum of the IACUC.

13.f(1)(a) The AO for R&D, the ACOS for R&D, and others in similar administrative and leadership positions in the Research Service of the VA facility. When present, these individuals should generally limit their participation to providing information requested by the IACUC, and they should take great care to ensure that their comments do not suggest any attempt to influence the IACUC unduly on the basis of their administrative positions.

13.f(1)(b) Senior management of the VA facility. These individuals may attend as invited guests, but their regular presence is discouraged. When present, these individuals should take great care to ensure that their comments do not suggest any attempt to influence the IACUC unduly on the basis of their positions.

13.f(1)(c) The Research Compliance Officer of the VA facility (see subpar. 3.dd, above). ORO does not permit the RCO to serve as a voting member or alternate voting member of the IACUC (see VHA Handbook 1058.01, subpar. 4.t).

13.f(2) Conduct of business with only voting members present. It is a best practice to conduct a “closed” meeting or part of a meeting, with only voting members present, at least once every 6 months. This gives the Chair an opportunity to ask for any sensitive or otherwise confidential topics to be discussed. In addition, any IACUC meeting may be closed at any time under the following conditions:

13.f(2)(a) At any IACUC meeting, any voting member may offer a motion that the room be cleared of non-voting participants prior to initiation or continuation of deliberations and voting. This allows the IACUC to address situations in which the presence of non-voting participants seems detrimental to full and open deliberations by voting IACUC members. A majority vote of a quorum is required to pass such a motion. If the motion passes, all participants except regular or alternate voting members must leave the room, unless otherwise asked to remain by the motion passed.

13.f(2)(b) A request from the Chair to clear the room of some or all non-voting participants at any time should also be respected.

14. COMMUNICATIONS WITH OTHER VA ENTITIES (INTERNAL IACUC)

14.a. **Communication with the Research and Development Committee.** At least one individual who regularly attends IACUC meetings should be assigned to attend meetings of the R&D Committee regularly, to serve as liaison. This person is most often a voting IACUC

member (e.g., the Chair or Vice Chair), but a non-voting regular participant in IACUC meetings (e.g., the IACUC Coordinator) may also be assigned this role. In addition, the IACUC should submit copies of the following to the R&D Committee:

14.a(1) Final minutes of each IACUC meeting, approved by the IACUC

14.a(2) Final report of each semiannual evaluation of the animal care and use program and facilities, signed by the IACUC and the facility Director.

14.a(3) Proposed *per diem* rates and VMU budget

14.a(4) Notification about investigators more than 3 months delinquent in *per diem* payments.

14.b. **Communication with the AO and ACOS for R&D.** A copy of each IACUC report that is not otherwise provided to the R&D Committee should be sent directly to the AO and ACOS for R&D.

14.c. **Communication with the SRS or the Institutional Biosafety Committee (IBC).** VA recommends (VHA Handbook 1200.08, Appendix B, subpar. 1.d) that at least one member of the IACUC also be appointed to membership on the SRS/IBC (see subpar. 3.ff, above), to serve as liaison.

14.d. **Communication with the Facility Director.** At a minimum, a representative of the IACUC must review personally with the facility Director the report of the IACUC on each semiannual evaluation of the animal research program and facilities, promptly after the report has been approved by the IACUC (see details in subpar. 18.i, below).

15. CONDUCT OF BUSINESS BY THE IACUC (INTERNAL IACUC)

IACUC business must be conducted in an orderly, respectful, and confidential manner, with careful attention to avoiding the influence of conflicts of interest. It is a best practice for the IACUC to develop SOPs describing how the IACUC conducts business, to review these SOPs regularly, and to make sure that all voting members are familiar with them.

15.a. **Differences of Opinion.** Many IACUC decisions are based upon consensus positions shared by all voting members, but IACUCs must be prepared to ensure that any other opinions are also heard.

15.a(1) **No Suppression of Opinions.** Although the Chair is expected to focus discussions on the business at hand and may move to limit further deliberation when discussions are no longer productive, the opinion of any voting member regarding an item of business may not be suppressed under any circumstances, nor may any attempt be made to pressure any voting member to adopt any particular position. All such attempts are considered to be extremely serious deviations from VA policy and should be reported immediately to the CVMO and the senior ORO veterinarian.

15.a(2) **Minority Opinions.** The IACUC must include, in any documents resulting from the conduct of IACUC business, any minority opinions offered by any voting member or non-voting participant in the conduct of that business. This includes, but is not limited to, reports of semiannual evaluations, meeting minutes, and ACORPs. Minority opinions may not be altered by any individual (other than the author) or committee after submission. Officials and committees of the VA facility are free to provide written rebuttal to minority or dissenting

opinions, and any such rebuttals submitted must be maintained as part of the IACUC documentation.

15.b. **Conflicts of Interest.** As a public agency, VA has an obligation to preserve public trust in the integrity and quality of the research carried out by its investigators, among its patients, and in its facilities, and in VA stewardship of public resources, including public funds that support research programs. Appropriate mechanisms must be in place to ensure that actual or perceived conflicts of interest do not undermine that trust.

15.b(1) **Managing Potential Conflicts.** No IACUC voting member or non-voting participant may participate in the IACUC review or approval of a protocol, or in the conduct of any other business item, in which the individual has a real or perceived conflict of interest (see par. 33, below, for further information on conflicts of interest that must be considered).

15.b(1)(a) VA veterinarians are not considered to have conflicts of interest on individual protocols for which their involvement is limited to providing routine standard surgical and veterinary medical support.

15.b(1)(b) When the Attending Veterinarian has a research role on a project, and JIT submission of the ACORP is required, another VA VMO or VMC should sign as the Attending Veterinarian in Item Z of the ACORP. *Note: The office of the CVMO can assist in locating another VMO or VMC as needed.*

15.b(2) **Financial Conflicts of Interest.** All VA employees must comply with the criminal statute pertaining to acts affecting personal or imputed financial interest (18 USC 208) and the Standards of Ethical Conduct for Employees of the Executive Branch (5 CFR 2635). VA Regional Councils are authorized to interpret these provisions. *NOTE: Additional policy guidance for the IACUC is provided in VHA Handbook 1200.13, "Financial Conflicts of Interest in Research".*

15.b(3) **Recusal.** For any item of business in which a voting member or non-voting participant has a conflict of interest, that individual may provide relevant information to the IACUC, but must leave the IACUC meeting before deliberations commence ("recusal" for a conflict). Voting members recused for a conflict on any business item do not contribute to the quorum and may not vote on that item.

15.c. **Confidentiality.** It is against Federal regulations to disclose trade secrets outside of the IACUC. To promote open and honest deliberation, and integrity in voting, this confidentiality should be extended to include prohibition against disclosure of votes cast or views expressed by IACUC voting members to anyone who was not present or eligible to vote at the time of those votes or deliberations. *NOTE: These prohibitions on disclosure are waived when disclosure is required in response to requests by agency officials for regulatory purposes.*

15.c(1) Any voting member may make a motion at any time for a vote to be conducted by secret ballot. A majority vote of a quorum is required to pass the motion.

15.c(2) Any call by the Chair for voting by secret ballot should be honored.

15.c(3) The specific votes of individual IACUC members should not routinely be recorded in the meeting minutes.

15.c(4) Coded identifiers or other anonymizing measures may be used to protect the identities of investigators and IACUC participants in any record of IACUC business. The identities of the individuals must be readily ascertainable by the institution and provided to authorized regulatory officials on request.

15.d. **Meeting Minutes.** Meeting minutes document the business conducted by the IACUC, and should be complete, but also concise and focused.

15.d(1) The minutes must make the following clear to outside observers:

15.d(1)(a) Which voting members were present, which were absent, and which alternate voting members participated (but see subpar. 15.c(4), above, regarding anonymization). The appointed role of any member filling a required role on the committee must be included, to document that the IACUC is properly constituted.

15.d(1)(b) That a quorum was maintained for each item of business that was conducted (recusals, as for conflicts of interest for specific business items, and any lapses of the quorum during the meeting, should be so noted).

15.d(1)(c) That each business item was meaningfully reviewed and deliberated upon. It is important to identify the specific issues on which the deliberations were focused, the depth of the discussions that took place, and the conclusions reached by the IACUC regarding each item of business. It is best to focus on the substance of the deliberations regarding the business at hand and to avoid including peripheral details that may, for example, give the impression that the committee is distracted, combative, or dysfunctional. With regard to other documents relevant to the deliberations, it is generally preferable to summarize the specific items pertinent to actions of the IACUC, rather than attach a complete document that contains material that is not directly relevant. If the entire document is essential to understanding the actions of the IACUC, it is better to attach the document than to copy it in its entirety into the minutes. *NOTE: In deciding whether to attach a document to the minutes, the IACUC should consider not only the relevance of the document to the business conducted by the IACUC, but also the fact that formally referenced attachments may be considered to be part of the minutes for the purposes of FOIA requests.*

15.d(1)(d) The outcome of the deliberation over each item of business, including the method by which the committee voted, and tallies of the votes cast. (*NOTE: The specific votes of individual members should not routinely be recorded.*)

15.d(1)(e) The status of each animal protocol reviewed and each other item of business conducted, beginning when the item is first brought to the committee's attention as new business, until a final resolution is achieved.

15.d(2) Items of business include, but are not limited to, the following:

15.d(2)(a) Review of, and action on, animal protocols, amendments, and modifications submitted for approval.

15.d(2)(b) Review of, and determination of the appropriate response to, comments received from the CVMO's office based on secondary review of ACORPs submitted for JIT processing.

15.d(2)(c) Semiannual evaluations of the animal care and use program and facilities, and follow-

up review of progress toward correction of the deficiencies identified.

15.d(2)(d) Investigation and resolution of allegations of improper animal care or use (see par. 21- 23, below).

15.d(3) The final contents of the minutes are up to the IACUC to decide. No one may pressure any IACUC member or IACUC support staff member to change the minutes. Disagreements about the content must be addressed by the full IACUC for a final decision and vote.

15.d(3)(a) A draft of the meeting minutes must be distributed to the IACUC members at least one week before the next meeting, to allow members time to review it. The meeting minutes are not official until approved by the IACUC. (*NOTE: USDA and OLAW do not specify any particular mechanism(s) for IACUC approval of the minutes, so electronic concurrence or polling by telephone, as well as voting at a convened meeting or use of designated member review (see subpar. 16.a(2), below), are all acceptable.*)

15.d(3)(b) The approved IACUC minutes must be signed and dated by the IACUC Chair, then copied and sent to the R&D Committee (see subpar. 7.g and 14.a(1), above).

15.d(3)(c) No changes may be made to the minutes after they have been approved by the IACUC.

16. PROTOCOL REVIEW PROCESS (INTERNAL IACUC)

All VA IACUCs of Record must meet USDA AWAR and PHS Policy requirements for protocol review. Except for the administrative approvals allowed under a limited number of conditions by the PHS Policy, each protocol document (including new submissions, amendments, modifications, and documents submitted for renewal of approvals) must be reviewed for compliance with all applicable regulations and policies, and approved by the IACUC before the work may proceed. This paragraph summarizes the combined requirements of the USDA AWAR, PHS Policy, and VA policy, including the requirements specific to VA policy on use of animals in research that apply to protocol review by an internal IACUC.

16.a. **Methods of Review.** Either of the two methods of IACUC review allowed by PHS Policy (IV.C.2), Full Committee Review (FCR) or Designated Member Review (DMR), may be used. The IACUC Chair must personally assign each reviewer, and is responsible for ensuring that each reviewer is qualified to review for the IACUC the specific protocol to which the reviewer is assigned.

16.a(1) **Full Committee Review (FCR).** FCR is conducted at a convened meeting of a quorum of the IACUC. VA requires at least two voting members be assigned as primary reviewers for each new or triennial protocol under review. The primary reviewers are expected to prepare comments and recommendations about the protocol for presentation at the convened meeting of the IACUC.

16.a(2) **Designated Member Review (DMR).** VA policy requires that at least two voting members of the IACUC be designated by the Chair as reviewers when DMR is utilized for any item of business. The designated reviewers act on behalf of the full committee, but only if no voting member requests FCR. If DMR is proposed for a protocol, every voting member must have an opportunity to request FCR. This opportunity is ensured as follows:

16.a(2)(a) Every voting member must have access to the protocol documents if they have not yet been reviewed by FCR. Access is defined as a reasonable or convenient opportunity to access and review the documents in paper or electronic format.

16.a(2)(b). The IACUC can decide during a committee meeting to switch immediately from FCR to DMR for a protocol if all of the voting members of the IACUC are present at the meeting and no voting member requests that review of the protocol continue with FCR.

16.a(2)(c) The IACUC can decide during a committee meeting to switch immediately from FCR to DMR for a protocol even if not all voting members are present, provided that:

16.a(2)(c)1. A quorum of voting members is present,

16.a(2)(c)2. None of the voting members present requests FCR for that protocol, and

16.a(2)(c)3. The IACUC has adopted a policy per OLAW guidance that allows the use of DMR subsequent to FCR even if not all voting members are present at the meeting (OLAW's NOT-OD-09-035 and OLAW's additional clarifications in Frequently Asked Questions - PHS Policy on Humane Care and Use, Last Revised: March 15, 2010, Section D, "Protocol Review").

NOTE: If the IACUC does not have such a policy and not all voting members are present, the IACUC cannot switch to DMR for a protocol until every voting member (including those not present at the meeting) has had the opportunity to request continuation of FCR for that protocol. The voting members not in attendance may be contacted by paper or electronic means, as in subpar. 16.a(2)(a), above.

16.b. **Terminology for Outcomes of IACUC Review.** It is best practice for the IACUC to adopt the terminology promulgated by both the PHS Policy and USDA AWAR for outcomes of IACUC review.

16.b(1) **Outcomes of FCR.** For FCR, the possible outcomes specified by OLAW and USDA are as follows:

16.b(1)(a) Approve. The IACUC grants full and unequivocal final approval for work to begin. No further action on the part of the IACUC is required before work may begin. (*NOTE: Action on the part of other parties, such as the R&D Committee (see subpar. 16.d.(3), below) or the funding sources, may be required before the institution allows the work with animals to begin, but these do not affect the status of the IACUC approval.*)

16.b(1)(b) Withhold approval. The IACUC determines that the protocol cannot be approved. The investigator may submit a new protocol for consideration.

16.b(1)(c) Require modifications to secure approval (RMSA). The IACUC does not yet grant approval, but may approve in the future, depending on the outcome when the IACUC reviews a revised version of the documents.

16.b(1)(c)1. RMSA followed by FCR. This is the default when the IACUC concludes after FCR that the outcome is RMSA. The additional information, clarifications, or corrections required by the IACUC are to be reviewed at a subsequent convened IACUC meeting.

16.b(1)(c)2. RMSA followed by DMR subsequent to FCR. This outcome is allowed if the conditions described in subpar. 16.a(2)(b) or 16.a(2)(c), above, are met.

16.b(2) **Outcomes of DMR.** For DMR, the possible outcomes specified by OLAW and USDA are as follows:

16.b(2)(a) Approve. On behalf of the IACUC, the designated reviewers agree unanimously to grant full and unequivocal final IACUC approval.

16.b(2)(b) Require modifications to secure approval (RMSA). Additional information, clarifications, or corrections are required by at least one reviewer, for review by the designated reviewers. Approval has not yet been given, but may be in the future, depending on the outcome of the subsequent review.

16.b(2)(c) Refer to full committee for review. If the reviewers do not agree unanimously on an outcome, if any one reviewer requests FCR, or if any one reviewer recommends that the committee Withhold Approval, the protocol must be returned to the full committee for review by FCR.

16.b(3) **Other terms for outcomes.** Use of terms other than the outcomes discussed above (subpar. 16.b(1) and 16.b(2), above) is confusing and discouraged.

16.b(3)(a) Terms such as “conditional approval”, “provisional approval”, or “contingent approval” lead to confusion as to whether and when IACUC approval has actually been granted so that the work with animal may proceed. Generally, these outcomes correspond to “RMSA”, which is therefore the preferred term to be used.

16.b(3)(b) The terms "tabled" or "deferred" are currently in common use, but do not correspond to any of the outcomes specified by OLAW and USDA. These terms should be reserved for protocols on which the IACUC has declined to act (e.g., if pages are missing from the protocol submitted), and do not represent any determination about approval by the IACUC.

16.c. **Format of Protocol Documents.** In general, the VA IACUC of Record may utilize any protocol form that covers the topics required by the PHS Policy and USDA AWAR. For projects that have been selected for possible funding by VA and require that the animal protocol be submitted JIT for secondary review by VHA Central Office (see subpar. 17.a(1)(b), below, and Appendix A, subpar. 2.a), the VA ACORP (or an alternate protocol form that has been specifically approved by the CVMO) must be used.

16.d. **Effective Date of IACUC Approval.** The IACUC approval date is generally defined as the date on which the IACUC officially gives full and unequivocal final approval to a protocol or its renewal. If the IACUC renews approval for a previously approved protocol 30 days or less before the expiration of the previous approval, the IACUC may administratively set the new approval date to the previous expiration date.

16.d(1) The effective date of IACUC approval can be no earlier than whichever of the following applies:

16.d(1)(a) The date of the convened meeting at which a majority of a quorum of the IACUC votes to approve.

16.d(1)(b) The date on which the recommendations for approval by the Designated Member Reviewers become unanimous.

16.d(2) Local policy may require other conditions to be fulfilled before the protocol is considered fully and unequivocally approved, but these conditions must be applied consistently. Following are some examples of such conditions:

16.d(2)(a) Signature of the approved protocol by the IACUC Chair.

16.d(2)(b) Signature of a letter to the PI, by the IACUC Chair, notifying the PI of approval of the protocol.

16.d(3) Although R&D Committee approval may be required before work may be performed on a protocol approved by the IACUC, there is no VA policy requiring further approval of a protocol by the R&D Committee before it may be considered approved by the IACUC.

16.e. **Requirements for Continuing Review.** Approval of animal protocols must be renewed periodically in compliance with the requirements of USDA AWAR and PHS Policy.

16.e(1) **Annual Renewal of Approval.**

16.e(1)(a) For protocols involving species that are regulated by USDA, the USDA AWAR require continuing review of approved protocols “not less than annually” (USDA AWAR 9 CFR 2.31(d)(5)). To minimize confusion, current VA policy applies this requirement to all species. VA requires that this be demonstrated by IACUC renewal of approval on or before the anniversary date of the most recent previous IACUC approval (regardless of whether the work with animals was actually initiated as soon as IACUC approval was granted), or work on the protocol must stop until approval is renewed.

16.e(1)(b) For the annual renewals of approval, the investigator must submit at least the following for IACUC review (by FCR or DMR):

16.e(1)(b)1. The original IACUC approval number for the protocol – it is best practice for the PI to provide, in addition, a listing of all amendments and modifications of the protocol that have been approved by the IACUC since the protocol was initially approved, so that it is clear to the IACUC what the current protocol includes

16.e(1)(b)2. The title of the project

16.e(1)(b)3. The species used

16.e(1)(b)4. The most recent previous IACUC approval date

16.e(1)(b)5. If any significant changes are planned (see subpar. 17.g, below), documentation to request IACUC approval of an amendment or modification of the approved protocol

16.e(1)(b)6. Signature of the PI certifying that all work on the protocol is being done as approved by the IACUC

16.e(2) **Triennial *de novo* Review.** Regardless of whether the work with animals began as soon as the IACUC initially granted approval, and regardless of the dates of any annual renewals of approval for a protocol, the approval of each VA protocol will expire on the date of the third anniversary of its initial approval by the IACUC, and the triennial *de novo* review (i.e., a complete review and approval of the full updated protocol (PHS Policy IV.C.5)) must be completed on or before that date for work to continue without a lapse.

16.e(2)(a) The investigator should submit the complete new protocol on the most current version of the protocol form.

16.e(2)(b) IACUC review and approval should be conducted as if the protocol is a new submission.

