OFFICE OF RESEARCH AND DEVELOPMENT
VETERANS HEALTH ADMINISTRATION
Annotations and Guidance for Implementation of
VHA Directive 1200.07 VA Research with Animals (May 23, 2023)

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For questions regarding this guidance, contact the office of the Chief Veterinary Medical Officer (CVMO), contact information on https://www.research.va.gov/programs/animal_research/overview.cfm.

SUMMARY: VHA Directive 1200.07 establishes the VA-specific requirements that VA animal research programs must meet, but it does not integrate those requirements with other existing requirements that also apply to VA animal research programs, and it does not address specific practical options available for doing so. This guidance provides explanatory information about the basis of the requirements and addresses the practical implications of meeting the performance standards required by VHA Directive 1200.07. Suggestions and recommendations are provided here for choosing the options that best suit local circumstances.

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1. PURPOSE

Veterans Health Administration (VHA) Directive 1200.07 (dated May 23, 2023) sets forth the compliance requirements that apply to all animal research that is considered Department of Veterans Affairs (VA) research and the minimum standards for the facilities, husbandry, veterinary care, and oversight of any VA research involving animal subjects. **AUTHORITY:** 38 U.S.C. § 7303. VHA Directive 1200.07 is limited to establishing VA policy requirements that are specific to VA research with animals. It does not reiterate regulatory and policy requirements that also apply but are established by other VA or VHA documents or by others. This guidance document is to assist those responsible for implementing compliance with all applicable requirements, by integrating the most commonly relevant and important requirements from all sources. All references in this guidance to information from those other sources are current at the time of the release of this guidance

2. BACKGROUND

This guidance document is organized roughly in parallel with VHA Directive 1200.07, which it supplements. Items for which no additional guidance is provided to supplement what is in VHA Directive 1200.07 are shown here merely to maintain that organization. "+" designates items that are inserted into this guidance document, in positions that would otherwise disrupt the numbering related to subsequent items in VHA Directive 1200.07. Cross-references within this document apply to both VHA Directive 1200.07 and this guidance document.

a. **Foundational principles**

(1) **The "Nuremberg Code of 1947"** (Schuster) was drafted in response to the atrocities committed in the Nazi concentration camp at Auschwitz during World War II. Those conducting the trials were compelled by what they heard, to produce an explicit statement of what had been thought to be self-evident principles for the ethical study of human subjects, but had been so unthinkably violated. Principle 3 states, "The experiment 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" (https://www.nejm.org/doi/full/10.1056/nejm199711133372006).

(2) **The "World Medical Association Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects"** was a statement initially adopted by the World Medical Association in 1964, and subsequently amended a number of times, as "a statement of ethical principles". Principle 21 expanded on the concept that

research with human subjects must be based on knowledge from other sources, including research with animals, to include respect for the welfare of the animals as well (https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/#:~:text=1.,identifiable%20human%20material%20and%20data).

(3) **The "U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training"** (US Government Principles) focus on ethical research with animal subjects. These were published in the Federal Register in 1985 as notice of the adoption of these principles by all US Government agencies, including VA, that work with or require work with animals in research (https://www.govinfo.gov/content/pkg/FR-1985-05-20/pdf/FR-1985-05-20.pdf).

b. **Applicable Federal regulatory requirements**

(1) **The Animal Welfare Act** (AWA, 7 U.S.C. §§2131-2159) is the law setting the general standards for the care of certain animals, and assigning to the USDA the responsibility for enforcing it. The Animal Welfare Regulations (AWR, 9 C.F.R. Parts 1-3) specify how this responsibility is addressed by the USDA, through its agency, the Animal Plant Health Inspection Service (APHIS).

(2) **The Health Research Extension Act** of 1985 (HREA, Public Law 99-158, Sec. 495, and 42 U.S.C. §289d) is the law setting the statutory mandate for Public Health Service Policy on Humane Care and Use of Laboratory Animals (PHS Policy). PHS Policy is administered by the Office of Laboratory Animal Welfare (OLAW) of the National Institutes of Health (NIH).

(3) **CDC/NIH guidelines**. *[No additional guidance]*

(4) **Other VA and VHA policies** related to oversight of research. Nothing in VHA Directive 1200.07 is to be interpreted as conflicting with the requirements of any other relevant VA or VHA handbooks or directives.

