**VA SEMIANNUAL EVALUATION**

**of the**

**INSTITUTIONAL ANIMAL CARE AND USE**

**PROGRAM AND FACILITIES**

**Part 3 – Post-Review Documentation**

Instructions (The “►” symbols indicate required information):

1) Enter identifying information in the header above:

Double click in the header area.

Then enter text after each “:”

(Note: The “Date of Semiannual Evaluation” is considered to be the date by which both the Review of the Program and the Inspection of the Facilities are completed.)

Double click in the document area to return to the main body of Form 1.

2) ►Enter the date of the most recent previous Semiannual Evaluation:

3) Enter the names of all voting members of the IACUC, and identify the member who fills each required role on the committee, in the table in Section D, below. If any alternate members have been appointed, enter the name of each alternate member in the square brackets (e.g., “[Alt: John Smith]” ) below the name of each primary member for whom the alternate may serve. Only one member, the primary or the designated alternate, should sign in any one row of the table. (Press “Tab” in bottom right cell to add rows to the table.)

4) Complete Sections A-F, below.

**A. SUMMARY OF SEMIANNUAL EVALUATION.** Summarize the results of this semiannual evaluation, including an analysis of the implications of the results for the animal research program as a whole. The summary should:

* Note the total number of “departures” from PHS policy, including the provisions of the *Guide*, that have been approved by the IACUC.
* Provide summary overviews of the programmatic and facility deficiencies
	+ If there were no deficiencies, include a statement to this effect in the report.
	+ If deficiencies were identified, evaluate the overall number and severity of the deficiencies, and what the number and severity indicate about the quality of the program and facilities (refer to the complete list provided in Part 2 – Table of Deficiencies and Departures).
* Comment on any patterns or trends suggested by the observations during this semiannual evaluation and also in the light of previous semiannual reports.
* Acknowledge any laudable aspects of the overall animal care and use program (i.e., related to the program, facility, or personnel).
* Provide a concluding paragraph that: (1) assesses the institution’s overall compliance with applicable PHS Policy, the *Guide*, the AWA, and VA Policy; (2) provides recommendations to the IO; and (3) highlights any other pertinent information the IO should be made aware of.

**B. Documentation of Minority Opinion(s).** *Any participant in the semiannual evaluation who wishes to provide a minority opinion MUST be allowed to do so [1200.07 (8.f(1)(d)4); PHS (IV.E.1.d); 9 CFR (2.31(c)(3))].* Did any participant submit a minority opinion?

\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_ No If "yes", fill out section E below.

**C. Statement of AAALAC Accreditation** *[PHS (IV.B.3)]*. Are all VA animals housed or used only in facilities that are part of an AAALAC accredited program?

\_\_\_\_Yes. If yes, describe the accreditation as indicated below.

Identify the AAALAC accredited program:

Give the date of the most recent achievement of Full Accreditation:

\_\_\_\_ No. If no, describe the components that are not Fully Accredited, as indicated below.

If VA animals are housed or used at an affiliate institution that is not AAALAC accredited,

Identify the affiliate:

Give the date on which the CVMO approved this arrangement:

If VA animals are housed or used at an institution where the AAALAC accreditation status is other than Full Accreditation,

Identify the institution:

Give the current accreditation status:

Describe briefly the current status of the institution in the process of regaining full accreditation:

**D. DOCUMENTATION of REVIEW and APPROVAL by IACUC MEMBERS.**  *A majority of all voting members (not merely a majority of a quorum) must approve and sign the report [1200.07 (8.f(1)(e)); 9 CFR (2.31(c)(3))]. The report must be completed within one month of the date of the semiannual evaluation to facilitate timely progress on any corrective actions required.*

**The undersigned verify that we**

**1) have reviewed and approved Forms 1 (Checklist, Parts A and B) and 2 (Table of Deficiencies and Departures),**

**2) have read any minority opinions appearing in item E of this report, and**

**3) hereby authorize IACUC representatives to review this report with the Medical Center Director:**

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| --- | --- | --- | --- |
| **TYPED NAME** | **ROLE on IACUC**  | signature | **date** |
| ►[Alt: ] | Chairperson | ► | ► |
| ►[Alt: ] | Attending Veterinarian | ► | ► |
| ►[Alt: ] | Scientist with Animal Research Experience | ► | ► |
| ►[Alt: ] | Non-affiliated (Community) Member | ► | ► |
| ►[Alt: ] | Non-scientific (Lay) Member | ► | ► |
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**E. Minority Opinion(s). If part B is checked "yes", provide the typed minority opinion(s) here:**

**F. Communication with DIRECTOR of the Facility. A**fter a majority of all voting IACUC members approve the report and indicate their approval (in Section D, above) by signatures next to their typed names and roles on the committee, *the report must be discussed personally with the facility Director by at least one voting member of the IACUC, representing the committee. It is recommended that the Attending Veterinarian and the IACUC Chair meet with the Director (any voting member of the IACUC who wishes to participate must be allowed to do so). It is a best practice for the ACOS for R&D and/or the AO for R&D to attend as well. After the meeting, the Director must sign the reporting indicating* *that he/she has reviewed it*. *[1200.7( 8.f(1)(e))]*. **Note: the Director's signature only indicates awareness of the contents of the report, and does not imply agreement with the report or satisfaction with the corrective measures proposed. The report may not be altered after it has been signed by a majority of the voting IACUC membership, but any disputed items may be discussed in a cover memo.**

**Certification: By my signature, I acknowledge receipt of this report, and verify that I have personally discussed its contents with the representatives of the IACUC.**

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| --- | --- | --- |
| **Typed Name of Director** | **Signature** | **Date** |
| ► | ► | ► |

**G. FINAL PROCESSING**

A signed copy of the complete report (including Parts 1, 2, and 3) must be sent through the ACOS/R&D and Medical Center Director to the CVMO within 60 days of the date of approval and signature by a majority of the voting IACUC members. The R&D Committee should review the approved report as an item of business, but R&D approval is not required before submission of the final document to the CVMO. Send a copy including all signatures as a hard copy to Dr. Michael Fallon, CVMO, Atlanta VA Medical Center, Research Service-151V, 1670 Clairmont Road, Decatur, GA 30033, or as an email attachment to Michael.Fallon@va.gov and Alice.Huang@va.gov . The original must be retained for at least three years.