16.e(3) **Lapse in Approval of a Protocol.** If approval is not granted by the IACUC on or before the deadline for any annual or triennial review and renewal of approval, the PI must be notified immediately that approval has expired and all corresponding animal research activities must stop until the IACUC re-approves the protocol. Federal law does not allow the IACUC to grant administrative extensions of approval. While expiration of approval is not a reportable matter, any work performed on an animal research protocol after it has expired (and before it has been re-approved) is noncompliant and must be reported.

16.e(4) **More Frequent Review of Protocols.** The IACUC has the authority to require review of protocols more frequently than the minimum requirements of the USDA AWAR or PHS Policy, and may utilize FCR or DMR at its discretion.

16.f. **Documentation of Review and Approval.** The review and approval of any protocol (initial or renewal) by the IACUC must be documented in the IACUC meeting minutes as well as in the protocol file. Approval of protocols by DMR should be documented in the minutes of the next convened IACUC meeting.

17. TOPICS TO BE CONSIDERED IN PROTOCOL REVIEW (INTERNAL IACUC)

Any VA IACUC of Record must review each protocol for compliance with the requirements of the USDA AWAR, PHS Policy, and VHA Handbook 1058.01. This paragraph summarizes the combined requirements of the USDA AWAR, PHS Policy, and VA policy, including the requirements specific to VA policy on use of animals in research, that apply when a protocol is reviewed by an internal IACUC.

17.a. IACUC Review and Approval of Protocol Required Prior to Start of Work.

17.a(1) If any of the following apply, the work is considered to be VA research (defined in subpar. 3.hh, above) that involves use of animals, where “animal use” includes the use of any tissues or primary cell lines that are derived from animals euthanatized primarily or exclusively for use in the experiments proposed. Any such work must be reviewed and approved by the VA IACUC of Record before the work may begin:

17.a(1)(a) VA funds are included in the project budget for the purchase or support of animals to be used in the proposed experiments.

17.a(1)(b) Animals will be used for the experiments proposed for a project to be funded by VA.

17.a(1)(c) Animals will be used by personnel who are on VA duty time.

17.a(1)(d) Animals will be used on VA property or in space leased by VA.

17.a(2) If the work is for a project that has been selected for possible VA funding, and the animals to be used are not already being used on another IACUC-approved protocol, the protocol must be submitted on an ACORP form for review and approval by the IACUC and then JIT submission to ORD (see Appendix A, subpar. 2.a). If the animals to be used are already being

used on another IACUC-approved protocol (e.g., if the new project requires collection of additional blood samples from animals being treated with a test agent for another study), a modification of the other protocol must be approved by the IACUC before the work may proceed, but VA does not require the work to be described on a separate IACUC-approved ACORP and submitted for JIT processing.

17b. **Activities Not Subject to IACUC Approval.** VA policy does not require review and approval of a protocol by the VA IACUC of Record before work may be performed if neither USDA nor PHS requires local IACUC approval. Examples of such work include work that is limited to any of the following circumstances:

17.b(1) Only immortal animal cell lines or explants will be used, and no additional animals will be needed, to meet the objectives of the proposed work.

17.b(2) Tissues will be collected exclusively from USDA-licensed slaughterhouses.

17.b(3) Use of animals will be limited to animal-derived reagents or products (e.g., serum, antibodies, and mediators) that are purchased as standard catalog items from commercial vendors (see USDA-APHIS Policy Manual, Policy #10).

17.b(4) Use of animals will be limited to that required for the generation of reagents such as custom antibodies or similar non-standard tissue products, by a vendor at the vendor's facility, and the vendor holds a PHS Assurance. The VA IACUC of Record should maintain on file a copy of the protocol specific to the custom work that has been approved by the vendor's IACUC.

17.c. **Veterinary Consultation.** USDA AWAR require consultation with the attending veterinarian or designee in the preparation of any protocol involving procedures that may cause more than momentary or slight pain or distress to the animals. Because it may be difficult for the investigator to predict whether the proposed procedures meet these criteria, VA policy is to extend this requirement to all protocols to be submitted to the IACUC for review. The VMO or VMC, or another qualified laboratory animal veterinarian must be consulted prior to submission of the protocol for IACUC review. For the veterinarian to be able to provide the most appropriate advice, incorporating the latest developments in veterinary medicine to address the most current version of the proposed protocol, it is best for the PI to consult regularly with the veterinarian, with the most recent veterinary consultation no more than 1 year before the protocol is submitted to the IACUC. The consultation may take the form of a face-to-face meeting, phone conference, a written review of a draft protocol, or some other means of effective communication between the researcher and the veterinarian. (The participation of a veterinarian in the discussion of the protocol during an IACUC meeting does not satisfy this requirement.) VA policy does not require separate veterinary pre-consultation for modifications and amendments unless a voting member of the IACUC requests it or local policy requires it.

17.d. **Search for Alternatives.** All animal protocols must include a database search and written narrative addressing how the protocol has been designed to reduce the number of animals needed, incorporate refinements of the techniques to create less stress or distress, and/or replace animals with other study methods such as *in vitro* or *in silico* approaches.

17.e. **Use of Human Clinical Care Areas and Equipment for Animal Research.** Areas for human diagnosis, treatment, and monitoring, and human clinical care equipment, may be used for animal studies only when all of the following conditions are met:

17.e(1) The IACUC determines that there are no reasonable alternatives to the use of the human clinical care areas or human clinical care equipment for the proposed animal research. Appropriate clinical and administrative officials should be consulted in this decision.

17.e(2) The protocol includes procedures for properly cleaning/sanitizing any human clinical area or human clinical care equipment used for animal research, before its subsequent use for human patients. These procedures should be at least as thorough as the procedures established by the clinical facility for cleaning and sanitizing the area or equipment between human patients.

17.e(3) Transportation of animals to and from human clinical care areas must be discrete and secure. Corridors and elevators used by human patients must be avoided, and the human clinical care areas may only be used after-hours for animal research. The methods of containing, securing, and transporting the animals, and the planned route(s) to be used, must be described in the protocol form.

17.e(4) If human patient care equipment is to be used in the animal facility or in an animal procedure area and then returned to human patient care areas, the IACUC and the manager responsible for this equipment must approve. *NOTE: ACORP Appendix 7 is not required in this case, but special emphasis must be placed on ensuring that the equipment is cleaned and free of animal body fluids, waste, and external parasites, after use.*

17.e(5) The use of the human clinical care area or human clinical care equipment (within the VA facility or at an affiliate) for animal research is approved by the IACUC (usually after review of an ACORP including Appendix 7, “Use of Patient Care Equipment and/or Areas for Animal Studies”) and by the clinical manager supervising the area.

17.f. **Congruency of the Animal Protocols with Funding Applications.** Funding agencies generally require assurance of congruency between funded grant proposals and the animal protocols approved by the IACUC. For VA facilities, this is the responsibility of the Research Service, and may be assigned locally to the IACUC, but is not necessarily a responsibility of the IACUC. If a project involving animal research is selected for possible VA funding, the Research Service must ensure that the ACORP(s) submitted for JIT review address(es) the animal research proposed in the application for VA funding.

17.g. **Significant Modifications (or “Amendments”).** Any significant modification to an approved protocol must be reviewed and approved by the IACUC (by FCR or DMR) before it is implemented. In general, the information reviewed should be at the same level of detail as is required in a new protocol, but the documentation for a request to amend or modify a protocol may be limited to the changes proposed and how they fit into the approved protocol. *NOTE: The review and approval of a significant modification do not change the timing of any annual continuing review or the 3-year de novo review – see subpar.16.e, above.*

17.g(1) **Significant vs. Minor.** “Minor” modifications may be handled administratively while “Significant” modifications require review and approval by FCR or DMR, so it is essential that the IACUC develop clear local definitions for “minor” and “significant” modifications. These definitions must be consistent with OLAW guidance (“PHS Policy on Humane Care and Use of Laboratory Animals Frequently Asked Questions”, Last Revised: April 17, 2013, D.9, http://grants.nih.gov/grants/olaw/faqs.htm#proto_9).

17.g(2) **Addition of personnel.** According to PHS Policy, changes in personnel other than the PI may be considered minor modifications, provided that an appropriate administrative review

mechanism is in place to ensure that all such personnel are appropriately identified, adequately trained (see subpar. 6.a(5), above) and qualified, enrolled in applicable occupational health and safety programs, and meet any other local requirements established by the IACUC (see NIH Guide for Grants and Contracts NOT OD-03-046).

17.g(3) **Increases in Numbers of Animals.** Any request for additional animals should include a justification for the request, regardless of whether the addition is considered minor or significant.

17.g(3)(a) Species not regulated by the USDA.

17.g(3)(a)1. OLAW allows the IACUC to approve administratively increases of up to 10% in the number of animals approved for use on protocols involving species not regulated by the USDA. The IACUC must ensure that the cumulative increases approved administratively do not exceed 10% of the total number originally approved for use.

17.g(3)(a)2. If the cumulative increase requested exceeds 10% of the total number originally approved for use, the IACUC must review the request as a significant modification and approve it by FCR or DMR before the additional animals may be used.

17.g(3)(b) Species regulated by the USDA.

17.g(3)(b)1. The USDA considers any increase in the number of larger regulated species of animals (e.g., non-human primates, dogs, cats) to be significant, so these requests must be reviewed by the IACUC, by FCR or DMR.

17.g(3)(b)2. For smaller species, USDA must be contacted to determine the conditions, if any, under which increases in the animal numbers may be approved administratively.

17.g(4) **R&D Committee Review.** Although work on an approved animal protocol may not begin until after R&D Committee approval is granted (indicating approval by all relevant subcommittees of the R&D Committee, see subpar. 16.d(3), above), VA policy does not require any additional action by the R&D Committee before modifications approved by the IACUC may be implemented, unless local policy dictates otherwise.

17.h. **Responding to Concerns Noted in Secondary Review.** ORD performs a secondary review of each ACORP submitted JIT in support of a project selected for possible VA funding, and may provide the IACUC with written comments or concerns about the ACORP. These comments do not affect the status of the ACORP as “approved” by the IACUC, but may impact the release of VA funding to support the work. To get the project cleared for release of VA funding, the IACUC must review all concerns noted in the secondary review, and respond to the office of the CVMO as required by the level of the comments. The overall score for each protocol is determined by the highest level comment provided.

17.h(1) **Level 0.** Level 0 comments are provided for information only, and may include such information as recommendations for future protocol reviews, or acknowledgement of evidence of particularly careful oversight by the IACUC. No response by the IACUC is requested. ACORPs with an overall score of “0” do not have any comments that are other than level 0, and are approved for release of VA funding.

17.h(2) **Level 1.** Level 1 comments raise concerns or provide recommendations that the IACUC

must review and address. Determination of the appropriate response to the concerns or recommendations is left to the discretion of the IACUC, but should be recorded in the IACUC minutes, although no formal response to the office of the CVMO is required. ACORPs with an overall score of “1” have received only level 0 and level 1 comments, and are approved for release of VA funding.

17.h(3) **Level 2.** Level 2 comments raise concerns or provide recommendations that the IACUC must review and address in a memo to the CVMO and in an IACUC-approved revised ACORP submitted for re-review. ACORPs with an overall score of “2” have received only level 0, level 1, and level 2 comments, and are not approved for release of VA funding until the revisions are approved by the office of the CVMO.

17.h(4) **Level 3.** Level 3 comments raise concerns that require the work described in the protocol to cease immediately, until the IACUC reviews and addresses the concerns in a memo to the CVMO and an IACUC-approved revised ACORP is approved by the CVMO. (Such a cessation of work is not necessarily reportable. The IACUC must make the determination as to whether the matter is reportable, based on what is actually being done on the protocol, as distinguished from what is described in the ACORP.) ACORPs with an overall score of “3” have received at least one level 3 comment, and are not approved for release of VA funding until the responses to all level 2 and level 3 comments are approved by the office of the CVMO.

18. SEMIANNUAL EVALUATION (INTERNAL IACUC)

The VA IACUC of Record must evaluate the program and facilities semiannually, as required by USDA AWAR and PHS Policy, according to the standards established in the most recent edition of the *Guide* (see “Program Oversight --The Role of the IACUC (p. 25) and Post-Approval Monitoring” (p. 34)), the PHS Policy (see Sec. IV.B), the Animal Welfare Act (see 7 U.S.C. §2143[b][3] and [b][4]), USDA AWAR (see 9 C.F.R. §2.31[c][2]), and VA policy (VHA Handbook 1200.07 and other VHA Handbooks). This paragraph summarizes these combined requirements, as they apply to semiannual evaluations conducted by an internal IACUC.

18.a. **VA Semiannual Evaluation of the Institutional Animal Care and Use Program and Facilities Form.** This form (available at www.research.va.gov/programs/animal_research/) details all of the required components of a semiannual evaluation. If the IACUC wishes to use an alternate form, a line-by-line comparison documenting that all components in this form are covered in the alternate form must be submitted to and approved by the CVMO before the alternate form may be used. The form includes:

18.a(1) Part 1 (Checklist), Sections A (Review of the Program) and B (Inspection of the Facilities).

18.a(2) Part 2 (Table of Deficiencies and Departures).

18.a(3) Part 3 (Post-Review Documentation).

18.b. **The semiannual program review (Part 1, Section A).** The semiannual program review (Part 1, Section A) addresses local policies and mechanisms established to operate the animal research program.

18.b(1) Unless other arrangements are made, the VA facility is responsible for maintenance of the VMU (see subpar. 3.kk, above), and for timely completion of work orders submitted for

needed repairs or maintenance. As part of the semiannual program review, the IACUC must review a summary of the work orders submitted for maintenance and repair of VA space used by the animal research program. This summary should include analysis of the number of days elapsed from submission to completion of each work order. The work orders should also be analyzed in terms how many are related to deficiencies noted in a semiannual evaluation and how many were initiated apart from semiannual evaluations. All numbers of work orders should be analyzed relative to the total number of work orders submitted since the last semiannual evaluation. A table is provided in Part 1, Section A, for this information, space is provided for comments or explanations (e.g., regarding work orders for large projects to be completed over longer periods of time).

18.b(2) “Departures” from PHS policy (including the provisions of the *Guide*) that have been approved by the IACUC are identified as “Approved Departures” in Part 1, Section A, and must be detailed in Part 2.

18.c. **The semiannual facility inspection (Part 1, Section B).** The semiannual facility inspection (Part 1, Section B) addresses the conditions in the spaces used in the animal research program.

18.c(1) The IACUC must inspect all facilities where animals are used, on VA property or in space leased by VA, including the following:

18.c(1)(a) All areas within the VMU.

18.c(1)(b) All areas owned or leased by VA outside of the centralized VA animal facilities where any surgical procedures are performed (including minor, major, survival, and non-survival surgery), where any species are housed for more than 24 hours, or where any USDA-regulated species are housed for more than 12 hours (PHS Policy FAQs, Part E).

18.c(1)(c) VA policy extends this requirement to include all areas owned or leased by VA, outside of the VMU, in which animals are manipulated.

18.c(2) For spaces that are used for VA animal research, but are not owned or leased by VA, see subpar. 30.b and 31.e, below.

18.c(3) “Departures” from PHS policy (including the provisions of the *Guide*) that have been approved by the IACUC are identified as “Approved Departures” in Part 1, Section B, and must be detailed in Part 2.

18.d. **Deficiencies and Departures (Part 2).**

18.d(1) For each program or facility deficiency that is noted, the report must contain a description and designate the deficiency as “significant” or “minor”. The report must also include a reasonable and specific plan for correcting each deficiency (including a schedule with dates).

18.d(1)(a) Significant Deficiencies. A significant deficiency is one which, in the judgment of the IACUC, is or may be a threat to the health or safety of the animals or the personnel involved in the work with animals.

18.d(1)(b) Minor Deficiencies. A minor deficiency is one that does not fit the preceding definition of a significant deficiency. Examples of minor deficiencies are difficult to provide

because local circumstances strongly influence whether a deficiency is significant or minor.

NOTE: For help with such decisions, contact the CVMO, who may recommend further consultations with OLAW or USDA.

18.d(2) The scheduled date for correction of some deficiencies may be in the future, and the corrections not yet complete, when the report of a semiannual evaluation is approved by the IACUC. These must be carried over onto the next semiannual report, where progress to date or completion of the planned corrective actions can be entered. If the IACUC determines at any time before the scheduled correction date that new information justifies revision of an approved timetable for correction, this should also be noted in the next report. The appropriate oversight entities must be notified if any significant deficiency that was identified during a semiannual evaluation has not been corrected according to the most recent timetable approved by the IACUC (see subpar. 24.a(1)(a) and 24.b(1)(a), below).

18.d(3) Each “departure” from PHS policy (including the provisions of the *Guide*) that has been approved by the IACUC must be documented in Part 2. See the instructions for Part 2 for guidance on how to distinguish “departures” from “deviations”, and how to document the “approved departures”.

18.e. **Summary Analysis (Part 3, Section A).** The results of each semiannual evaluation must be summarized for presentation to the facility Director (see subpar. 18.i, below). The analysis must address each of the following (see instructions for Part 3, Section A):

18.e(1) Note the total number of “approved departures”.

18.e(2) The relative importance of the observed positive features and deficiencies within the overall context of animal research at the local VA facility.

18.e(3) Any patterns or trends suggested by the observations noted, when considered in the context of recent previous evaluations.

18.e(4) Any underlying programmatic factors that should be addressed to promote further improvement and prevent recurrence of deficiencies.

18.e(5) Any recommendations of the IACUC, with regard to specific actions needed to address the results of the evaluation. It should also be noted if the IACUC has no such recommendations.

18.f. **Participants in the Semiannual Evaluations.** (See Part 1, Sections A and B.)

18.f(1) USDA AWAR require that at least two voting members of the IACUC must participate in the facility inspection and two in the program evaluation. VA extends this requirement to all VA animal research programs, regardless of whether USDA-regulated species are in use. All voting members of the IACUC are in any case strongly encouraged to participate in the semiannual evaluation.

18.f(2) Non-voting participants may also participate in the semiannual evaluation, at the discretion of the IACUC, but should be clearly designated as “non-voting” on the forms.

18.g. **Approval of the Report by the IACUC (Part 3).**

18.g(1) Under no circumstances may IACUC members be pressured to alter the report of any semiannual evaluation before approving it, nor may the report be altered after it is approved by the IACUC. Any subsequent progress on, or completion of, any corrective actions should be carried over onto the report of the next semiannual evaluation. (See subpar.18.d(2), above.)

18.g(2) Each member eligible to vote on the report must be identified in Part 3, and the individuals filling each of the required roles must be indicated.

18.g(3) Approval of the final report is indicated by the signatures of a majority of the IACUC members eligible to vote (NOT just a majority of a quorum).

18.g(4) The names and signatures may be anonymized, but proof must be available that the indicated individual voting members approved the report (see subpar. 15.c(4), above).

18.h. **Minority Opinions.** The report must include any minority opinions submitted for inclusion by any participant (including both voting members and non-voting participants) during the evaluation (see subpar. 15.a(2), above).

18.i. **Presentation of the Report to the Facility Director.** The report of the semiannual evaluation (Parts 1, 2, and 3, approved and signed by the IACUC) must be submitted to and discussed with the facility Director (see subpar. 7.d(4), above) in a face-to-face briefing of the facility Director by a voting member of the IACUC (representing the committee as a whole).

18.i(1) The IACUC member who represents the committee in the briefing should be one who can communicate effectively to the Director the significance of the findings of the IACUC. Typically, this is the Chair or Vice Chair. The IACUC representative should use the summary analysis (see subpar. 18.e, above) as a starting point for communicating both immediate and longer-term concerns, as well as projected needs.

18.i(2) It is a best practice that at least one research administrator (such as the ACOS for R&D or the AO for R&D) and the Attending Veterinarian also attend the briefing. Any other voting member of the IACUC who wishes to participate in the briefing must be allowed to do so.

18.i(3) For the briefing to be meaningful and current, the report must be reviewed with the facility Director as soon as possible after it is approved by the IACUC.

18.i(4) After the briefing, the facility Director must personally sign the report acknowledging its receipt and review. The Director's signature does not indicate concurrence with the report or satisfaction with the corrective actions ordered. No other official may sign for or in place of the facility Director.