(5) **Other Applicable Federal Requirements.** It is to be understood that VA programs of research with animals are required to comply with all federal laws, regulations, and other requirements that apply to any aspect of those programs. This includes, but is not limited to, legislation regarding appropriations, financial transactions, open records, conflicts of interest, workplace discrimination and harassment, and safety. The silence of VHA Directive 1200.07 on these matters simply reflects that the federal laws, regulations, and other requirements are not elements of VA-specific policy, and compliance is required because of their federal authority, apart from the requirements of this Directive.

c. **Authority to interpret requirements that apply to VA research with animals**

VA accepts that the ultimate authority to interpret any regulatory or policy requirement applicable to VA research with animals rests with the agency or entity that published and administers that requirement. VA also accepts any changes in those requirements that may be implemented by the authorizing agency or entity in the future, unless a stricter VA-specific requirement applies.

(1) **Interpretation of the USDA AWR** is the purview of the Animal and Plant Health Inspection Service (APHIS) of USDA.

(2) **Interpretation of the PHS Policy** is the purview of OLAW.

(3) **Interpretation of the AAALAC International Rules of Accreditation** is the purview of AAALAC International (AAALACi).

(4) **Interpretation of VHA policy related to animals** in research (VHA Directive 1200.07) is the purview of the VHA Office for Research and Development (ORD), through the office of the Chief Veterinary Medical Officer (CVMO).

(5) I**nterpretation of VHA policy related to other VHA handbooks and directives**, is the purview of the VHA office responsible for each.

3. DEFINITIONS

The definitions given here apply to how these terms are used in VHA Directive 1200.07. For terms for which VA adopts the definitions established by others, the guidance provided here reflects the definitions in use by those others at the time of the release of this guidance. Terms that are not specifically defined, are to be interpreted as in common usage.

a. **Affiliate.** *[No additional guidance]*

b. **Animal.** VA adopts the definitions used in PHS Policy (III.A, “Any live, vertebrate animal used or intended for use in research, research training, experimentation, or biological testing or for related purposes”) and in the AWR (§1.1, “live … warm-blooded animal … used or intended for use for research, teaching, testing, experimentation”). “Related purposes” is understood to include teaching of personnel to perform clinical procedures, as well as training personnel to perform procedures related to the care and use of animals. ***NOTE***: *For species regulated by USDA, the definition includes dead animals, but that is for AWR requirements related to sale of animals, and does not apply to research.*

c. **Animal Activities.** The term "activities" reflects the definitions of "animal" in PHS Policy (III.A, "in research, research training, experimentation, or biological testing or for related purposes") and in the AWR (§1.1, "for research, teaching, testing, experimentation"). The term "animal activities" as it is used in VHA Directive 1200.07 includes not only animal research but also holding, husbandry, and management of the animals by the VA for animal research, the training of personnel to perform these procedures safely and effectively, and the training of personnel to perform clinical procedures.

d. **Animal Research or Research with Animals.** This is the subset of animal activities that are necessary for specific projects for research (testing scientific hypotheses) or teaching (such as workshops to teach researchers or clinicians a newly developed surgical procedure).

e. **Animal Research Program or Animal Care and Use Program.** *Guide for the Care and Use of Laboratory Animals (The Guide)* (page 6 and Chapter 2 (pp.11-40)) provides additional detail on the components of an animal care and use program.

f. **Attending Veterinarian.** The Attending Veterinarian (AV) is the role defined in the AWR (§1.1) and PHS Policy (IV.A.3.b(1)) as having direct or delegated program authority and responsibility for activities involving animals in the local research program.

g. **Clinical Veterinarian.** In contrast to the common use of this term to refer to any veterinarian who provides clinical care, it is used in VHA Directive 1200.07 specifically to refer to veterinarians who generally do not have training or experience specifically for laboratory animal medicine, but only provide veterinary clinical services in a VA animal research program, supplementing those provided by the AV.

h. **Collaborative Animal Research**. VHA Directive 1200.01(1), Research and Development Committee, dated January 24, 2019 (3.b), defines "collaborative research" as "involving investigators from VA and other institutions, with VA investigators having a substantive role in the design, conduct, and/or analysis of the research". Such research that involves work with animal subjects is "collaborative animal research".