18.i(5) Local officials may not alter the contents of the report as it was approved by the IACUC, but they may append an attachment to the report, to comment on, respond to, or indicate non-concurrence with it (see subpar. 15.a(2), above).

18.j. **Submission of the Report to the Office of the CVMO.** Within 60 days after approval of the report by the IACUC of Record, the office of the CVMO should receive a copy of the Semiannual Evaluation of the Animal Care and Use Program (Parts 1, 2, and 3), approved and signed by a majority of all IACUC members eligible to vote on the report, and signed to document receipt of the report by the facility Director. If the report cannot be presented to the facility Director in time, a request for an extension should be submitted to the office of the

CVMO within 60 days of approval of the report by the IACUC, indicating the reason(s) for the delay and the expected date of submission. The copy of the report or the request may be sent as a hardcopy document or by email (see Appendix A, subpar. 1.b, for contact information).

19. COMPONENTS REQUIRING ANNUAL REVIEW BY THE IACUC (INTERNAL IACUC)

All VA IACUCs of Record must perform annual reviews of program components according to the requirements of USDA AWAR and PHS Policy. This paragraph summarizes the combined requirements, including additional requirements specific to VA policy on use of animals in research, that apply to annual reviews conducted by an internal IACUC.

19.a. **SOPs.** OLAW recommends that SOPs be reviewed regularly, at least every 3 years, to ensure that they are up-to-date and accurate. VA policy specifies that the complete set of SOPs relevant to the VA animal research program be reviewed at least once every calendar or fiscal year, to determine whether new SOPs or revisions of current SOPs are warranted. The IACUC must oversee this review, carried out by the Attending Veterinarian, together with the VMU Supervisor and other qualified personnel. (see subpar. 8.c(1)(c), above). The completion of this annual review, and any recommendations for updating the set of SOPs, must be documented in the IACUC minutes.

19.b. **Testing of Heating, Ventilation, and Air Conditioning (HVAC) Equipment in the VMU.** The IACUC is responsible for overseeing the annual overheat testing of at least one animal housing room of each animal research facility on VA property or in space leased by VA. (See subpar. 9.c(2), above.)

19.c. **Program of Veterinary Care for Part-Time Veterinarians.** The IACUC must review and approve any written PVC (see subpar. 8.b(1)(a)3, above) at least annually, preferably as part of a semiannual IACUC evaluation.

19.d. **Emergency and Disaster Plans.** The IACUC must ensure that animal facility emergency and disaster plans have been developed (see subpar. 10.j, above), as required by PHS Policy. It is recommended that these be reviewed and updated at least annually, just as SOPs are.

20. ROUTINE REPORTS TO OVERSIGHT ENTITIES (INTERNAL IACUC)

The IACUC must oversee the submission of all routine reports required by each applicable regulatory or accrediting entity, and maintain a copy of the final, signed version of each of these reports on file (hard copy or electronic), except as specified below. This paragraph summarizes the combined reporting requirements relevant to each internal IACUC.

20.a. **USDA.** The Annual Report of Research Facility is required by the USDA AWAR, 9 CFR 2.36. Each facility registered with USDA is required to complete and submit this report by December 1 each year for the previous fiscal year, even if no USDA-regulated species were used. Information about species that are not covered by the definition of an "animal" in Part 1 of USDA AWAR (e.g., laboratory mice and rats) is NOT required and should NOT be included on this form. Information identifying specific personnel or projects, and other sensitive information, is also NOT required and should NOT be included in this report. These reports are made available to the public on the USDA website.

20.b. OLAW.

20.b(1) **PHS Assurance.** The Assurance must meet OLAW requirements, be signed by the IO, and be submitted to OLAW for review and approval. The Assurance becomes effective after approval by OLAW, for a specified duration of no more than five years.

20.b(2) **Annual Report to OLAW.** This report is generally due at the end of January, covers the previous calendar year's activities, and must include any significant changes that the institution has made in the animal care and use program from what was described in the approved Assurance. *NOTE: Simple failure to adhere to the terms of the approved Assurance is noncompliance, and is distinct from an institutional decision to change the specifics of how it will comply with PHS policy.*

20.c. AAALAC.

20.c(1) **Program Description.** As stipulated in the AAALAC Rules of Accreditation (see www.aaalac.org), a comprehensive AAALAC Program Description must be completed and delivered to AAALAC prior to each scheduled triennial AAALAC site visit.

20.c(2) **Annual Report.** This report can be completed online at the AAALAC website (www.aaalac.org), but a copy must be maintained on file.

20.d. **VA.** The VMU Annual Report covering each fiscal year must be completed online (at <https://vawww.gateway.research.va.gov/jit>) by January 15 of the following calendar year. This report includes species that are not regulated by USDA (e.g., laboratory mice and rats) and are therefore not included in the Annual Report of Research Facility submitted to USDA (see subpar. 20.a, above). This report is always accessible online, so there is no requirement for a further file copy to be maintained.

21. ADDRESSING CONCERNS RELATED TO ANIMAL RESEARCH (INTERNAL IACUC)

All VA IACUCs of Record must address concerns raised by internal or external parties according to the requirements of the USDA AWAR and PHS Policy, and must comply with ORO Handbook 1058.01 regarding VA research. This paragraph and paragraphs 22-25, below, summarize the combined requirements, including requirements specific to VA policy on the use of animals in research, that apply to an internal IACUC .

21.a. Federal regulations (USDA AWAR and PHS Policy) clearly establish the responsibility and the authority of the IACUC for investigating each potential deficiency in the care and use of animals in the animal research program.

21.b. As a condition of extending the privilege of conducting animal research to individual VA facilities, VHA Central Office expects the IACUC and institutional administrators to avoid any appearance of hiding or suppressing deficiencies.

21.c. Effective self-regulation requires timely communication of potential problems to the IACUC, timely investigation of the potential problems by the IACUC, and timely reporting of actual deficiencies by the IACUC within VA and to external entities before others outside of the program do so.

21.d. The nature of each concern brought to the attention of the IACUC, and the steps taken by the IACUC in response, must be documented in the IACUC meeting minutes or another official IACUC report. The IACUC should follow the procedures in par. 23-25, below, for investigating internal or external allegations and reporting as appropriate, which ensures compliance with ORO Handbook 1058.01.

22. ENCOURAGING COMMUNICATION OF CONCERNS TO THE IACUC (INTERNAL IACUC).

This paragraph summarizes the mechanisms that must be in place to encourage communication of concerns about animals involved in VA research to the IACUC when the VA IACUC of Record is an internal IACUC.

22.a. **Contact Information.** The IACUC must develop and establish procedures whereby anyone can notify local officials of concerns about animal welfare or possible violations of federal, state, or local animal welfare regulations, or IACUC policies.

22.b. **Responsibility of all VA Personnel to Communicate Promptly with the IACUC.** All members of the VA research community (including individual IACUC members, veterinarians, the animal care staff, RCOs, research administrators, the IO, and all investigators and research personnel) are responsible for notifying the IACUC in writing (or by email) within 5 business days of becoming aware of any matter related to the VA animal research program that suggests the occurrence of, or is itself potentially, a matter that must be reported to the agencies overseeing the use of animals in research. Such matters include, but are not limited to, the following:

22.b(1) Any matters (including deficiencies and other matters) defined as reportable by USDA AWAR, PHS Policy, ORO, or AAALAC (see par. 24, below).

22.b(2) Any action taken in response to an event or situation that is potentially reportable (see par. 24, below). This includes, but is not limited to, the following:

22.b(2)(a) Unilateral interruption of work by the IO or any other authorized individual because of concerns about the use of animals in VA research.

22.b(2)(b) Emergency euthanasia of any animal by order of a VA veterinarian without the consent of the investigator.

22.b(2)(c) Communication from any animal research oversight entity (e.g., USDA, AAALAC, ORO), detailing findings of noncompliance with animal research requirements or documenting deficiencies in the animal care and use program of the VA facility, regardless of whether the findings *per se* are considered reportable to external oversight agencies.

22.b(3) Any loss of animal life other than that expected as an outcome of a protocol approved by the IACUC. In large colonies, occasional loss of individual animals, or even of a litter of animals, can be anticipated due to natural or otherwise predictable mortality rates. These include losses of offspring before weaning in a breeding colony, due to genetic influences inherent to a particular stock or strain, dystocias, poor maternal instincts, mastitis or lactation failures, etc. Adult animals in non-breeding colonies are occasionally lost as a result of fighting when incompatible animals are housed together. The IACUC should be notified of such losses, but there is not requirement to report them beyond the IACUC if the IACUC determines that they

were expected or isolated events, and that they do not reflect deficiencies in, for example, training of study personnel, monitoring or veterinary care, or protocol compliance.

22.b(4) Animal theft or potentially dangerous escape of animals. The occasional escape of an animal that is resolved without incident within the primary holding room is not usually considered significant or reportable, but the IACUC must be notified of the escape of an infected or otherwise potentially dangerous animal, or the unexplained disappearance of animals that cannot be reconciled.

22.b(5) Work-related injury of animal research personnel (or injury of any other person, related to involvement in the animal research program) that requires more than minor medical intervention (i.e., basic first aid), requires extended surveillance of the affected individual(s), or leads to serious complications or death. **NOTE:** *Notifying the IACUC does not take the place of routine reporting to the individual's supervisor to meet Occupational Health requirements (see Appendix C, subpar. 8.e, below).*

22.c. **Protection of Confidentiality.** Individuals with concerns about animal welfare must be encouraged to provide enough information to permit the IACUC to make reasonable evaluations of the concerns, and if warranted, to investigate. Those who voice concerns must be assured of anonymity if they request it. Consistent with USDA regulations (9 CFR 2.32(c)(4)) and the No FEAR Act (5 USC III A 23, 2302), personnel are protected from reprisal for reporting animal welfare concerns.

23. ADDRESSING POTENTIALLY REPORTABLE DEFICIENCIES (INTERNAL IACUC)

All VA IACUCs must follow the USDA AWAR, PHS Policy, and VHA Handbook 1058.01 requirements for review of potentially reportable deficiencies. This paragraph summarizes the combined requirements, including additional requirements specific to VA policy on the use of animals in research, that apply when the VA IACUC of Record is an internal IACUC.

23.a. **Reduce Potential Harm.** The first priority for the IACUC is to ensure that any immediate actions needed to reduce the potential for harm to animals or humans are taken.

23.a(1) Any VA veterinarian is authorized and expected to intervene as necessary (*Guide*, p. 114) to provide veterinary medical care that meets currently accepted standards of treatment, appropriate to the IACUC-approved protocol according to which each animal is being used. This includes providing treatment, instituting other measures to relieve severe pain or distress, or performing euthanasia, as necessary.

23.a(2) Any work involving use of animals can be stopped, temporarily or permanently, to reduce potential harm to animals or humans.

23.a(2)(a) Who has the authority to stop work involving animals?

23.a(2)(a)1. The IACUC has the authority to suspend its approval of any animal activity by a majority vote of a quorum at a convened meeting. Any suspension of approval by the IACUC must be reported (see subpar. 24.b(1)(b)2, below).

23.a(2)(a)2. The facility Director and anyone else serving as the IO for the VA animal research program are authorized to stop, temporarily or permanently, any animal activity, unilaterally and immediately.

23.a(2)(a)3. The facility Director and anyone else serving as the IO for the VA animal research program may authorize other officials to stop, temporarily or permanently, any animal activity, unilaterally and immediately. It is a best practice for the Director to grant this authority to one or more other responsible individuals (e.g., the Chair of the IACUC, the Attending Veterinarian) who are generally readily available where animal research is conducted, and to identify the authorized individual(s) as such in the PHS Assurance.

23.a(2)(b) Stoppage or suspension may be applied to individual procedures or protocols, or to the local VA animal research program as a whole.

23.a(2)(c) Stoppage or suspension of work on a protocol only rarely requires euthanasia of all animals on the affected protocol. The risk of harm to animals or humans can often be effectively addressed simply by halting performance of specific procedures or manipulations.

23.b. **Appoint an Investigative Subcommittee.** The second priority is for the IACUC Chair to appoint an investigative subcommittee to collect information, including interviewing personnel and reviewing documents as needed, and then to report back to the IACUC as soon as a thorough and careful investigation can be conducted.

23.b(1) Notification of intent to investigate.

23.b(1)(a) The Chair of the IACUC should communicate in writing (paper or electronic) to each of the following the IACUC's intent to convene an investigative subcommittee:

23.b(1)(a)1. The facility Director.

23.b(1)(a)2. The RCO.

23.b(1)(a)3. The ACOS for R&D.

23.b(1)(a)4. The Attending Veterinarian.

23.b(1)(b) The Chair of the IACUC, or another official designated by the Chair, should communicate to the entities below that a potentially reportable deficiency is under investigation. In keeping with NIH Notice NOT-OD-05-034 (2/25/2005), "Guidance on Prompt Reporting to OLAW under the PHS Policy on Humane Care and Use of Laboratory Animals", this preliminary notification may be by telephone, email, or FAX. This communication should provide general information as to the species involved, the nature of the matter, and any immediate actions taken, but should not necessarily pre-judge the outcome of the investigative subcommittee's report, what action the IACUC will take after reviewing the matter, or whether the IACUC will determine that the matter is reportable.

23.b(1)(b)1. The CVMO.

23.b(1)(b)2. ORO Central Office, within 5 days of the IACUC being notified of the potentially reportable matter, according to the requirements of VHA Handbook 1058.01.

23.b(1)(b)3. OLAW.

23.b(1)(b)4. AAALAC.

23.b(2) At least two voting members with no conflicts of interest should be appointed to the investigative subcommittee, and should proceed with the investigation without delay.

23.b(2)(a) The RCO and other personnel may assist with data or fact collection activities, but the voting IACUC members retain both responsibility and authority for the process and the findings.

23.b(2)(b) The AO for R&D and ACOS for R&D should assist the investigative subcommittee by arranging for interviews and reviews of documents, as needed, and by providing a private and comfortable space for this work.

23.c. **Review Actions Taken to Date at the Next Convened IACUC Meeting.** At the next convened meeting after being notified of a possible or apparently reportable deficiency, the IACUC must review the actions taken to date to investigate and remediate the deficiency (as described in subpar. 23.a and b, above), even if the work of the investigative subcommittee is not yet complete. These deliberations must be recorded in the minutes.

23.d. **Investigative Subcommittee Reports to the IACUC.** The work of the investigative subcommittee should be completed and reported to the IACUC as soon as possible, generally within 30-45 days of the appointment of the subcommittee. The following should be addressed in the report:

23.d(1) A description of the potentially reportable deficiency, including relevant dates: when the incident occurred and/or the potential noncompliance was noticed, and when and how the IACUC became aware of the problem.

23.d(2) The immediate actions taken to reduce risks to animals and humans, if any.

23.d(3) The circumstances or factors that led to the deficiency under investigation.

23.d(4) The possibility that inadequacies in training or experience contributed to the deficiency.

23.d(5) The personnel involved, and their respective roles in the deficiency.

23.d(6) Recommendations for corrective actions or additional training, as appropriate.

23.d(7) Recommendations for steps to be taken to prevent recurrence.

23.d(8) If possible, a recommendation as to whether the deficiency should be reported to oversight entities (according to VHA Handbook 1058.01, and par. 24, below).

23.d(9) Any minority opinions submitted for inclusion in the report must be included (see subpar. 15.a(2), above).

23.e. **IACUC Reviews the Findings .** Once the investigative subcommittee has reported its findings to the IACUC, the IACUC must promptly review the findings and develop a corrective action plan with an appropriate timetable to remediate existing deficiencies and prevent future recurrence, based on the recommendations of the investigative subcommittee. The corrective action plan that is approved by the IACUC (by FCR or DMR) must be documented in the IACUC minutes and promptly implemented. *NOTE: Any minority opinions that are submitted*

for inclusion in the minutes regarding the findings of the investigative subcommittee or the action plan approved must be included in the minutes (see subpar. 15.a(2), above).

23.e(1) Corrective actions involving a specific study or research team should typically be completed within 120 days of the IACUC's determination.

23.e(2) Corrective actions involving programmatic noncompliance should typically be completed within 180 days of the IACUC's determination, unless remediation requires substantial facility renovation, fiscal expenditure, legal negotiation, etc.

23.e(3) When it is known at the outset that completion of remedial actions will require more than 180 days (e.g., where significant infrastructure improvements or major equipment purchases are needed), the CVMO and the ORO Central Office should be consulted regarding development of an acceptable plan, so as to minimize any negative impact on animal welfare and/or critical research activities.

23.f. **IACUC Determines Reportability.** After reviewing the findings of the investigative subcommittee, the IACUC must decide whether the matter meets the criteria that require it to be reported to the oversight entities (as described in subpar. 24, below). If the matter is determined to be not reportable, the Chair or designee should inform all those originally notified that an investigation was underway (subpar. 23.b(1), above) of this determination. **NOTE:** *The IACUC Chair or designee should consult the CVMO if it is not clear whether a matter is reportable. The CVMO will consult with ORO as needed to provide consistency in approach.*

24. MATTERS TO BE COMMUNICATED TO OVERSIGHT ENTITIES

All VA IACUCs of Record must meet requirements in the USDA AWAR, PHS Policy, the AAALAC Rules of Accreditation, and VHA Handbook 1058.01, for reporting matters related to use of animals in VA research. This paragraph summarizes the combined requirements for keeping the regulatory entities informed.

24.a. **USDA.** **NOTE:** *For Federal research facilities, including each VA facility with its own USDA registration, the VA IACUC of Record reports the following to the head of the Federal agency conducting the research (the CVMO and ORO, for VA facilities) rather than to USDA/APHIS. (USDA AWAR (9 CFR 2.37 (a)). VA facilities that are covered under the USDA registration of a non-Federal affiliate must report to USDA/APHIS.*

24.a(1) **Deficiencies.** The USDA AWAR define the following as reportable deficiencies related to use of species regulated by USDA:

24.a(1)(a) The failure to correct a significant deficiency according to the timetable approved by the IACUC, after the deficiency was identified during a semiannual evaluation (USDA AWAR (9 CFR 2.31(c)(3)).

24.a(1)(b) Suspension (by majority vote of a quorum at a convened meeting of the IACUC) of an activity involving animals (USDA AWAR (9 CFR 2.31(d)(6-7)).

24.a(2) **Other Matters.** USDA/APHIS should be notified promptly of any change in the contact information for the IO (see subpar. 7.d(1)(a), above).

24.b. **PHS/OLAW.**

24.b(1) **Deficiencies.** The PHS Policy defines the following as reportable deficiencies related to use of animals in research:

24.b(1)(a) PHS Policy requires compliance with USDA AWAR, so deficiencies defined as reportable by USDA AWAR (subpar. 24.a(1), above) are also reportable according to PHS Policy. PHS Policy further extends the deficiencies defined by USDA to include species that are not regulated by USDA.

24.b(1)(b) PHS Policy (IV.F.3) further identifies the following as reportable deficiencies:

24.b(1)(b)1. Any serious or continuing noncompliance with PHS Policy (which includes the provisions of the *Guide*).

24.b(1)(b)2. Any suspension of an activity by the IACUC. If the Institutional Official or another authorized official stops any activity involving animals, this must be reported to the IACUC for review. If the IACUC determines that noncompliance with PHS Policy was involved (see subpar 24.b(1)(c)6, below), it must then be reported to OLAW.

24.b(1)(c) Examples of reportable deficiencies include (but are not limited to) the following (OLAW notice NOT-OD-05-034):

24.b(1)(c)1. Conducting animal procedures without prior approval by the IACUC.

24.b(1)(c)2. Continuing work with animals after expiration of IACUC approval (when annual or triennial review and approval are not completed in time for approval to continue without lapse), even if the research is a continuation of work that was previously approved.

24.b(1)(c)3. Failure to adhere to a protocol as approved by the IACUC, including:

24.b(1)(c)3.a. Failure to implement changes to a protocol that were required as a condition of approval by the IACUC.

24.b(1)(c)3.b. Significant deviation from a protocol approved by the IACUC, prior to amending the protocol formally (see subpar. 17.g, above, for definition of “significant modification”).

24.b(1)(c)3.c. Performing work on an animal research protocol that was “approved” by an improperly constituted IACUC or in the absence of a quorum of voting members.

24.b(1)(c)4. Failure to provide adequate veterinary care (e.g., inappropriate or ineffective management of pain and/or distress, inadequate post-procedural care, or use of improper euthanasia techniques), whether intentional or accidental.

24.b(1)(c)5. Performance of animal procedures by untrained or unauthorized personnel.

24.b(1)(c)6. Any suspension or other institutional intervention that interrupts work with animals due to noncompliance with PHS Policy, the USDA AWAR, the *Guide*, or the Assurance covering the animal research program, or any concerns about the safety, health, or welfare of laboratory animals or personnel involved in work with those animals.

24.b(1)(c)7. Unanticipated harm or loss of animal life (including loss due to natural disasters, physical plant deficiencies, engineering failures, worker errors, or other mishaps). Losses

associated with experimental manipulations that are within the range of expected outcomes described in the IACUC-approved protocol need not be reported.

24.b(2) **Other Matters.** OLAW must be notified of any significant changes in the animal care and use program from what is described in the approved Assurance. *NOTE: Simple failure to adhere to the program described in the approved Assurance is considered noncompliance. Changes in the program are the result of intentional institutional decisions, and must be compliant with PHS Policy.*

24.b(2)(a) Any change in the contact information for the IO should be communicated to OLAW immediately.

24.b(2)(b) Changes in the contact information for the IO and any other significant changes in the animal care and use program are to be included in the next Annual Report to OLAW. These include (but are not limited to) the following:

24.b(2)(b)1. Change in IACUC membership.

24.b(2)(b)2. Change of any veterinarian.

24.b(2)(b)3. Change in the list of individuals authorized by the IO to stop animal activities.

24.b(2)(b)4. Change in any of the procedures followed by the IACUC in conducting official business.

24.b(2)(b)5. Change in AAALAC accreditation status.

24.c. **ORO.** The ORO policy on reporting is found in VHA Handbook 1058.01.

24.c(1) **Deficiencies.** In addition to the deficiencies defined by USDA AWAR (see subpar. 24.a(1), above) and PHS Policy (see subpar. 24.b(1), above) to be reportable, ORO defines the following also to be reportable to ORO (VHA Handbook 1058.01, par. 8):

24.c(1)(a) Noncompliance with, or deviations from, regulatory requirements specific to VA in VHA Handbook 1200.07, including (but not limited to):

24.c(1)(a)1. Initiation of VA animal research before the requirements of the R&D Committee regarding initiation of research have been met. (See VHA Handbook 1200.01.)

24.c(1)(a)2. Conducting research approved by only a single reviewer designated for DMR (at least 2 reviewers are required by VHA Handbook 1200.07).

24.c(1)(b) Any suspension or other interruption of animal research that is related to concerns about the safety, health, or welfare of laboratory animals, research staff, or other personnel, or related to operational problems.

24.c(2) **Other matters.** The following changes must be reported to ORO Central Office by the facility Director within 5 business days of the Director being informed of them (see VHA Handbook 1058.01):

24.c(2)(a) Change in PHS Assurance. Any change in the PHS Assurance covering the animal research program of the VA facility (whether held by the VA facility or an affiliate), or its status,

must be reported. Simple renewals of the Assurance, without changes in status, need not be reported.

24.c(2)(b) Change in any MOU. The implementation of any new MOU, or any substantive change in an existing MOU, with an affiliate institution (or other entity) related to laboratory animal welfare or animal care and use arrangements must be reported.

24.c(2)(c) Change in AAALAC accreditation. Any change in the accreditation status of the VA facility or any affiliate involved in the VA animal research program (including failure to achieve continued full accreditation (CFA) or restoration of full accreditation) must be reported.

24.c(2)(d) Change in Facility Director. As the facility Director is the point of contact for ORO and ORD with the VA facility, and bears full or shared responsibility for ensuring compliance of the VA facility with USDA AWAR, PHS Policy, and AAALAC's Rules of Accreditation (see subpar. 7.d(1), above), it is best practice to notify ORO promptly of any change in the identity or contact information for the facility Director.

24.d. **AAALAC.** The following are reportable to AAALAC.

24.d(1) **Deficiencies.** In addition to the deficiencies defined by USDA AWAR (see subpar. 24.a(1), above) and PHS Policy (see subpar. 24.b(1), above) to be reportable, the following must also be reported to AAALAC:

24.d(1)(a) All allegations/complaints/reports regarding animal welfare concerns, regardless of the outcome of subsequent investigation by the IACUC.

24.d(1)(b) Any communications authored by USDA or OLAW, detailing findings of noncompliance with animal research requirements or suggesting deficiencies in the animal care and use program of the VA facility.

24.d(2) **Other matters.**

24.d(2)(a) Report promptly

24.d(2)(a)1. Natural disasters affecting the animal research program.

24.d(2)(a)2. Significant activities by animal rights advocates.

24.d(2)(a)3. Changes in the contact information for AAALAC with the VA facility.

24.d(2)(a)4. Changes in facility size, location, or name, if a site visit is scheduled before the next Annual Report is to be submitted.

24.d(2)(b) Include in Annual Report

24.d(2)(b)1. Changes in the composition or membership of the IACUC.

24.d(2)(b)2. Description of other changes in the animal care and use program.

24.d(2)(b)3. Changes in facility size, location, or name.

25. REPORTING DEFICIENCIES (INTERNAL IACUC)

Any matter that is determined by the IACUC to be reportable must be reported to the oversight entities as required by the USDA AWAR, PHS Policy, AAALAC's Rules of Accreditation, and VA policy, as applicable. This paragraph summarizes the combined requirements for reporting, including requirements specific to VA policy on the use of animals in research that apply when the VA IACUC of Record is an internal IACUC. Matters that the IACUC determines to be reportable, as defined in par. 24, above, are to be reported as follows:

25.a. **Contents of the report.** The initial IACUC report must be made in writing to comply with Handbook 1058.01. For any matter that must be reported to multiple entities (see par. 24, above), a single report may be generated that includes all of the information required by any of the entities, and an identical copy sent to each entity. The report should be prepared in consultation with the IACUC, and include the following information, as applicable:

25.a(1) Any USDA registration number that covers the reporting VA facility.

25.a(2) The PHS Assurance number that covers the reporting VA facility.

25.a(3) The name of the institution that holds the AAALAC accreditation that covers the reporting VA facility. This is the name of the VA facility, if it is accredited directly by AAALAC, and the name of the affiliate, if the VA facility is accredited as a component of the program of an affiliate.

25.a(4) The name of each funding source or external sponsor, and the corresponding identification numbers (e.g., grant numbers), for the work involved.

25.a(5) The title(s) of any research project(s) involved or affected, and the identification number(s) used locally to identify those project(s). *NOTE: There is no requirement to identify by name in the report any of the personnel involved, as long as the identities are readily ascertainable by the institution and can be provided to authorized regulatory officials on request (see subpar. 15.c(4), above).*

25.a(6) The names of any agencies or organizations external to VA that were notified, or are to be notified, of the deficiency (see par. 24, above).

25.a(7) A description of the deficiency being reported, including relevant dates (when the incident occurred, the noncompliance was noticed, or the deficiency identified, and when and how the IACUC became aware of the problem).

25.a(7)(a) For a suspension, termination, or delay, include a description of why it was imposed, and by whom.

25.a(7)(b) For a failure to correct a significant deficiency, include the timetable and plan originally approved for correction, and an analysis of why the correction was not completed according to that timetable.

25.a(8) A description of any immediate actions that were taken to address or investigate the reported matter.

25.a(9) A description of the corrective action plan and the timetable for its implementation, and any sanctions to be imposed, if approved by the IACUC before the report is submitted. For a

suspension of work, describe the conditions that must be met before the suspension may be lifted.

25.a(10) Minority opinions offered during the deliberations of the IACUC must be included as part of the report (see subpar. 15.a(2), above).

25.b. **IACUC sends the report.** The IACUC Chair (or designee) must send the report of the IACUC to the following recipients within 5 business days after the IACUC decides that the matter is reportable, regardless of whether the IACUC has approved a corrective action plan:

25.b(1) The facility Director should receive the report directly (without intermediaries) from the IACUC Chair (or designee).

25.b(2) Simultaneous copies must be sent to the ACOS for R&D, the R&D Committee, and any other relevant VA research review subcommittees.

25.b(3) If the VA facility is included in the USDA registration, the PHS Assurance, and/or the AAALAC Accreditation of an affiliate, the IACUC must also report the matter to the corresponding IO and/or administrative official of the affiliate (see subpar. 7.d(1), above).

25.c. **The report is forwarded.** The report prepared by the IACUC must then be forwarded as follows:

25.c(1) The facility Director must provide a copy of the report to:

25.c(1)(a) The CVMO (see Appendix A, subpar. 1.b).

25.c(1)(b) Any affiliate IACUC involved in oversight of the affected work, according to the terms of any applicable active MOU.

25.c(1)(c) The ORO Central Office, within 5 days of receiving the report (see Handbook 1058.01 for ORO contact information).

25.c(1)(d) The VISN Director.

25.c(2) The IO and/or administrative official (usually the facility Director; the IO of the affiliate if the VA facility is included in the USDA registration and/or the PHS Assurance of the affiliate; and/or the administrative official responsible for AAALAC Accreditation at the affiliate, if the VA facility is accredited as a component of the affiliate program) must provide a copy of the report to:

25.c(2)(a) AAALAC (see Appendix A, subpar. 1.a)

25.c(2)(b) OLAW (see Appendix A, subpar. 1.c)

25.c(2)(c) Any non-VA sponsor(s) or funding source(s) of any affected projects.

25.c(2)(d) USDA/APHIS (see Appendix A, subpar. 1.e), if the VA facility is included in the USDA registration of a non-Federal affiliate. **NOTE:** *Per the USDA AWA (9 C.F.R. §2.37(a)), there is no requirement for the VA IACUC of Record to forward reports of violations of the USDA AWA involving VA animals to the USDA if the VA is itself registered with the USDA;*

reporting these violations to VA (the CVMO and ORO), as indicated in subpar. 25.c(1)(a), above, satisfies USDA requirements.

25.d. Through the facility Director, the IO, and/or the administrative official, as applicable, the IACUC must provide copies of all subsequent interim or final reports to each of the entities that received the initial report (see subpar. 25.c, above). These must include a description of any components of the corrective action plan and the timetable for their implementation, as well as any sanctions to be imposed, that were not included in the initial deficiency report.

Summary of Reporting Requirements (see Nuts and Bolts of Regulatory Requirements for Use of Animals in Research, par. 22-25, for details)

The process ...	Who is responsible for communicating, and how ...	Communication goes to ...															
		VA IACUC of Record	VA Facility Director	IO [1]	R&D Committee	Other committees [2]	Facility RCO	ACOS for Research	Attending Veterinarian	CVMO	ORO	VISN Director	Affiliate IACUC [3]	OLAW	AAALAC	USDA/APHIS	Sponsor(s) or Funding Source(s) [4]
Step 1: Any member of the VA research community makes an observation or receives information that suggests the occurrence of a reportable matter	The individual who made the observation or received the information notifies, in writing or by email	• (within 5 days) [5]															
Step 2: IACUC receives notification of a potentially reportable matter	IACUC Chair, in consultation with the IACUC, notifies of intent to investigate, in writing or by email	• (copy)	•					•	•	•							
	IACUC Chair or designee, in consultation with the IACUC, notifies of intent to investigate, by telephone, email, or FAX	• (copy)								• (copy)	•		•	•			
Step 3: IACUC reviews the matter and makes a determination about reportability																	
Step 3, Outcome 1: IACUC determines that the matter is <u>not</u> reportable	IACUC Chair or designee notifies, by telephone, email, or FAX									• (copy)	•		•	•			
Step 3, Outcome 2: IACUC determines that the matter <u>is</u> reportable	IACUC Chair or designee reports, in writing	• (copy)	• (within 5 days) [6]	•	•	•		•									
	Facility Director forwards written report from IACUC									• (copy)	• (within 5 days) [7]	•	•				
	IO [1] (provides copy of report)												•	•	• [8]	•	
Step 4 (only for matters determined to be reportable): Corrective action plan prepared and implemented, sanctions imposed	IACUC Chair or designee sends written follow-up interim and final report(s)	• (copy)	•	•	•	•		•									
	Facility Director forwards report(s) from IACUC									• (copy)	•	•	•				
	IO [1] provides copy of written report(s)												•	•	• [8]	•	

[1] The IO is usually the facility Director, but the role is served by the IO of the affiliate if the VA station is covered under the affiliate's USDA registration, PHS Assurance, and/or AAALAC Accreditation.
 [2] Other applicable subcommittees of the R&D Committee (e.g., IRB, SRS) must be informed of any matter relevant to their areas of oversight
 [3] The IACUC of any affiliate that shares oversight responsibility for the matter must be informed according to the terms of the MOU in effect.
 [4] Any non-VA sponsor(s) or funding source(s) of the affected work must be informed according to their requirements.
 [5] Anyone observing or receiving information that suggests the occurrence of a reportable matter must report this to the IACUC within 5 business days of becoming aware
 [6] The IACUC must report to the facility Director within 5 business days of becoming aware of a potentially reportable matter.
 [7] The facility Director must forward the IACUC report of a potentially reportable matter within 5 business days of receiving it.
 [8] Reports to USDA/APHIS are only required if both of the following conditions apply:
 (1) the species involved is regulated by USDA
 (2) the VA facility is covered by the USDA registration of a non-Federal affiliate institution

26. ANIMAL PROGRAM RECORDS (INTERNAL IACUC)

Each IACUC must maintain the records required by USDA AWAR, PHS Policy, and VA policy, and must make them available to authorized VA and non-VA regulatory officials on request. This paragraph summarizes the combined requirements of USDA, PHS, and VA, including the requirements specific to VA policy on the use of animals in research that apply to records to be maintained by an internal IACUC. The documents to be maintained on file locally include, but are not limited to the following:

26.a. Documentation of the current appointed voting membership of the IACUC, including the means of identifying individual investigators and IACUC participants who may be documented anonymously in any other IACUC documents (see par. 13, and subpar. 15.c(4), above).

26.b. Copies of all routine reports to oversight entities (see par. 20, above), including the PHS Assurance (as required by PHS Policy), the AAALAC Program Review, and annual reports.

26.c. Copies of all reports and all follow-up correspondence regarding deficiencies and other non-routine matters, to and from oversight entities, (see subpar. 23.b(1) and 25, above).

26.d. Meeting minutes (see subpar. 15.d, above).

26.e. Copies of all documents relevant to review and modifications of any protocol submitted to the IACUC (see par. 16 and 17, above).

26.f. Reports of semiannual evaluations (see par. 18, above).

26.g. Documentation of AAALAC accreditation status.

27. RECORDS OF CORRESPONDENCE WITH OVERSIGHT ENTITIES (INTERNAL IACUC)

Each VA animal research program overseen by an internal IACUC must provide to the office of the CVMO (see Appendix A, subpar. 1.b, for contact information) a copy of each piece of correspondence relevant to VA animal research (except for routine form letters, such as those from AAALAC announcing inclusion of a VA facility in the next set of site visits) that is sent to or received from each of the following entities. The documents should be routed to the CVMO through the facility Director or another point of contact at the VA facility designated by the facility Director (e.g., the local research office, the ACOS for R&D, or the AO for R&D) within 15 days of receipt or submission. Any document containing coded identifiers for personnel must be accompanied by a separate key that permits the office of the CVMO to ascertain the identities of the personnel. Examples of particular importance include the following:

27.a. **USDA.**

27.a(1) **Correspondence related to any changes in the registration status of the VA facility.**

27.a(2) **Correspondence related to any on-site inspection conducted by USDA.** Copies of any inspection report, the response of the VA facility to the report, and any follow-up correspondence relevant to the resolution of concerns raised in the report must be provided to the office of the CVMO.

27.b. **OLAW.**

27.b(1) **Confirmation of acceptance of the PHS Assurance covering the VA facility.** The expiration date must be included.

27.b(2) **Correspondence related to any report of noncompliance, suspension, or deficiency.**

27.c. **AAALAC.**

27.c(1) **Correspondence related to accreditation status.** For the most recent version of the AAALAC Rules of Accreditation, refer to the AAALAC website (www.aaalac.org).

27.c(2) **Correspondence related to any on-site inspection conducted by AAALAC.** This includes the inspection report, any response(s) of the VA facility to the report, and any follow-up correspondence relevant to the resolution of concerns raised in the report.

27.c(3) **Correspondence related to any report of noncompliance, suspension, or deficiency.**

27.d. **ORO.**

27.d(1) **Correspondence related to any on-site inspection conducted by ORO.** This includes the inspection report, any response(s) of the VA facility to the report, and any follow-up correspondence relevant to the resolution of concerns raised in the report.

27.d(2) **Correspondence related to any report of noncompliance, suspension, or deficiency.**

28. USE OF AN EXTERNAL VA IACUC OF RECORD

As specified in VHA Handbook 1200.01, the R&D Committee may obtain the services of an IACUC from an affiliate institution, provided that such an IACUC fulfills all the requirements and responsibilities of the VA IACUC of Record as required by USDA AWAR, PHS Policy, and VHA Handbook 1058.01. VHA Handbook 1200.07 further requires that the affiliate program must be accredited by AAALAC (1200.07, subpar. 7.e), that the affiliate agrees to meet the applicable VA requirements (1200.07 subpar. 8.b), and that an MOU is executed between the VA facility and the affiliate (1200.07 subpar 8.b(1); see par. 29, below). This paragraph summarizes the combined requirements of the USDA AWAR, PHS Policy, and VA policy, including the requirements specific to VA policy on the use of animals in research overseen by an external IACUC.

28.a. **IACUC Participants.** In addition to the requirements of the USDA AWAR and PHS Policy (as described for an internal IACUC in par. 13, above), the following apply to any external IACUC:

28.a(1) **VA representatives serving as voting members.** The voting membership of the external IACUC must include the Attending Veterinarian of the VA animal care and use program (serving *ex officio* as in subpar. 13.b.(1), above) and at least one other VA compensated scientist with animal research experience.

28.a(2) **Appointment of members.** If the VA facility has its own PHS Assurance (see subpar. 3.aa, above) or USDA registration, the facility Director (CEO of the VA facility, see subpar.3.k, above) is the IO for the VA program and must appoint each of the voting members of the affiliate IACUC to serve also as members of the external VA IACUC of Record. Their appointment by the CEO of the affiliate to serve on the affiliate IACUC only meets the regulatory requirements for the affiliate.

28.a(3) **Restrictions on Participation.** In general, individuals who may not serve as voting members on an internal IACUC (named in subpar. 13.f(1), above) should also not be appointed as voting members or alternate voting members of an external IACUC, and may only attend meetings of the external IACUC if the committee consents. Under exceptional circumstances, the CVMO may approve a waiver of this restriction.

28.b. **Communications Between an External IACUC and the VA Facility.** The external IACUC must provide the VA facility with all information required for the VA facility to meet its regulatory obligations. Any affiliate documents that must be shared with VA may only be redacted of material not relevant to VA animal research if the documents are not otherwise available to the public. If redacted documents are provided, the unredacted versions must be available for review by VA personnel during normal business hours within 3 business days of request.

28.b(1) **Communication with the Research and Development Committee and the Research Service.** It is essential that the R&D Committee and the VA Research Service be kept informed of the actions of the external IACUC, consistent with the role of the external IACUC as a subcommittee of the R&D Committee.

28.b(1)(a) An external IACUC is required, just as an internal IACUC is, to provide to the R&D Committee the approved minutes of each IACUC meeting relevant to the VA animal research program, and any other relevant notifications, in accordance with VHA Handbook 1200.01. The external IACUC may choose to hold meetings dedicated exclusively to VA protocols and other business items relevant to care and use of VA animals (There is no requirement to provide to the R&D Committee the minutes of any separate meetings held to conduct affiliate business, at which no VA business is conducted).