i. **External Affiliate-Appointed Institutional Animal Care and Use Committee (IACUC)**. *[No additional guidance]*

j. **External Jointly-Appointed Institutional Animal Care and Use Committee (IACUC)**. *[No additional guidance]*

k. **External VA Institutional Care and Use Committee.** *[No additional guidance]*

l. **Institutional Animal Care and Use Committee**. The minimum requirements of the AWA (§ 2143(b)) and the AWR (§2.31), and of the HREA (§ 289d(b)) and the PHS Policy (par. IV.A.3 and IV.B), apply to each VA IACUC.

m. **IACUC Member.** IACUC members are appointed by designated Institutional Official of the institution (for VA stations, this is generally the medical facility Director), according to the AWR (§2.31(b)(1)), the Health Research Extension Act (§289d(b)(2)), and PHS Policy (IV.A.3.a).

n. **Institutional Official.** The individual at a research facility who is authorized to legally commit on behalf of the research facility that the requirements of 9 CFR parts 1, 2, and 3 will be met.

o. **Interinstitutional Collaboration.** VHA Directive 1200.07 uses this term as it is used in *The Guide* (p. 15), to refer to any relationship of a VA facility with an affiliate, related to animal use (beyond animal transport). This includes not only "collaborative research" (defined above, in 3.h), but also the various arrangements by which the oversight of research with animals may be shared, even if the work does not involve investigators from both institutions – e.g., work done entirely by investigators from one institution in the facilities of the other.

p. **Internal VA IACUC.** This is the most common form of oversight relied on by VA.

q. **Just-in-Time (JIT).** A secondary veterinary review is required for VA-funded research that involves research with animals. The secondary review is conducted by the office of the CVMO and may involve further email correspondence between the station and the office of the CVMO to address concerns noted in the secondary review.

q+. **Public Health Service (PHS) Assurance.** The PHS Assurance is a document that assures OLAW that an animal research program will comply with PHS Policy. VA research with animals may only be conducted in facilities that are covered by a PHS Assurance approved by OLAW. VA stations that do not have a Veterinary Medical Unit are not eligible to hold a PHS Assurance and may only conduct research with animals in the facilities and under the oversight of an Assured affiliate. The IACUC of the affiliate in such an arrangement is then an external affiliate-appointed VA IACUC (defined above, in 3.i).

q++. **PHS Policy.** The terms "PHS Policy" and "PHS policy" are used intentionally (and not interchangeably) in VHA Directive 1200.07 and this guidance document to distinguish between:

(1) **"PHS Policy"** refers specifically to the document that has the full title, "Public Health Service Policy on Humane Care and Use of Laboratory Animals".

(2) **"PHS policy"** refers broadly to the totality of the policies of the Public Health Service related to animal activities, and includes not only PHS Policy, but also the relevant notices, OLAW FAQs, and other guidance published by OLAW.

q+++. **VA Research.** VHA Directive 1200.07 adheres to the definition given in VHA Directive 1200.01(1) (3.f), "research conducted by VA investigators (serving on compensated, without compensation, or Intergovernmental Personnel Act appointments) while on VA time or on VA property. The research may be funded by VA, by other sponsors, or be unfunded." 1200.01(1) requires that, "The research must be approved by the R&D Committee before it is considered VA research and before it can be initiated", and "All research activities approved by the R&D Committee are considered VA research." For practical purposes, those involved in research with animals can rely on the R&D Committee to determine whether that research is considered "VA research". If so, and if it involves animals, it is subject to VHA Directive 1200.07.

r. **VA Sensitive Species.** This designation is applied by the office of the CVMO, as needed to address legislative requirements or public interest. The particular species included at any given time are identified in the guidance posted on the ORD website (ORD Guidance Document AR2017-001, most recently updated July 16, 2020).

s. **Veterinary Medical Unit (VMU).** The VMU may be referred to by whatever term is locally preferred. Examples include, but are not limited to, "animal resource facility", "animal facility", and "laboratory animal resource center". These other terms may also be applied to facilities owned or leased by an affiliated institution where VA research with animals is conducted, but those affiliate facilities are not considered part of the VMU. A VMU may include multiple buildings in different locations that are all owned or leased by the local VA medical facility.

t. **VMU Visitor.** *[No additional guidance]*

4. POLICY

VHA policy about research with animals is formulated to support VA's commitment to conducting the research with animals that is needed to fulfill VA's mission of serving and honoring America's Veterans. That research is conducted in ways that meet or exceed the established ethical and veterinary standards and all applicable legal requirements for the appropriate care of the animals involved.