28.b(1)(b) When significant issues impacting VA research are addressed by an external IACUC, the voting members representing the VA facility on the external IACUC must ensure that the following are fully informed about these issues in a timely manner (see subpar. 7.f(2), above):

28.b(1)(b)1. ACOS for R&D

28.b(1)(b)2. R&D Committee

28.b(2) **Communication with the SRS or IBC.** At least one individual who regularly attends external IACUC meetings should be assigned to attend meetings of the SRS/IBC regularly as well, to serve as liaison.

28.b(3) **Communication with the Facility Director.** It is essential that the IACUC communicate regularly with the facility Director with regard to the current status of the VA animal research program, so that the Director is well-informed with regard to resources that are needed to ensure regulatory compliance (see subpar 7.d(4), above). At a minimum, a representative of the external IACUC must review personally with the facility Director the committee's report of each semiannual evaluation of the animal research program and facilities, promptly after the report has been approved by the IACUC (see subpar. 28.e(4), below).

28.c. **Conflicts of Interest.** VA policy regarding conflicts of interest, as described for internal IACUCs in subpar. 15.b, above, also apply to the conduct of VA business by an external IACUC.

28.c(1) **Managing Potential Conflicts.** No voting member of an external IACUC, or non-voting participant in its work, may participate in the review or approval of a VA protocol or action on any VA business item in which the member has a real or potential conflict of interest (see par. 33, below).

28.c(1)(a) The VA Attending Veterinarian and any other VA VMO/VMC are not considered to have conflicts of interest on individual protocols unless they expect to participate as members of the research team in addition to providing standard surgical and veterinary medical support.

28.c(1)(b) When the Attending Veterinarian of the VA animal research program has a research role on a project, and JIT submission of the ACORP is required, another VA VMO or VMC should sign as the Attending Veterinarian in Item Z of the ACORP. *NOTE: The office of the CVMO can assist in locating another VMO or VMC as needed.*

28.c(2) **Financial Conflicts of Interest.** All VA employees must comply with the criminal statute pertaining to acts affecting personal or imputed financial interest (18 USC 208) and the Standards of Ethical Conduct for Employees of the Executive Branch (5 CFR 2635). VA Regional Counsels are authorized to interpret these provisions. *NOTE: Additional policy guidance for the IACUC is provided in VHA Handbook 1200.13, “Financial Conflicts of Interest in Research”.*

28.c(3) **Recusal.** In any circumstance involving voting members of an external IACUC with conflicts of interest on items of VA business, those voting members may provide relevant information to the external IACUC, but must leave the meeting before deliberations and voting commence (“recusal” for a conflict).

28.d. **Protocol Review.**

28.d(1) **IACUC Review and Approval Required.** As when an internal IACUC is utilized, the work must be reviewed and approved by the VA IACUC of Record before work may begin if it is considered to be VA research (defined in subpar. 3.hh, above) that involves use of animals. This is the case if any of the following apply:

28.d(1)(a) VA funds are included in the project budget for the purchase or support of animals to be used in the proposed experiments.

28.d(1)(b) Animals will be used for experiments proposed for a VA project.

28.d(1)(c) Animals will be used by personnel who are on VA duty time.

28.d(1)(d) Animals will be used on VA property or in space leased by VA. “Animal use” includes the use of any tissues or primary cell lines that are derived from animals euthanized primarily or exclusively for use in the experiments proposed.

28.d(2) **ACORP Form Required.** As when an internal IACUC is utilized, animal protocols for projects that have been selected for possible funding by VA must be submitted on the VA ACORP (or an alternate protocol form that has been specifically approved by the CVMO) for JIT further review by VHA Central Office (see Appendix A, subpar. 2.a, for guidance on JIT submission of documents).

28.d(3) **Responding to Concerns Noted in Secondary Review.** ORD performs a secondary

review of each ACORP that is submitted JIT in support of a project selected for possible VA funding, and may provide the IACUC with written comments or concerns about the ACORP. As when an internal IACUC is utilized, an external IACUC serving as the VA IACUC of Record must review all concerns noted in the secondary review, and respond to the office of the CVMO as requested (see subpar. 17.h, above).

28.d(4) **Notification of the R&D Committee.** VHA Handbook 1200.01 requires that the R&D Committee be notified of the approval (initial or renewal) of any protocol by the IACUC, regardless of whether it is an external or internal IACUC.

28.e. **Semiannual Program Review and Facility Inspection.**

28.e(1) **Form to be Used.** An external IACUC may use the VA form (Semiannual Evaluation of the Institutional Animal Care and Use Program and Facilities Form, Parts 1, 2, and 3) or any other form that includes all of the elements of evaluation required by the USDA AWAR and the PHS Policy.

28.e(2) **VA Participants.** The VA scientist member and the VA Attending Veterinarian must be allowed to participate in all portions of the IACUC semiannual evaluation of the animal care and use program that are relevant to animals involved in VA research.

28.e(3) **VMU.** When animals are housed on VA property or in space leased by VA, the external IACUC and VMU personnel must work together to monitor the facilities.

28.e(3)(a) As with an internal IACUC, the external IACUC must receive and review least twice a year a summary of the log of work orders, prepared by VMU personnel (see subpar. 9.b and 18.b(1), above). This information is requested on the standard VA form for semiannual evaluations, but may instead be incorporated into whatever other form the external IACUC uses, or a separate report may be prepared. The review of this report should be noted in the IACUC minutes.

28.e(3)(b) The external IACUC must oversee the annual overheat testing of HVAC equipment in the VMU by VMU personnel according to subpar. 9.c(2), above. If the response is determined by the IACUC to be inadequate, the IACUC must report this to the VA facility Director, through the ACOS for R&D, for prompt corrective action to ensure an appropriate emergency response.

28.e(3)(c) The external IACUC must ensure that functional animal facility emergency and disaster plans are in place for the VMU (see subpar. 10.j, above), and must review and update the plans as needed, and at least annually.

28.e(3)(d) The VA facility remains responsible for securing the VMU in accordance with VA policy (subpar. 9.e). The VA facility must coordinate with the affiliate to allow external IACUC personnel (and other affiliate personnel, as appropriate) to access the VMU as needed, to allow them to meet their regulatory compliance obligations. The VA facility must also grant USDA inspectors access to the VMU and VA research space as requested.

28.e(3)(e) If veterinary coverage of the animal research program is provided by any part-time veterinarian, the external IACUC must review the PVC and work with the VMO or VMC to revise it as necessary for the IACUC to re-approve it at least annually, just as an internal IACUC must (see subpar. 8.b(1)(a)3, above).

28.e(4) **Presentation of the Report to the Facility Director.** As when an internal IACUC is utilized, and even if the VA facility Director does not serve as the IO, VA policy requires that the report of each semiannual evaluation of the VA animal research program by an external IACUC be submitted to and discussed with the facility Director in a face-to-face briefing (see subpar. 7.d(4), above). The briefing must be performed by at least one voting member of the IACUC (typically, one of the VA representatives on the external IACUC), and should be performed promptly after the report is signed by the IACUC members.

28.e(4)(a) It is a best practice that at least one VA research administrator (such as the ACOS for R&D or the AO for R&D) also attend the briefing. Any voting member of the IACUC who wishes to participate in the briefing must be allowed to do so.

28.e(4)(b) After the briefing, the facility Director must personally sign the report acknowledging its receipt and review. No other official may sign for or in place of the facility Director. As when the semiannual report is authored by an internal IACUC, the Director's signature does not indicate concurrence with the report of the external IACUC or satisfaction with the corrective actions ordered. The contents of the report may not be altered after it is approved and signed by the IACUC, but local officials may append an attachment to comment on, respond to, or indicate non-concurrence with it.

28.e(5) **Submission of the Report to the Office of the CVMO.** Within 60 days of the IACUC of Record signing the report, the office of the CVMO must receive a copy of the final report of the semiannual evaluation, signed by the facility Director. If the report cannot be presented to the facility Director in time, the office of the CVMO must instead be notified (within 60 days of the signing) of the reason for the delay and the expected date of submission. The copy of the report or the notification may be sent as hardcopy documents or email attachments (see Appendix A, subpar. 1.b, for contact information).

28.f. **Addressing Concerns Related to the Animal Research Program.** Consistent with USDA AWAR and PHS Policy, VA policy gives the IACUC primary authority and responsibility for investigation and appropriate reporting of all concerns related to the proper functioning of the VA animal research program, regardless of whether the IACUC is internal or external. As with an internal IACUC, VHA Central Office expects any external IACUC and the responsible institutional administrators to avoid any appearance of hiding or suppressing deficiencies, but instead to exercise effective self-regulation, which requires timely communication of potential problems to the IACUC, timely investigation of the potential problems by the IACUC, and timely reporting of actual deficiencies by the IACUC within VA and to external entities before others outside of the program do so.

28.f(1) **Mandate To Encourage Communication Of Concerns.** For the IACUC to be able to address concerns related to VA animal research, it is necessary for those concerns to be promptly brought to its attention. This paragraph summarizes the mechanisms that VA requires to be in place to encourage communication of concerns about animals involved in VA research to an external VA IACUC of Record.

28.f(1)(a) **Contact Information.** The IACUC must develop and establish mechanisms whereby contact information for the external IACUC or other administrative officials at the affiliate is made readily available to anyone with concerns about the VA animal research program.

28.f(1)(b) **Responsibility of all VA Staff to Communicate Promptly with the IACUC.** All members of the VA research community are responsible for notifying the VA IACUC of Record

in writing (hard copy or email) within 5 business days of becoming aware of any matter related to the VA animal research program that suggests the occurrence of, or is itself potentially, a matter that must be reported to the agencies overseeing the use of animals in research (see subpar. 22.b, above). The external IACUC must be prepared to receive and act on such communications.

28.f(1)(c) **Protection of Confidentiality.** Individuals with concerns about animal welfare must be encouraged to provide enough information to permit the IACUC to make reasonable evaluations of the concerns, and if warranted, to investigate. Those who voice concerns must be assured of anonymity if they request it. Consistent with USDA regulations (9 CFR 2.32(c)(4)) and the No FEAR Act (5 USC III A 23, 2302), personnel are protected from reprisal for reporting animal welfare concerns.

28.f(2) **Addressing Potentially Reportable Deficiencies.** In addition to complying with USDA AWAR and PHS Policy regarding review of potentially reportable deficiencies, as summarized for an internal IACUC in subpar. 23, above, an external IACUC must ensure that VA is kept informed about any investigations and reports submitted to oversight entities with regard to the VA animal research program.

28.f(2)(a) **Reduce Potential Harm.** As for an internal IACUC, the first priority for an external IACUC is to ensure that any immediate actions needed to reduce the potential for harm to animals or humans are taken.

28.f(2)(a)1. Any VA veterinarian is authorized and expected to intervene as necessary (*Guide*, p. 114) to provide veterinary medical care that meets currently accepted standards of treatment, appropriate to the IACUC-approved protocol according to which each animal is being used in VA research. This includes providing treatment, instituting other measures to relieve severe pain or distress, or euthanasia, as necessary.

28.f(2)(a)2. Any work involving use of animals can be stopped, temporarily or permanently, to reduce potential harm to animals or humans.

28.f(2)(a)2.a. Who has the authority to stop work involving animals?

28.f(2)(a)2.a(1). Like an internal IACUC, an external IACUC has the authority to suspend its approval of any VA animal research activity by a majority vote of a quorum at a convened meeting. Any suspension of approval by the IACUC must be reported (see subpar. 24.b(1)(b)2., above).

28.f(2)(a)2.a(2) The IO for the VA animal research program (the facility Director, or the corresponding administrator at the affiliate, depending on whether or not the VA program is independently registered with USDA and/or holds an independent PHS Assurance) is authorized to stop, temporarily or permanently, any VA animal activity, unilaterally and immediately.

28.f(2)(a)2.a(3) The IO may also authorize other officials to stop, temporarily or permanently, any VA animal activity, unilaterally and immediately. It is a best practice for the IO to grant this authority to one or more other responsible individuals (such as the Attending Veterinarian for the VA) who are routinely present where VA animal research is conducted. The authorized individuals must be identified in the PHS Assurance.

28.f(2)(a)2.b. Stoppage or suspension may be applied to individual procedures or protocols, or to the local VA animal research program as a whole.

28.f(2)(a)2.c. Stoppage or suspension of work on a protocol only rarely requires euthanasia of all animals on the affected protocol. The risk of harm to animals or humans can often be effectively addressed simply by halting performance of specific procedures or manipulations.

28.f(2)(b) **Investigate.** When an external IACUC initiates an investigation of a potentially reportable deficiency involving VA animal research, the following communications should occur:

28.f(2)(b)1. The Chair of the IACUC or designee should communicate the IACUC's intent to convene an investigative subcommittee, in writing (paper or electronic) to each of the following VA personnel:

28.f(2)(b)1.a. The Director of the VA facility.

28.f(2)(b)1.b. The RCO. The RCO and other personnel may assist with data or fact collection activities, but the members of the external IACUC retain both responsibility and authority for the process and the findings.

28.f(2)(b)1.c. The ACOS for R&D. The AO for R&D and ACOS for R&D should facilitate the work of the external IACUC by arranging for interviews and reviews of documents, as needed, and by providing a private and comfortable space for this work.

28.f(2)(b)1.d. The Attending Veterinarian

28.f(2)(b)2. The Chair of the external IACUC, or another official designated by the Chair, should communicate to the entities below that a potentially reportable deficiency is under investigation. In keeping with NIH Notice NOT-OD-05-034 (2/25/2005), "Guidance on Prompt Reporting to OLAW under the PHS Policy on Humane Care and Use of Laboratory Animals", this preliminary notification may be by telephone, email, or FAX. This communication should provide general information as to the species involved, the nature of the matter, and any immediate actions taken, but is not expected to pre-judge the outcome of the investigative subcommittee's report, what action the IACUC will take after reviewing the report, or whether the IACUC will determine that the matter is reportable.

28.f(2)(b)2.a. The CVMO.

28.f(2)(b)2.b. ORO Central Office, within 5 days of the IACUC being notified of the potentially reportable matter, according to the requirements of VHA Handbook 1058.01.

28.f(2)(b)2.c. OLAW.

28.f(2)(b)2.d. AAALAC.

28.f(2)(c) If the external IACUC determines that completion of appropriate corrective actions will require more than 180 days (e.g., if significant infrastructure improvements or major equipment purchases are needed), the CVMO and the ORO Central Office should be consulted regarding development of an acceptable plan of correction, so as to minimize the negative impact on animal welfare and/or critical research activities.

28.f(2)(d) If after investigation the external IACUC is unclear about whether the matter is reportable to oversight entities, the Chair or designee should consult with the CVMO, who will interact with ORO as needed to provide consistency in approach. If the IACUC determines that the matter is not reportable, the Chair or designee should inform all those originally notified that an investigation is underway (subpar. 28.f(2)(b), above) of this determination.

28.f(3) **Reporting Deficiencies.** As summarized in par. 25, above, for programs with internal IACUCs, the reporting requirements of the USDA AWAR, PHS Policy, and the VHA Handbook 1058.01 must also be met by an external IACUC. In addition, local VA personnel must be kept informed about reportable matters by the external IACUC. The combined requirements are summarized as follows:

28.f(3)(a) A report of the deficiency must be provided within 5 business days after the IACUC's determination, to the Director of the VA facility and the ACOS for R&D, who will ensure that copies are provided to any other relevant local VA subcommittees and personnel.

28.f(3)(b) The facility Director must provide a copy of the report to:

28.f(3)(b)1. The CVMO (see Appendix A, subpar. 1.b for contact information).

28.f(3)(b)2. Any other affiliate IACUC involved in oversight of the affected work, according to the terms of any applicable active MOU.

28.f(3)(b)3. The ORO Central Office, within 5 days of receiving the report (see Handbook 1058.01).

28.f(3)(c) The IO and/or administrative official (usually the VA facility Director; the IO of the affiliate if the VA facility is included in the USDA registration and/or the PHS Assurance of the affiliate; and/or the administrative official responsible for AAALAC Accreditation at the affiliate, if the VA facility is accredited as a component of the affiliate program) must provide a copy of the report to:

28.f(3)(c)1. AAALAC (see Appendix A, subpar. 1.a for contact information)

28.f(3)(c)2. OLAW (see Appendix A, subpar. 1.c for contact information)

28.f(3)(c)3. Any non-VA sponsor(s) or funding source(s) of any affected projects.

28.f(3)(c)4. USDA/APHIS (see Appendix A, subpar. 1.e for contact information), if the VA facility is included in the USDA registration of a non-Federal affiliate. **NOTE:** *Per the USDA AWAR (9 C.F.R. §2.37[a]), there is no requirement for the VA IACUC of Record to forward reports of violations of the USDA AWAR involving VA animals to the USDA if the VA is itself registered with the USDA; reporting these violations to VA (the CVMO and ORO), as indicated in subpar. 28.f(3)(b)1 and 3, above, satisfies USDA requirements.*

28.f(3)(d) The external IACUC must monitor the effectiveness of the corrective action plan, and provide copies of subsequent interim and final reports through the facility Director to each of the entities that received the initial report (see subpar. 28.f(3)(b)1 and 3, above). These must include a description of any components of the corrective action plan, the timetable for its implementation, and any sanctions to be imposed, that were not included in the initial deficiency report.

28.g. **Records of Correspondence with Oversight Entities.** Each VA animal research program overseen by an external IACUC must provide to the office of the CVMO (see Appendix A, subpar. 1.b, for contact information) a copy of each piece of correspondence relevant to VA research (except for routine form letters, such as those from AAALAC announcing inclusion of a VA facility in the next set of site visits) that is sent to or received from each of the following entities. They may be redacted of information not relevant to VA research as long as the redactions are not so severe as to prevent interpretation of the information, and as long as VA representatives may view unredacted copies of the reports on the affiliate's property during normal business hours within 3 business days of VA request. Any document on which coded identifiers are used for personnel must be accompanied by a separate key that permits the office of the CVMO to ascertain the identities of the personnel. The documents should be routed to the CVMO through the facility Director or another point of contact at the VA facility designated by the facility Director (e.g., the local research office, the ACOS for R&D, or the AO for R&D) within 15 days of receipt or submission. Examples of particular importance include the following:

28.g(1) **USDA.**

28.g(1)(a) Correspondence related to any changes in the registration status of a VA facility or VA animal research.

28.g(1)(b) Correspondence related to any on-site inspection of VA animals or VA facilities conducted by USDA. Copies of any inspection report, any response on behalf of the VA, and any follow-up correspondence relevant to the resolution of concerns relevant to VA facilities or VA research raised in the report must be provided to the office of the CVMO.

28.g(2) **OLAW.**

28.g(2)(a) Confirmation of acceptance of the PHS Assurance covering the VA facility. The expiration date must be included.

28.g(2)(b) Correspondence related to any report of noncompliance, suspension, or deficiency in the VA animal research program.

28.g(3) **AAALAC.**

28.g(3)(a) Correspondence related to accreditation status of the VA animal research program. Regardless of whether the VA animal research program is accredited as an independent program, or as a documented component of the affiliate's program, correspondence with AAALAC regarding that accreditation must be copied to the CVMO. For the most recent version of the AAALAC Rules of Accreditation, refer to the AAALAC website (www.aaalac.org).

28.g(3)(b) Correspondence related to any on-site inspection of the VA animal research program conducted by AAALAC. This includes the inspection report, any response(s) to the report on behalf of the VA facility, and any follow-up correspondence relevant to the resolution of concerns raised in the report.

28.g(3)(c) Correspondence related to any report of noncompliance, suspension, or deficiency in the VA animal research program.

28.g(4) **ORO.**

28.g(4)(a) Correspondence related to any on-site inspection of the VA animal research program conducted by ORO. This includes the inspection report, any response(s) to the report on behalf of the VA facility, and any follow-up correspondence relevant to the resolution of concerns raised in the report.

28.g(4)(b) Correspondence related to any report of noncompliance, suspension, or deficiency in the VA animal research program.

29. MOU ELEMENTS REQUIRED FOR EXTERNAL IACUCS

This paragraph applies when an external IACUC serves as the VA IACUC of Record.

NOTE: If the conditions in par. 30.a(1), below (collaborative animal research), apply, the elements in par. 31, below, must also be covered in an MOU.

29.a. The affiliate commits to complying with the USDA AWAR, PHS Policy, and VA policy, as described in VHA Handbook 1200.07, and with VHA Handbook 1058.01, with regard to VA animal research.

29.b. The affiliate agrees to provide to local and national VA representatives all regulatory documents relevant to the animal research program at the VA facility. These include IACUC minutes (see subpar. 28.b(1)(a), above), reports of semiannual evaluations (see subpar. 28.e(4), above), and all other reports required by oversight entities (see par. 28.f and g, above). Shared documents that are not otherwise available to the public may be redacted of material not relevant to VA animal research. If redacted documents are provided, the unredacted versions must be available for review by VA personnel on the affiliate's premises during normal business hours within 3 business days of VA request.

29.b(1) If the VA facility has its own USDA registration, PHS Assurance, or AAALAC accreditation, the affiliate agrees to provide all information needed by the VA facility to complete the forms, documents, and reports required by those entities.

29.b(2) The affiliate agrees to provide to the VA copies of all communications to and from regulatory and accrediting entities (e.g., USDA, OLAW, and AAALAC) relevant to VA animal research, as detailed in subpar. 28.g, above.

29.b(3) The affiliate agrees to cooperate with the VA facility to respond in a timely manner to requests from ORO or the Office of the CVMO for information or documents relevant to the animal research program at the VA facility.

29.c. The affiliate agrees to allow local VA facility personnel, the ORD CVMO, ORO staff, and designees, to review internal affiliate records and interview key affiliate personnel, in order to monitor adherence of the VA animal research program and facilities to the provisions of VHA Handbook 1200.07.

29.d. The affiliate agrees to notify VA personnel in a timely fashion, and to provide all information needed, when concerns about potentially reportable deficiencies related to VA animal research are raised, and when VA must notify other entities about such matters (see subpar. 28.f, above). This is necessary for the VA facility to meet its responsibilities for reporting and addressing these matters (see subpar. 28.f(3), above).

29.e. The affiliate agrees to work with VA personnel to ensure that personnel involved in VA animal research comply with VA training requirements (see par. 6, above).

29.e(1) The following personnel are required to meet VA training requirements:

29.e(1)(a) VA personnel conducting VA animal research.

29.e(1)(b) VA personnel appointed to the external IACUC.

29.e(1)(c) VA veterinarians.

29.e(1)(d) Non-VA personnel conducting animal research on VA property or in space leased by VA.

29.e(2) The training requirements for non-VA personnel caring for VA animals in non-VA space may be determined by the external VA IACUC based upon their level of interaction with the animals and the occupational safety and health risks involved (see subpar. 6.c, above).

30. COLLABORATIVE ANIMAL RESEARCH

30.a. Guiding Principles.

30.a(1) Institutions engaged in collaborative animal research (see subpar. 3.m, above) share regulatory and ethical responsibilities. To ensure that all parties are able to meet their oversight responsibilities, they must agree (as documented in a MOU, see par. 31, below) on mechanisms for communicating with each other and with external entities. If the collaborating institutions have separate IACUCs of Record, the institutions must also agree on the relationship between the separate IACUCs (see subpar. 31.d-f, and h, below).

30.a(2) OLAW has provided guidance on such collaborative relationships (NIH Notice NOT-OD-01-017 “No requirement for duplicate review”, February 12, 2001).

30.a(2)(a) Each institution must be promptly informed of each matter relevant to its animal research program that comes to the attention of the other institution.

30.a(2)(b) Even if primary responsibility for some aspect of the collaborative use of animals is assigned to one institution, the institutions must share copies of all relevant documents so that both institutions can maintain adequate documentation of all aspects of the collaborative work.

30.a(3) VA facilities engaged in collaborative animal research should have a formal written understanding that addresses the respective responsibilities of each participating institution for animal care and use, animal ownership, and IACUC review and oversight (see the *Guide*, p. 15, and subpar. 31, below).

30.b. Housing.

30.b(1) When animals owned by VA are housed at an affiliate, there are no special VA housing requirements beyond compliance with the USDA AWAR and PHS Policy.

30.b(2) If USDA-regulated animals owned by an affiliate are housed on VA property, the VA facility is subject to unannounced USDA inspections, and the VA facility must allow USDA inspectors access to VA animal facility and research space upon request.

30c. **Training Requirements for Personnel.** VA provides free online access to the animal research training required by VA.

30.c(1) VA web-based training requirements (see par. 6, above) apply to the following:

30.c(1)(a) VA personnel conducting VA animal research, regardless of the location.

30.c(1)(b) Non-VA personnel who are conducting animal research on VA property or in space leased by VA.

30.c(2) The training requirements for non-VA personnel involved in work with VA animals in non-VA space, or limited short-term work involving animals in VA space (e.g., participants in a training workshop) may be determined by the VA IACUC of Record based upon the level of interaction with animals and the occupational safety and health risks involved (subpar. 6.c, above).

30.d. **Occupational Health And Safety Program (OHSP).** If VA animals are all maintained in space at an affiliate institution, and the OHSP of the affiliate is currently compliant with the PHS Policy, the VA facility has the option of utilizing the affiliate's OHSP for VA facility personnel exposed to animals while working at the affiliate. Otherwise, the VA facility must maintain its own OHSP for the VA personnel (see par. 32, below, and Appendix C) or make arrangements to provide similar services by other means.

31. MOU ELEMENTS REQUIRED BY VA FOR COLLABORATIVE ANIMAL RESEARCH

The *Guide* (p. 15) recommends that institutions have a formal written MOU when collaboration between them involves animal use beyond merely transporting the animals. VA requires that the following elements be included in a MOU regarding collaborative animal research involving VA:

31.a. **Compliance with Federal Regulations and Policies.** Both institutions commit to complying with the USDA AWAR, PHS Policy, and VHA Handbook 1200.07, in the care and use of the animals involved in the collaborative work.

31.b. **Ownership.** Ownership of animals is typically assigned according to the source of the funds used to purchase them, and carries with it the primary responsibility for their care and use.

31.c. **Responsibility for animal care.** The MOU should specify which institution will be responsible for care of the animals at any given time (e.g., during normal business hours, after-hours, on weekends, on holidays, and in case of emergency).

31.d. **Review and approval of protocols.** If the VA facility and the affiliate have separate IACUCs of Record, the institutions must agree upon the criteria for determining the sequence of IACUC reviews and how each IACUC will handle protocols reviewed and approved first by the other IACUC.

31.d(1) **Reciprocity Agreements.** The details of any IACUC reciprocity agreements must be described. As each institution can allow only work that has been approved by its own IACUC of Record to proceed, collaborative work involving animals can proceed only according to a protocol that has been approved by both IACUCs of Record. Reciprocity agreements define the

amount of further review each IACUC will require before also granting approval to a protocol that has already been approved by the other IACUC.

31.d(1)(a) Full reciprocity. The VA program and the affiliate may agree that if a protocol has already been reviewed and approved by one IACUC, the second IACUC will approve the protocol simply on the basis of the approval of the first IACUC, with no further review. The IACUC that performed the review and granted initial approval must provide the second IACUC with a copy of the approved protocol and any other documentation of that process that the second IACUC requires. *NOTE: The second IACUC remains as responsible for approving the protocol as if it had conducted a complete independent review; this level of reciprocity is an expression of confidence in the review of the first IACUC, not an indication of any change in the assignment of responsibility for oversight.*

31.d(1)(b) Partial reciprocity. The VA program and the affiliate may agree that if the protocol has already been reviewed and approved by one IACUC, the other IACUC will require only a limited further review before it also grants approval. The IACUC that performed the initial review and granted initial approval must provide the other IACUC with a copy of the approved protocol. If the second IACUC requires any changes in the protocol before granting approval, the first IACUC must approve those changes before the work can proceed.

31.d(1)(c) No Reciprocity. The VA program and the affiliate may agree that each IACUC will perform a complete and independent review before approving any protocol. Any differences between the protocols approved by the different IACUCs of Record must be reconciled and the final protocol approved by each IACUC of Record before the work may proceed.

31.d(2) **Protocol Review Requirements Specific to One Institution.** If the VA facility and the affiliate agree to full or partial reciprocity, they must each agree to meet any special protocol review requirements of the other institution. For example, for protocols that are to be submitted JIT for VA funding, the affiliate must agree to review the protocol on the standard VA animal protocol form (the ACORP form, see subpar. 17.a(2), above), and to review and address as requested any concerns raised during the ACORP JIT secondary review process (see subpar. 17.h, above).

31.e. **Semiannual Evaluations.** If the VA facility and the affiliate have separate IACUCs of Record, each institution must agree to permit the IACUC of the other to review those portions of the program and inspect those facilities relevant to the collaborative work with animals, or to provide the other IACUC with copies of those portions of the report of each semiannual evaluation that are relevant to the animals for which the institutions share responsibility. If the affiliate provides redacted documents to the VA, the unredacted versions must be available for review by VA personnel at the premises of the affiliate during normal business hours within 3 business days of VA request. The VA IACUC is expected to review promptly on receipt each report of a semiannual evaluation performed by the affiliate IACUC, to address any items requiring VA attention, and to include the affiliate's report as part of the VA IACUC's next semiannual report, for presentation to the Director and submission to the Office of the CVMO. If the VA provides redacted documents to the affiliate, the VA must make the unredacted versions available for affiliate personnel to review at the VA during normal business hours within 3 business days of receiving the request from the affiliate.

31.f. **Potentially Reportable Matters.** If the VA facility and the affiliate have separate IACUCs of Record, the institutions must agree to share information about potentially reportable matters relevant to the collaborative research activities. If either IACUC becomes aware of any

potentially reportable matter (see par. 22, above) relevant to a collaborative research activity (e.g., receipt of a complaint, or observation during a semiannual evaluation of the animal research program), it must inform the other IACUC in a timely fashion so that each institution can meet its regulatory responsibilities.

31.f(1) The MOU must describe the procedures that each institution will establish whereby any individual can report concerns about animal welfare or alleged violations of federal, state, or local animal welfare regulations, or IACUC policies, and the mechanisms by which each institution will ensure that no reprisals will be made against individuals reporting such information (9CFR §2.32(c)(4)) and No FEAR Act (Title 5 U.S.C., Part III, Subpart A, Chapter 23, Sec. 2302)). The MOU must describe:

31.f(1)(a) How information about allegations affecting collaborative research will be communicated between the institutions.

31.f(1)(b) How allegations will be investigated and by whom (by a joint investigative subcommittee including voting members of both IACUCs, or by one or the other IACUC, chosen on the basis of stated specific criteria).

31.f(2) Each institution must grant to the IACUC and authorized compliance personnel of the other institution access to documents, facilities, and personnel as needed to fulfill institutional investigative and reporting obligations (as in subpar. 23.b(2)(b), above).

31.f(3) The MOU must describe how it will be determined which institution will be responsible for submitting any written reports required by USDA, OLAW, AAALAC, ORO, or the Office of the CVMO (see subpar. 23 and 24, above). Copies of any reports submitted by one institution, regarding animals for which both institutions share responsibility, must be provided to the other institution.

31.f(4) The MOU must specify which institution is responsible for physical plant repairs and/or other types of improvements when the facilities are utilized by both parties or leased to one party by the other.

31.g. **Access of Oversight Entities.** If either institution houses animals belonging to (see subpar. 31.b, above) or used by the other, the institution that houses the animals must agree to cooperate with the other institution to ensure that each can fulfill its regulatory duties (see subpar. 30.b(2), above). This includes allowing federal officials and accreditation teams access to the housing institution's property as needed to view the animals and to observe the housing conditions and husbandry practices in place there, as well as sharing regulatory, IACUC, and protocol review documents as needed.

31.h. **Communications with Oversight Entities.** If the VA facility and the affiliate have separate IACUCs of Record, each institution agrees to provide to the IACUC of the other all information required for communications with regulatory and accrediting entities such as USDA, OLAW, and AAALAC, and copies of all communications sent to and received from these entities (see par. 24 and 25, above) relevant to the animals for which the institutions share responsibility. All documents that are otherwise available to the public must be provided in unredacted form. If the affiliate provides documents to the VA that are not otherwise available to the public, they may be provided in redacted form, provided the unredacted versions are available for review by VA personnel at the premises of the affiliate during normal business hours within 3 business days of VA request. If the VA provides redacted documents to the

affiliate, the VA must make the unredacted versions available for affiliate personnel to review at the VA during normal business hours within 3 business days of receiving the request from the affiliate.

The information to be shared must include:

31.h(1) Any information needed to complete required forms, documents, and reports.

31.h(2) Copies of all relevant correspondence.

31.h(3) Copies of all routine reports.

31.i. **Exchange of Personnel.** The MOU should specify whether any observers or consultants will be exchanged to facilitate communication between the two institutions, and if so, the details of the exchange.

31.j. **Access to Records and Personnel.** The VA facility and the affiliate must each agree to allow personnel from the other institution (including local VA facility personnel, the CVMO, ORO staff, or designees) to review internal records and interview key personnel in order to monitor adherence to the terms of the MOU.

32. OCCUPATIONAL HEALTH AND SAFETY

VA requires each VA facility with an animal research program to develop a written policy establishing an occupational health and safety program (OHSP) to protect the personnel who are involved in animal research, or who are otherwise at risk of exposure to animals or their (unfixed) tissues or fluids (VHA Handbook 1200.07, par. 10). This includes protection from risks related to the use of hazardous agents specifically in research animals. The program should be tailored to individuals according to the risks they will encounter and their medical history, as detailed in Appendix C of these Nuts and Bolts of the Regulatory Requirements. (See Occupational Health and Safety in the Care and Use of Research Animals, NAP, 1997.)

32.a. **Opportunity to Participate.** All Federal employees, without compensation employees (WOCs), and other non-Federal personnel who work with animals or unfixed tissues used in VA research must be given the opportunity to participate in the OHSP at the VA facility at no charge. In addition, the following individuals who have intermittent contact with animals or the animal facility must also have the opportunity to enroll at no charge:

32.a(1) IACUC voting members (including the non-affiliated and non-scientist members) and non-voting participants who may enter the animal facility to participate in the semiannual evaluation of the animal care and use program and facilities by the IACUC, or to oversee progress on corrective actions required by the IACUC.

32.a(2) Maintenance, engineering, and housekeeping personnel whose duties require them to enter the VMU intermittently.

32.a(3) Other personnel such as VA Police or security personnel who may have need to enter the VMU in an emergency. Such personnel should be identified in consultation with occupational health medical professionals.

32.b. **Right to Decline Services.** Personnel may decline to receive any services that are not required by the VA facility to protect the health of the animals or other personnel (required

services may include, for example, TB testing or chest radiography). Personnel who decline optional services are considered to be enrolled in the OHSP as long as the VA facility documents that they were given the opportunity to receive these services.

32.c. Animal Transport Through Hospital Space and Human Patient Care Areas.

Transporting animals into or through areas used by patients or visitors must be avoided whenever possible. When such transport is necessary, all reasonable means of minimizing the exposure of patients and visitors to animal body fluids, wastes, and aerosols must be used. All animals transported through human patient care areas must be caged and covered such that individuals not involved in the animal research are not readily aware of their presence.

32.d. Frequency of Interaction with the OHSP. As allowed by OLAW, the frequency of interaction with the OHSP required for each person will depend on the amount of exposure to animals, unfixed animal tissues, allergens, and other risks. Personnel at higher risk may need annual or more frequent interaction with the OHSP, while less frequent interaction may be appropriate for personnel at limited risk.

33. CONFLICTS OF INTEREST

The mission of ORD is to promote the discovery of knowledge, development of VA research and health care leaders, and creation of innovations that advance health care for the nation and its veterans. In keeping with this mission, VHA must preserve public trust in the integrity and quality of research carried out by its investigators and in its facilities, which requires that VA investigators and IACUC participants avoid any actual or perceived conflicts of interest in the research they conduct or review.

33.a. VA investigators, and members of the IACUC, including Federal employees, WOC employees, and those hired on IPAs, all must comply with the Standards of Ethical Conduct for Executive Branch Employees, the Federal criminal code, and VA requirements with regard to conflicts of interest in research. Failure to follow these ethics laws and regulations can have serious consequences. If criminal ethics statutes are violated, civil fines and imprisonment can result. Severe administrative disciplinary action can also result from violating ethics regulations, including suspension from or termination of employment.

33.b. IACUC participants (including both voting members and non-voting participants) with outside consulting, employment, or royalty payment opportunities must ensure that these do not present any actual or perceived financial conflicts of interest, and must recuse themselves from involvement in any item of business for which such conflicts of interest may exist. Such participants may provide information to the committee, but may not be present during the deliberations or voting on such business.

33.c. IACUC participants also may not be present during deliberations or voting if they are involved in the animal research activities under discussion (e.g., if they are named as research personnel on the project), or have close professional relationships with the PI or research group proposing the work (e.g., extensive collaboration, or significant joint publishing record, such that a reasonable observer might question the influence of these other relationships on the vote of the member on that item of business).

33.d. For assistance with any matter concerning government ethics, individuals should contact the local Regional Counselor.

34. REFERENCES

The following regulations, guidelines, and documents are cited in this integrated summary of regulatory requirements applicable to VA animal research. In all cases, the most current version of each document replaces any outdated ones.

34.a. AAALAC, International. "Rules of Accreditation," (<http://www.aaalac.org/accreditation/rules.cfm>)

34.b. Animal Welfare Act, Public Law 89-544, Title 7 United States Code, Chapter 54, Sections 2131-2159, 1966, as amended (Public Law 91-579, 1970; Public Law 94-279, 1976; Public Law 99-198, 1985; Public Law 101-624, 1990; Public Law 107-171, 2002; Public Law 110-22, 2007; Public Law 110-246, 2008).

34.c. Animal Welfare Act Regulations (AWAR), Title 9 Code of Federal Regulations, Chapter 1, "USDA APHIS", Subchapter A, "Animal Welfare", Parts 1, 2, and 3.

34.d. AVMA Guidelines for the Euthanasia of Animals (formerly, AVMA Guidelines on Euthanasia), 2013 edition.

34.e. Biosafety in Microbiological and Biomedical Laboratories, 5th edition, US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, and National Institutes of Health, HHS Publication No. (CDC) 21-1112 (Government Printing Office, revised December 2009), (<http://www.cdc.gov/biosafety/publications/bmb15/BMBL.pdf>).

34.f. Frequently Asked Questions: PHS Policy on Humane Care and Use of Laboratory Animals. Office of Laboratory Animal Welfare. (<http://grants.nih.gov/grants/olaw/faqs.htm>). Last revised April 17, 2013.

34.g. Guide for the Care and Use of Laboratory Animals. Institute for Laboratory Animal Research, National Research Council of the National Academies, Washington, DC: The National Academies Press, 2011, (<http://grants.nih.gov/grants/olaw/Guide-for-the-Care-and-Use-of-Laboratory-Animals.pdf>).

34.h. Health Research Extension Act of 1985, Public Law 99-158, United States Code, Title 42, "The Public Health and Welfare", Chapter 6A, "Public Health Service", Section 289d, "Animals in Research".

34.i. National Need and Priorities for Veterinarians in Biomedical Research. Institute for Laboratory Animal Research, National Research Council of the National Academies, Washington, DC: The National Academies Press, 2004, (http://download.nap.edu/cart/deliver.cgi?record_id=10878).

34.j. NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules. March, 2013. (http://oba.od.nih.gov/oba/rac/Guidelines/NIH_Guidelines.htm).

34.k. Nuremberg Code of 1947, Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10, Vol. 2, pp. 181-182, Washington, DC: US Government Printing Office, 1949.

- 34.l. PHS Policy on Humane Care and Use of Laboratory Animals. Office of Laboratory Animal Welfare, National Institutes of Health, Revised August, 2002, (<http://grants.nih.gov/grants/olaw/references/PHSPolicyLabAnimals.pdf>).
- 34.m. Title 42 Code of Federal Regulations (CFR), “Public Health”, Chapter I, “Public Health Service, Department of Health and Human Services”, Part 73, “Select Agents and Toxins”.
- 34.n. Title 38 United States Code, “Veterans’ Benefits”, Part V, “Boards, Administrations, and Services”, Chapter 73, “Veterans Health Administration – Organization and Functions” Section 7303, “Functions of Veterans Health Administration: Research Programs”, 2/1/2010
- 34.o. USDA Animal and Plant Health Inspection Service, Animal Care Section. Animal Care Policy Manual, Policy #10: Specific Activities Requiring a License or Registration. Issued March 25, 2011.
- 34.p. U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training. Prepared by the U.S. Interagency Research Animal Committee, and originally published Federal Register, May 20, 1985, Vol. 50, No. 97, by the Office of Science and Technology Policy.
- 34.q. VA Handbook 0730, Security and Law Enforcement, August 11, 2000, and updates in Handbooks 0730/1 (August 20, 2004) and 0730/2 (May 27, 2010).
- 34.r. VA Handbook 5005, Staffing, Part II, Appendix F32.
- 34.s. VHA Directive 2011-013, “Guide Dogs and Service Dogs on Veterans Health Administration (VHA) Property”, March 10, 2011.
- 34.t. VHA Handbook 1058.01, “Research Compliance Reporting Requirements”, November 15, 2011.
- 34.u VHA Handbook 1108.01, “Controlled Substances (Pharmacy Stock)”, November 16, 2010.
- 34.v. VHA Handbook 1108.02, “Inspection of Controlled Substances.”, March 31, 2010.
- 34.w. VHA Handbook 1200.06, “Control of Hazardous Agents in VA Research Laboratories”, October 21, 2005.
- 34.x. VHA Handbook 1200.08, “Safety of Personnel Engaged in Research”, March 6, 2009.

VHA HANDBOOK1200.07

Appendix A

CONTACT INFORMATION AND ADDITIONAL RESOURCES

1. CONTACT INFORMATION

1.a. AAALAC.

1.a(1) Send reports to: Executive Director
AAALAC International
5283 Corporate Drive, Suite 203
Frederick, MD 21703-2879

1.a(2) For interpretation of the Rules of Accreditation, phone: 301-696-9626.

1.b. CVMO.

1.b(1) **Phone:** 404-732-5471

1.b(2) **Fax:** 404-327-4964

1.b(3) **Mail:** Chief Veterinary Medical Officer
Research Service (Mailstop 151V), Room 4A-106
Atlanta VA Medical Center
1670 Clairmont Road
Decatur, GA 30033

1.b(4) **Email:** Michael.Fallon@va.gov or Alice.Huang@va.gov

1.c. OLAW.

Director of the Division of Compliance Oversight
Office of Laboratory Animal Welfare
National Institutes of Health
RKL 1, Suite 360, MSC 7982
6705 Rockledge Drive
Bethesda, MD 20892-7982

1.d. ORO.

1.d(1) **Routine contact.** Refer to Handbook 1058.01 or the ORO website (<http://www1.va.gov/oro/>) for ORO Regional Office contact information.

1.d(2) **Anonymous Complaint Hotline.** Phone 1-877-343-6562.

1.e. **USDA.** A map of the division of the United States into the Eastern and Western Regions is shown on http://www.aphis.usda.gov/animal_welfare/downloads/acorg.html.

Facilities in the Western Region	Facilities in the Eastern Region
Western Regional Director USDA/APHIS/AC 2150 Centre Ave. Building B, Mailstop 3W11 Fort Collins, CO 80526-8117	Eastern Regional Director USDA/APHIS/AC 920 Main Campus Drive, Suite 200 Raleigh, NC 27606-5210

1.f. **VA Office of the Inspector General (VAOIG) Hotline.**

- 1.f(1) Phone: 800-488-8244
- 1.f(2) FAX: 202-565-7936
- 1.f(3) E-mail: vaoighotline@va.gov
- 1.f(4) Mail: VA Inspector General Hotline (53E)
P. O. Box 50410
Washington, DC 20091-0410

2. ADDITIONAL RESOURCES

2.a. **JIT Document Submission.** Designated research administration personnel at each VA facility are responsible for online JIT submission of documents required for projects selected for possible VA funding. The documents that are submitted must be the final versions, submitted by the investigator and approved by the local oversight committee(s), and including any required signatures. The CVMO's office will advise on use of the online JIT document management system (see Contact Information in subpar 1.b of this Appendix, above).

2.b. **Web-based training.**

2.b(1) **For IACUC members and research personnel.** Web-based training (see subpar. 6.b, above) developed by ORD for IACUC members and research personnel is available at no charge to VA institutions at www.citiprogram.org (CITI), and to registered institutions at www.aalaslearninglibrary.org (ALL). The CVMO's office will assist with access to these sites.

2.b(2) **For animal care staff.** Web-based training for VA animal care staff is available at no charge, through AALAS. The CVMO's office will assist with ensuring access to this training.

VHA Handbook 1200.07

Appendix B

SPECIAL AGED RODENT PROCUREMENT

1. PROCUREMENT OF AGED RODENTS FOR GERIATRIC RESEARCH.

An interagency agreement has been negotiated with the National Institute on Aging (NIA) to provide selected species, stock, strains, and age groups of animals (i.e., aged rodents) to VA investigators, subject to the availability of the animal(s) and the eligibility of the investigators (see par. 2 of this Appendix, below) to receive animals under the terms of the interagency agreement. **NOTE:** *These procurement activities must be conducted pursuant to existing applicable VA policies, such as VA Directive and Handbook 7126.2, "Procurement Sources and Programs".*

2. ELIGIBILITY.**2.a. Requirements.**

2.a(1) The VA investigator must be the Principal Investigator (PI) receiving funding for a Merit Review, Career Development, or other projects approved by the Veterans Health Administration (VHA) Central Office.

2.a(2) Aged rodents are required for the scientific objectives of the project.

2.a(3) The use is approved by the Chief Research and Development Officer (CRADO).

2.b. **Requests for Eligibility.** To request eligibility to receive aged rodents, the PI must submit a memorandum to the CVMO with the following information for review:

2.b(1) Name of PI.

2.b(2) Address of PI.

2.b(3) Title(s) of VA project(s) in which aged rodents are to be used.

2.b(4) Budget pages from the grant proposals for the projects in which aged rodents are to be used.

2.b(5) The justification for using aged rodents, based upon the specific aims of the projects currently funded by VHA Central Office.

2.b(6) Approximate yearly need for aged mice and rats, by age and strain.

2.c. **Review of Requests for Eligibility.** The CVMO will submit a recommendation to the CRADO, or designee, based on a review of the information provided in the memorandum, and notify the PI of the decision regarding eligibility.

2.d. **Continuing Eligibility.** By September 1, each investigator wishing to continue to receive NIA animals in the following fiscal year should submit a memorandum to the CVMO requesting continued eligibility in the program. The memorandum must include the information specified in subpar. 2.b of this Appendix, above. Investigators are typically notified by October 1 as to whether eligibility has been extended through the next fiscal year.

3. PURCHASE REQUESTS.

Purchase requests are initiated through the local research office, as follows:

3.a. The investigator should complete and submit VA Form 90-2237 (Request, Turn-In, and Receipt for Property or Services) to the local Supply Service

3.b. The local Supply Service should then prepare VA Form 90-2138 (Purchase Order), and submit it to the NIA.

4. RODENT BIOLOGICAL DATA AND COST INFORMATION.

4.a. For information regarding the sources and costs of the animals (needed for preparation of a purchase order), contact:

Office of Resources and Resource Development
National Institute on Aging
Phone: 301- 496-6402.

4.b. The purchase order (VA Form 90-2138 (see subpar. 3.b of this Appendix, above) is payable directly to the NIA contractor from whom animals are received.

VHA Handbook 1200.07**Appendix C****OCCUPATIONAL HEALTH AND SAFETY
FOR PERSONNEL WITH ANIMAL CONTACT****1. PURPOSE**

This Appendix provides guidelines designed to facilitate the provision of a safe workplace and implementation of safe work practices for personnel involved in animal research. These provide a basis for meeting VA occupational safety requirements for this work environment.

2. BACKGROUND

An occupational health and safety program (OHSP) is essential for all personnel who work in laboratory animal facilities, or who, through their work have contact with or work in close proximity to animals or their unfixed tissues. These types of animal contacts potentially expose personnel to physical demands, allergens, and hazardous agents, including infectious diseases, radioactive materials, and toxic substances used in animal research. Human allergies to animals are common and may become serious enough to constitute an important health consideration, or a reason for an individual to discontinue working with a particular species of animal. Infectious diseases may be experimental in origin, or naturally occurring zoonotic diseases that are peculiar to a given animal species. Toxic substances are used both in routine management of an animal facility, and as test agents under study. Therefore, the VA has a responsibility to have effective mechanisms in place to keep personnel informed about the risks, and to provide appropriate resources to address and minimize those risks to personnel.

3. RESPONSIBILITY OF THE FACILITY DIRECTOR

The Director at each VA facility with an animal research program is responsible for ensuring that an OHSP for protecting the health and safety of personnel engaged in the care and use of research animals is developed and implemented, and for ensuring that all such personnel have the opportunity to participate in the OHSP (see subpar. 10.a of VHA Handbook 1200.07).

4. COMPONENTS OF THE OHSP

For an OHSP to be effective, it is essential that institutional policies and procedures be in place to minimize the risks to personnel, that appropriate supplies and equipment be available for implementing those policies and procedures, that personnel be trained to use the supplies and equipment and apply the policies and procedures appropriately, and that preventive medicine measures be taken to detect and address changes in risk status. The program should be appropriate to the size and needs of the animal research program, and should address facility safety (including safe use of hazardous materials), personal protective measures, personal hygiene, and preventive medicine

4.a. **Facility Safety.** The overall safety conditions in VA research facilities (including both the VMU and individual laboratories) are primarily the responsibility of the VA SRS, which it meets through inspections, training, investigation, documentation, and establishment and review of the safety program (see VHA Handbook 1200.08, Safety of Personnel Engaged in Research, and

VHA Handbook 1200.6, Control of Hazardous Agents in VA Research Laboratories). The SRS and the IACUC must work together (see subpar. 10.f and 10.g of main body of these Nuts and Bolts of the Regulatory Requirements, above) to protect personnel who are involved in animal research, especially when that research also involves use of hazardous agents (biological, chemical, or radioactive). Their joint effort is also necessary for the protection of the animals in the facility from exposure to hazards that are not specific to the protocols on which the animals are used. The specific measures taken to maximize the safety of the facility for personnel and animals must be appropriate to the inherent risks to human and animal health, and to the properties of the specific agents in use. See par. 5 of this Appendix, below, for details.

4.b. **Personal Protective Measures.** Specific measures needed to protect individuals from specific hazards associated with care and use of research animals are detailed in par. 6 of this Appendix, below.

4.c. **Personal Hygiene.** Appropriate personal hygiene practices are important to general protection of the health of personnel involved in animal research. See par. 7 of this Appendix, below, for specific guidelines.

4.d. **Medical Evaluation and Preventive Medicine for Personnel.** Medical evaluation of personnel before and at intervals while they are involved in work with research animals is crucial to implementing the appropriate measures for protecting individuals according to their current specific vulnerabilities and the current specific risks to which they may be exposed. See par. 8 and 9 of this Appendix, below, for details.

5. SAFETY OF THE FACILITY FOR PERSONNEL AND ANIMALS

5.a. **Review and approval by the appropriate local research oversight committees.** Prior to the initiation of any work involving animals, the project must be approved by the following:

5.a(1) The IACUC.

5.a(2) The SRS and/or IBC, as applicable, if any hazardous agents are involved.

5.a(3) The Research and Development (R&D) Committee.

5.b. **Minimizing Exposure.** The primary objective of the OHSP is to minimize exposure of personnel involved in work with research animals to both the risks of working with animals and the hazards of agents present in animal tissues, body fluids, or wastes, or elsewhere in the animal environment. The key elements to minimizing exposure are as follows:

5.b(1) **Ensuring that personnel involved in animal research are trained and knowledgeable.** All personnel involved in the care and use of research animals must be trained with regard to the specific measures needed to protect them against zoonotic agents found naturally in research animals, hazardous agents used in approved biomedical studies using animals, and other hazards related to the care and use of animals. Training is typically provided by VMU personnel, the Biosafety Officer, the Industrial Hygienist, and SRS and IACUC personnel, as needed.

5.b(1)(a) Training in the proper handling of animals. Most animal-inflicted injuries occur because of inadequate training and experience, or because of carelessness. Personnel must be instructed to avoid unnecessary risk when working with animals, and to seek expert assistance

when in doubt. Training should address the use of appropriate protective clothing, equipment, and hygiene practices (see par.6 and 7, below).

5.b(1)(b) Standard Operating Procedures (SOPs) for handling hazardous agents. For each hazardous agent in use, a SOP should be in place for husbandry staff and other personnel with potential exposure, clearly describing the precautions appropriate to the agent's biosafety level, that are required for safe management of the hazardous agent and the animals or equipment that may become contaminated with it. The SOPs should be prepared with input from the VMU supervisor, the Attending Veterinarian, the Safety and/or Biosafety Officer, and the responsible investigator(s). *NOTE: The most recent edition of "Biosafety in Microbiology and Biomedical Laboratories", published by the Centers for Disease Control and Prevention (CDC)-National Institutes of Health (NIH), must be consulted for guidelines on safely performing animal studies with infectious agents.*

5.b(1)(c) Training to follow SOPs for use of hazardous agents. Prior to the initiation of any animal research study involving a hazardous agent, the personnel who will work with the animals or any materials (e.g., bedding, food) or equipment (e.g., cages) that may become contaminated with the agent, must be trained in the relevant SOP(s). Personnel who are assigned duties involving hazardous agents that are already in use must also be trained to follow the SOPs for handling those hazardous agents. Such training should be documented.

5.b(2) Ensuring that relevant information about any hazardous agents in use is readily available to the personnel.

5.b(2)(a) Safety protocol. A complete copy of the relevant safety protocol(s) should be readily available wherever hazardous agents are in use. Each safety protocol must contain at least the following:

5.b(2)(a)1. Contact information for all study personnel and designation of those to be contacted in case of an emergency involving the hazardous agent(s) in use.

5.b(2)(a)2. Procedures to be followed for safe entry into the room.

5.b(2)(a)3. Safety precautions for the agent(s) in use (with biosafety class, if applicable).

5.b(2)(a)4. Procedures to be followed for safe disposal of contaminated waste and carcasses.

5.b(2)(b) Warning signage. The following should be posted on the animal room door, or the entry to the cubicle or other designated area where the hazardous agent is in use:

5.b(2)(b)1. Biohazard, chemical hazard, or radiation hazard sign, as appropriate.

5.b(2)(b)2. Limited access warning sign.

5.b(2)(b)3. Name(s) of the agent(s) in use.

5.b(2)(b)4. Name(s) and telephone number(s) of the individual(s) to contact in the event of an emergency involving the agent.

5.b(2)(b)5. A description of the personal protective equipment (PPE) required for safe entry into the room.

5.b(2)(c) Chemical Agents and the Material Safety Data Sheets. (See also VHA Handbook 1200.08, Safety of Personnel Engaged in Research, subpar. 3.a(2) and par. 8.)

5.b(2)(c)1. Although all chemicals and drugs are potentially dangerous, special precautions are required for working with known carcinogens, mutagens, teratogens, immunosuppressive agents, toxic drugs, potent steroids, agents of unknown pharmacological activity, and other chemicals listed as hazardous waste by the Environmental Protection Agency (EPA).

5.b(2)(c)2. The Material Safety Data Sheet (MSDS) should be provided by the vendor for each chemical agent, either on-line or as a hard copy shipped with the material. Purchasing offices should forward the MSDSs immediately to the Research Office to distribute to both the investigator and the animal research facility, as appropriate. All MSDSs should be maintained in a readily accessible central location in the animal facility (e.g., the VMU Supervisor's Office).

5.b(2)(c)3. In addition to the MSDSs for chemicals that will be used for research purposes in the animal facilities, the VMU Supervisor should maintain current MSDSs for chemicals used in support of animal care (e.g., detergents, cleaners, and disinfectants), unless all MSDS sheets are readily available in another central location maintained by the Research Service.

5.c. Use of Universal (Standard) Precautions. Universal or "Standard" Precautions (which correspond to Biosafety Level 2 practices) are a set of practices designed to protect personnel working directly with human blood components, other body fluids or excreta, or unfixed tissues. According to these Universal Precautions, all human blood and certain human body fluids, are handled as if known to be infectious with Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other blood borne pathogens.

5.c(1) **Applicability to work with animal material.** Such practices are also appropriate for all personnel working with potentially infectious materials in animal studies, so these personnel must also receive annual training to comply with the Bloodborne Pathogen Standards.

5.c(2) **Special xenozoonosis considerations.** Immunologically compromised rodents such as the nude mouse and the severe combined immunodeficient (SCID) mouse, are often used as recipients of human xenografts, body fluids, blood, or human infectious agents and related materials, and therefore present a unique and poorly understood potential xenozoonosis risk. For this reason, consideration should be given to housing and manipulating these animals using at least Biosafety Level 2 practices.

5.d. Radioactive Agents. In addition to the safety measures required for use of any hazardous agent in animal research, work with radioactive agents in animal research requires the following:

5.d(1) Any use of radioactive agents in animals must be reviewed and approved by the Radiation Safety Officer before it may begin.

5.d(2) Personnel who will work with radioactive agents in animal research must be trained in the appropriate storage and handling of the radioactive agents (see VHA Handbook 1105.01, "Management of Radioactive Materials").

5.d(3) Acquisition and disposition of radioactive agents must be in accordance with the Nuclear Regulatory Commission (NRC) regulations (CFR 10, Chapt. 1, Part 20).

5.e. Separation of Animals Treated with Hazardous Agents from other Animals Not

Treated with Hazardous Agents. Animals treated with hazardous agents must be housed separately from other animals to prevent cross contamination and to simplify isolation of contaminated wastes. *NOTE: Negative-pressure ventilated racks, biosafety cabinets, and other devices with high efficiency particulate air (HEPA) filters are useful for isolating small animals exposed to hazardous agents. Properly managed cubicles may be suitable for containing experiments with hazardous agents to small areas. A biohazard or other appropriate warning sign identifying the hazardous agent by name should appear on the cage card of each animal treated with a hazardous agent.*

5.e(1) Animals injected with human or animal cell lines of unknown or uncertain status with regard to contamination by infectious agents should be maintained using at least animal BSL-2 (ABSL-2) practices.

5.e(2) Unless a human or animal cell line is known to be contaminated with a specific infectious agent, a strict physical separation of animals treated with that cell line from other animals is not required, provided the caging and husbandry containment practices are deemed effective to prevent the spread of any potential pathogens between animals.

5.f. **Husbandry of Animals Treated with Hazardous Agents.**

5.f(1) If both treated and untreated animals are housed in the same room, the untreated animals should be cleaned, fed, and watered first, to reduce the possibility of their accidental contamination.

5.f(2) All daily husbandry and sanitization procedures in rooms housing animals that have not been treated with hazardous agents should be completed prior to performing husbandry, room sanitization, and animal manipulations in rooms housing animals that have been treated with hazardous agents.

5.f(3) Upon completion of an animal study involving hazardous agents, and prior to introduction of new animals into the room, the room or smaller defined housing area should be decontaminated as prescribed in the safety protocol. *NOTE: The Research Safety Officer (or hospital equivalent) must be consulted to determine the best method for decontaminating the room. Decontamination procedures and safety precautions will vary depending on the hazardous agent, and cannot be generalized. Personnel performing the decontamination must be informed about the hazards and their risks, trained in the procedures to follow to ensure their safety, and be provided with the appropriate PPE.*

5.g. **Use of a Bedding Change Station or Biocontainment Hood when Changing Bedding.**

5.g(1) A device that draws aerosols away from the caretaker, such as an air-filtered change station, should be used when soiled, contaminated bedding is removed from animal cages. Whenever possible, the exhaust from containment devices should be expelled directly into the building's exhaust system, in order to minimize the concentration of dander and pollutants released into the room.

5.g(2) Animal care personnel must wear appropriate PPE, including a mask and gloves, when removing soiled bedding from cages. The type of mask worn should be approved by the SRS in consultation with the IACUC and hospital safety personnel. Soiled bedding should be removed from cages in the cage-wash room rather than in the animal rooms unless bedding changes in the room have been approved by the IACUC and SRS as part of a SOP for containing hazardous

agents.

5.h. **Waste Disposal.**

5.h(1) **Bedding.** Bedding contaminated with hazardous agents presents one of the most difficult management problems. Contamination with infectious agents may require that bedding be sterilized before being transported to the cage-wash room for dumping. If soiled bedding contains hazardous material that cannot be rendered harmless for transportation to the cage-wash room, it may be necessary to bag or double bag the bedding in the animal room, for direct transportation to an incinerator or other disposal system. Regardless of the nature of the contamination, the methods of disposal must comply with NRC, EPA, and CDC-NIH requirements, as determined by the Safety or Biosafety Officer in consultation with the veterinarian.

5.h(2) **Carcasses.** Disposal of contaminated carcasses is generally similar to disposal of other contaminated materials. Carcasses must be bagged, labeled, and disposed of in accordance with applicable regulations. If contaminated carcasses must be stored for any period of time before disposal, they must be bagged and labeled, and stored in a refrigerator or freezer dedicated to carcass disposal.

5.i. **Sharps Disposal.** Personnel must follow local VA facility policy on the proper use and disposal of sharps.

5.i(1) Each room where sharps are used must be equipped with a puncture-proof “medical sharps” container into which syringes with attached needles should typically be dropped uncapped. Recapping of needles may be strictly prohibited at all times by local policy, or may be allowed under certain circumstances. *NOTE: In some instances, neutralization of a hazardous agent prior to disposal of the syringe and needle may be necessary.*

5.i(2) If sharps are contaminated with infectious agents, the sharps container must be sterilized prior to disposal.

5.i(3) If sharps that are contaminated with hazardous agents that must be disposed of immediately by incineration are dropped into a sharps container, the entire sharps container must be incinerated immediately.

5.j. **Protection During Manipulation of Animals.** Manually restrained, unanesthetized animals can jar and redirect the path of a needle, causing accidental needle sticks or spills as they struggle against restraint. The risks of these can be minimized if animals are anesthetized or otherwise chemically restrained prior to injection, and if efforts are made to minimize animal manipulations that involve hazardous agents. Having a second individual present is highly recommended; should an accident occur, a second individual can assist in decontamination procedures and provide information on the events leading up to the accident.

5.j(1) Efforts should be made to minimize potential distractions while using hazardous agents.

5.j(2) Research personnel should communicate their schedules for using hazardous agents to animal care staff so that daily husbandry can be performed at times when experimental procedures are not in progress.

5.k. **Prevention of Aerosol Formation.** Whenever possible, hazardous agents should be prepared or purchased in rubber-topped vials so that aerosols associated with open tube manipulations are minimized. Because of the risk of creating aerosols, solutions containing hazardous agents must never be expressed through a needle into disposal containers or disinfectant pans; rather the syringe containing the hazardous agent must be discarded directly into an appropriate puncture proof sharps container without evacuation.

5.l. **Use of Hoods.** As dictated by the IACUC and SRS, hazardous agents should be handled (including administration to animals) only within an appropriate biocontainment (infectious agents) or chemical (chemical agents) hood.

6. PERSONAL PROTECTION MEASURES

6.a. **Protection from Skin Contact.** Use of disposable gloves helps to prevent transmission of diseases between animal rooms and between animals and humans, and limits exposure of personnel to contact allergens. Disposable gloves must be readily available to animal caretakers and research personnel who contact animals, viable tissues, body fluids, animal waste, or soiled animal equipment (e.g., animal cages).

6.a(1) The types of disposable gloves used must be appropriate to any allergic sensitivities of the personnel and to the chemical properties of the agents to which the personnel have potential exposure (e.g., organic solvents or infectious agents). Individuals with latex allergies must be provided with latex-free gloves. Those with allergies to the lubricant used in powdered gloves must be provided with gloves with alternative lubricants or without lubricant. *NOTE: Hospital safety personnel are a valuable resource for making appropriate choices of glove material.*

6.a(2) Disposable gloves must be discarded when they become visibly soiled, torn, punctured, or otherwise damaged such that their barrier function is compromised.

6.a(3) Prior to leaving an animal room or anteroom, personnel should discard their gloves and wash their hands. Personnel should be reminded that contamination can be spread by handling items such as doorknobs, cabinet and drawer handles, faucet handles, paper towel dispensers, refuse container lids, pens, pencils, and notebooks while wearing contaminated gloves.

6.b. **Hearing Protection.** Noise in animal research facility areas may reach damaging levels, particularly in cage washing areas, and dog and swine housing rooms. If ear protection is not routinely used in any such environments, periodic monitoring of noise levels is recommended.

6.b(1) Ear protection must be provided at no charge whenever noise levels and durations of exposure exceed those permitted by the Occupation Safety and Health Administration (OSHA) regulations, and on request by any individual exposed to noise.

6.b(2) If headset-style protectors are too bulky or uncomfortable, disposable foam earplugs may be used.

6.c. **Eye Protection.** Protective eyewear (e.g., safety glasses or goggles) must be provided at no charge, and its use should be encouraged, especially for individuals performing tasks with splash potential. Goggles or other devices that completely shield the eyes must be provided for and used by individuals handling non-human primates or corrosive or otherwise dangerous liquids or vapors. *NOTE: The Industrial Hygienist or Safety Officer of the VA facility must be consulted about the types of protective eyewear required for specific potentially hazardous tasks.*

6.d. **Protection from Motion Injuries.** Back injuries are a common hazard for animal research facility employees because of the lifting that is typically part of their duties. Personnel whose duties necessitate heavy lifting and/or tasks requiring repetitive motions must be trained in the ergonomics of their tasks (e.g., safe lifting techniques) and in ways to minimize the potential for injury. As much as possible, hydraulic or electric lifting equipment should be used.

6.e. **Foot Protection.** Employees who are at risk of crushing foot injuries from movement of heavy objects must be provided with steel-toed or other appropriate protective footwear.

6.f. **Protection from Animal Contact.** Personnel who have contact with research animals must receive training in the proper handling of the animals with which they will work. Most animal-inflicted injuries occur because of inadequate training and experience or because of carelessness. Personnel must be instructed to avoid unnecessary risk when working with animals, and to seek expert assistance when in doubt. Training should include the use of protective clothing, equipment, and hygiene practices appropriate to the species involved and the procedures to be performed. At a minimum, all personnel should wear clean uniforms or lab coats, and gloves while handling animals or unfixed tissues, body fluids, or wastes. Eye protection such as safety glasses or goggles must be made available and their use encouraged, especially for personnel performing tasks with splash potential.

6.g. **Protection of Individuals with Animal Allergies.** As determined by safety or occupational health professionals, individuals with animal allergies should be provided with appropriate additional respiratory protection in the form of Powered Air Purifying Respirators (PAPR) or Racal hoods, N95 disposable dust and/or mist respirators, or fitted respirators with appropriate cartridges. Some respiratory protection devices may require employee evaluation through a formal “fit” program, including medical evaluation to ensure that the individual is medically fit to use a respirator, has passed fit testing, and has received adequate training. This is handled through the local facility Industrial Hygienist or Safety Officer. If possible, reassignment of these individuals to duties that prevent exposure is recommended.

6.h. **Protection from Contamination.** Personnel must be trained to avoid contacting the eyes, face, mouth, or other body surfaces with contaminated gloves or hands. The use of safety glasses or goggles may help to minimize inadvertent touching of the eyes, and should be encouraged.

6.i. **Special Protection from Hazardous Agents.** Special equipment and protective clothing may be required for personnel who are engaged in studies that involve hazardous agents. The specific measures must be appropriate for the specific hazard, as determined by the Safety Officer in consultation with the investigator, the SRS, and the veterinarian.

6.j. **Special Safety Considerations for Female Employees.** Any woman who is pregnant and works with animals should inform her physician and VA employee health officials as early as possible. In consultation with the Occupational Health Physician, the facility Safety Officer, and/or the Radiation Safety Officer, the occupational hazards that pose risks to the pregnant woman and her unborn child should be reviewed and addressed.

7. GUIDELINES FOR PERSONAL HYGIENE

7.a. **Hand Washing and Showering.**

7.a(1) **Hand Washing.** Hand washing is crucial for safeguarding personnel in the animal research facility. Although the proper use of disposable gloves provides an effective means of preventing hand contamination, hands can easily become contaminated during the removal of contaminated gloves, so hand washing remains important even if gloves are used.

7.a(1)(a) Frequency. Hands should be washed with soap and water after they contact contaminated or potentially contaminated surfaces, liquids, or animal fluids. Therefore, hands should be routinely washed before leaving any location where personnel are potentially exposed to animals or animal tissues, fluids, or allergens (e.g., the animal facility or any satellite facility). Hands should also be washed before handling anything that may carry contaminants into the body (i.e., prior to activities such as consuming food or beverages, applying cosmetics, touching contact lenses, or smoking).

7.a(1)(b) Facilities provided. All animal research facilities must have sinks with soap and paper towels readily available. Electronically controlled or knee-operated faucets are preferable to hand-operated faucet handles, particularly in biohazard areas.

7.a(2) **Showering.** Showering is an excellent personal hygiene practice for protection of personnel, and may be required after work with some hazardous agents.

7.a(2)(a) Frequency. Employees should be encouraged to shower prior to leaving animal areas and at the end of the workday.

7.a(2)(b) Facilities provided. Showers must be available to all employees with animal contact.

7.b. **Protective Clothing.** Protective clothing and laundering services must be provided by the VA facility at no charge to employees.

7.b(1) Sufficient quantities of clean uniforms and laboratory coats must be available on a daily basis; multiple sets of clean protective clothing may be necessary for each individual each day.

7.b(1)(a) Upon arrival at the duty site, animal care personnel must change out of street clothing and into clean uniforms.

7.b(1)(b) Uniforms should be changed whenever they become soiled.

7.b(1)(c) When personnel leave the animal facility or enter a non-animal room within the animal facility (such as a break area), they should first change out of their uniforms or don clean outer wear (e.g. lab coat) over the uniform, as local policy dictates.

7.b(1)(d) At the end of the workday, uniforms should be placed in a hamper or laundry bag designated for soiled clothing within the animal facility.

7.b(2) Disposable personal protective equipment (PPE) such as gloves, masks, head and foot covers, and gowns or other body coverings must also be available as needed to protect individuals from exposure to hazardous agents. Local policy will dictate when specific PPE items should be used.

7.b(3) Soiled protective clothing should not be worn outside of the animal research facility or removed from the animal facility except for transportation to institutional laundering services or disposal sites.

7.c. **Smoking, Consumption of Food or Beverages, and Application of Cosmetics.** Because of the risks of accidental ingestion or exposure to hazardous agents, all activities such as smoking, consuming food or beverages, applying cosmetics, and inserting contact lenses are prohibited within the animal research facility or in animal study areas, except in designated areas (e.g., a break area or staff locker room) that are free of potentially contaminated materials. VA policy only permits smoking outdoors.

8. MEDICAL EVALUATION AND PREVENTIVE MEDICINE FOR PERSONNEL

8.a. **Pre-Employment Medical Evaluation.** A pre-employment physical exam should be performed to ensure that a prospective new employee is capable of the physical demands of the position, and that pre-existing medical conditions will not place the employee or co-workers at risk.

8.b. **Routine Follow-up.** The medical history of each individual participating in the OHSP should be reviewed and evaluated at regular intervals by an occupational health physician or other qualified medical professional. Particular attention should be paid to immunizations and the use of appropriate personal protective equipment and practices to prevent the development of allergies or the aggravation of existing allergies. A current completed Medical Surveillance Questionnaire (MSQ, see par. 9 of this Appendix, below) may be reviewed to determine whether consultation and/or additional medical evaluation are necessary.

8.c. **Participation in OHSP as a Prerequisite to Approval of Animal Use Protocols and Access to Animals.** Because VA must ensure the safety of the workplace, the IACUC should verify that personnel named in an animal use protocol are participating in the OHSP before approval of that protocol can be granted, and before they may be granted access to the VMU (e.g., be issued an access card). See subpar. 32.b of the main body of this document for additional guidance on individuals who decline services.

8.d. **Occupational Safety Training.** Medical evaluation with routine follow-up is essential for identifying the specific training appropriate to the needs of each individual, and the adjustments needed in the safety measures taken to prevent injury. Personnel who have contact with research animals must receive training in the proper handling of those animals (see subpar. 6.f of this Appendix, above). Personnel whose duties necessitate heavy lifting and/or tasks requiring repetitive motions must be trained in the ergonomics of their tasks (see subpar. 6.d of this Appendix, above). Personnel must also be trained to follow the SOPs for handling the hazardous agents that they are required to handle (see subpar. 5.b(1)(c) of this Appendix, above).

8.e. **Reporting Injuries and Illness.** Injuries, animal bites, animal scratches, and cuts sustained in any part of the facilities of the animal research program (e.g., the VMU, or animal research laboratories) or in connection with care and use of research animals must be reported promptly to the individual's supervisor. The individual must then be referred to the Occupational Health Physician, and VA Form 2162, Report of Accident, must be completed. Injuries or illnesses may also be reportable outside the VA facility (see VHA Handbook 1058.01, subpar. 8.c, and subpar. 22.b(5) of the main body of this document). *NOTE: Injuries must be routinely reported to the individual's supervisor, to permit monitoring of Occupational Health concerns in the animal research program.*

9. MEDICAL SURVEILLANCE QUESTIONNAIRE (MSQ)

In lieu of routinely undergoing a physical examination for follow-up, an individual may begin with submission of a completed Medical Surveillance Questionnaire (MSQ) to an authorized medical professional for review. Based on that review, the medical professional may recommend or require additional consultation and/or medical evaluation, or may determine that no additional evaluation is necessary. The information on the MSQ is Protected Health Information, subject to Federal regulations that govern the collection and use of such information, and must be reviewed only by authorized medical health professionals.

9.a. **Elements to be Included in the MSQ.** The function of the MSQ is to facilitate identification of features in both the individual's medical and occupational history and the individual's anticipated duties for the coming year that should be addressed by the OHSP. The following information should be considered for inclusion when developing a MSQ for an OHSP.

9.a(1) Name, date of birth, gender, pregnancy status, service line, job title, and contact information.

9.a(2) Animal species with which the individual has had, or expects to have, contact, including direct contact with the animals, animal tissues, and/or wastes, and contact with equipment or materials used with the animals (e.g., enclosures, cages, water bottles, or bedding).

9.a(3) Exposure time per week (including contact with animals or unfixed animal tissues, body fluids or wastes, and with animal housing).

9.a(4) Potential exposure to animal and human pathogens.

9.a(5) For those with contact with Old World Monkeys (macaques), any documented diagnosis of, or exposure to, tuberculosis (TB), and any of the following that apply:

9.a(5)(a) Approximate dates of diagnosis or exposure, treatments administered, medications taken, and duration of therapy.

9.a(5)(b) History of vaccination with Bacille Calmette Guerin (BCG), including approximate date.

9.a(5)(c) History of any positive tuberculosis tests (Tine, Purified Protein Derivative [PPD], Mantoux).

9.a(6) History of any immunosuppressive therapy, which could increase the risk of zoonotic disease.

9.a(7) Habits (never, rarely, sometimes, always) with regard to the following, in the conduct of assigned duties:

9.a(7)(a) Use of disposable PPE (gloves, masks, head and foot covers, gowns, etc.).

9.a(7)(b) Use of protective eyewear.

9.a(7)(c) Hand washing.

9.a(7)(d) Changing uniforms when they become soiled.

9.a(7)(e) Showering after handling animals.

9.a(8) History (of the individual and of blood relatives) of asthma, hay fever, allergic skin reactions, eczema, sinusitis, or chronic respiratory infections or disease.

9.a(9) History of symptoms of allergies (e.g., sneezing spells, runny or stuffy nose, watery or "itchy" eyes, coughing, wheezing or shortness of breath, skin rashes or hives, difficulty swallowing) during or after exposure to animals or their tissues, body fluids, or wastes (including the species of animals involved, and the frequency and severity of each symptom – e.g., only with prolonged direct contact, occasional, or daily on entry to the VMU).

9.a(10) Exposure to house pets. These must be considered as the source of allergens eliciting symptoms, and with regard to potential transmission of diseases to the individual or to research animals.

9.a(11) Occupational history (e.g., previous work in environments where exposure to human or animal pathogens could have occurred).

9.a(12) History of inguinal or similar hernia, back pain or trouble, or joint problems or arthritis (including severity and corrective measure(s) taken, such as surgery or rehabilitative therapy).

9.a(13) History of, or anticipated, exposure to chemicals in the workplace and any history of symptoms associated with such exposure.

9.a(14) Any other significant health conditions that exposure to workplace hazards may aggravate.

9.a(15) Immunization and testing history, including the date, side effect(s), and other relevant information for each of the following: immunization against tetanus, rabies (initial, booster, and immune globulin), and hepatitis B, tuberculin testing (including chest radiograph or symptom checklist for known reactors), and other immunizations or tests as would be appropriate.

9.b. **Documentation.** Documentation of the review of the MSQ should include the printed names and dated signatures of the individual and the health care professional, although VA policy does not require the IACUC to maintain these on file.

10. TABLE OF RECOMMENDED OHSA PROCEDURES, BASED ON EXPOSURE RISKS

Specific procedures required by the Occupational Safety and Health Program for the animal research facility are dependent upon the degree and type of exposure to laboratory animals as well as the nature of the work being done. The following table summarizes some suggested procedures according to the species involved.

Recommended Procedures Exposure	Pre-Employment Physical	Questionnaire	TB Skin Test or Chest Radiograph	Rabies Vaccine or Serology	Tetanus Toxoid	Pre-Employment and Annual Serum Banking	Toxoplasma Serology	Rubeola Vaccine	Q Fever Vaccine
Rodents/Rabbits	++	++	o	o	++	o	o	o	o
Carnivores (Dogs, Cats, Ferrets)	++	++	o	+++	++	o	(F)+ (M)o	o	o
Ruminants	++	++	o	+	++	o	o	o	+
Non-Human Primates	++	+++	+++	+	++	+	o	+	o

Key:

M: Male

F: Female

o: Not ordinarily required.

+: May be advisable in some circumstances.

++: Usual practice.

+++ : Essential component of an effective program.

NOTE: The occupational health program outlined in Table 5 of NIH Publication No. 92-3415 entitled "Institutional Animal Care and Use Committee Guidebook" may be a useful reference.

11. REFERENCES

- 11.a. Guide for the Care and Use of Laboratory Animals, 8th ed., Institute for Laboratory Animal Research, National Research Council of the National Academies, Washington, DC: National Academies Press, 2011.
- 11.b. Institutional Animal Care and Use Committee Guidebook, 2nd ed., Chapter B.4, Occupational Health and Safety, ARENA/OLAW, NIH, U.S. Department of Health and Human Services, Public Health Service, Washington, DC, 2002.
- 11.c. Title 10 Code of Federal Regulations (CFR), “NRC Regulations”, Chapter 1(Nuclear Regulatory Commission), Parts 0-171 (especially Part 20, “Standards for protection against radiation”).
- 11.d. VHA Handbook 1058.01, “Research Compliance Reporting Requirements”, November 15, 2011.
- 11.e. VHA Handbook 1105.01, “ Management of Radioactive Materials”, October 7, 2009.
- 11.f. VHA Handbook 1200.08, “Safety of Personnel Engaged in Research”, March 6, 2009.