The VHA policy requirement to achieve these performance standards generally requires application of accreditation and federal requirements more broadly to VA research with animals than specified in the requirements themselves, as follows:

a. Many requirements of the AWR for research with animals are applied to all VA research with animals, regardless of whether the species involved are regulated by USDA.

b. Requirements of PHS policy are applied to all VA research with animals, regardless of whether the work is supported by PHS funds. This means the work must be under the oversight of the IACUC identified in the applicable PHS Assurance. Compliance with PHS policy includes, by incorporation, compliance with the provisions of *The Guide* (as announced in NOT-OD-12-020).

c. The standards for full accreditation by AAALAC International apply to all VA programs of research with animals. AAALAC International.

d. For specific local circumstances, the CRADO may determine that the performance standards are better achieved in other ways. Such determinations will be based on the recommendations of, or delegated to, the CVMO, who will evaluate the local circumstances and document in writing on a case-by-case basis when it is the CVMO's professional judgement that the VA performance standards may be met by an alternative approach.

5. RESPONSIBILITIES

+. **Secretary.** The responsibilities of the VA Secretary cannot be assigned by a VHA Directive, but include compliance with legal and regulatory requirements that apply to VA research with animals, such as those described in ORD Guidance Document AR2017-001.

a. **Under Secretary for Health.** *[No additional guidance]*

b. **Assistant Under Secretary for Health for Discovery, Education and Affiliate Networks.** *[No additional guidance]*

c. **Assistant Under Secretary for Health for Operations**. *[No additional guidance]*

d. **VHA Chief Research and Development Officer.** Responsibilities include

(1) **Establishing VHA Policy for VA Research with Animals.** *[No additional guidance]*

(2) **Initiation or Reactivation of VA Animal Research Programs.** *[No additional guidance]*

(3) **Compliance with Legal Requirements.** Current Congressional requirements are met according to the procedures described in ORD Guidance Document AR2017-001, which include the CRADO providing a written determination for each new protocol for research with animals of sensitive species, as to whether it is recommended that the VA Secretary approve the performance of that research. The specific responsibilities of the CRADO in this regard will change as Congressional requirements and VA guidance for implementing compliance with those requirements change.

(4) **Field Notifications of New Requirements.** This includes, for example, newly passed Congressional mandates or constraints specified in appropriations legislation.

(5) **Delegation of responsibilities to the CVMO.** *[No additional guidance]*

e. **VHA Chief Veterinary Medical Officer (CVMO).** The AWR (§2.37 (a)) specify that the IACUC of a Federal research facility reports matters that USDA considers reportable, not to APHIS, but to the head of the Federal agency conducting the research, who is responsible for "all corrective action to be taken … and for the granting of all exceptions to inspection protocol" (AWR, §2.37 (b)). For VA, the head of the agency is the Secretary of the VA, on whose behalf the CVMO receives and addresses such reports, and oversees the corrective actions, to whom the CVMO transmits the reports as needed, and whom the CVMO advises about granting of exceptions.

f. **Veterans Integrated Services Networks Director.** *[No additional guidance]*

g. **VA Medical Facility Director.** The VA medical facility Director carries out duties of both the IO and the CEO for the local VA animal research program, even if officials at an affiliate are recognized by OLAW and USDA as filling those roles for formal regulatory purposes.

g+. **VA Medical Facility Freedom of Information Act Officer.** The Freedom of Information Act (FOIA) Officer manages all responses to FOIA requests submitted to the local VA facility, in accordance with VHA Directive 1935, VHA Freedom of Information Act Program, dated February 5, 2018. In case anyone else at a VA facility receives such a request, it is key for the facility to ensure that the requests are promptly forwarded to the local VA medical facility FOIA Officer. Responses to most FOIA requests related to VA animal research are considered "Substantial Interest" requests, which require consultation with the VACO FOIA Office before release of responsive documents.

h. **VA Medical Facility Associate Chief of Staff (ACOS) and VA Medical Facility Administrative Officer (AO) for Research and Development (R&D).** The AO/R&D assists the ACOS/R&D with administering and managing the local VA research program, which involves:

(1) **For a program with an internal IACUC,**

(a) Coordinating administrative support for the work of the IACUC. This depends on the IACUC keeping the ACOS/R&D and the AO/R&D informed of its activities by sending them directly, copies of all IACUC reports and correspondence that are not otherwise provided to the R&D Committee.

(b) Acting as liaison between the IACUC and the VA medical facility Director, to ensure administrative support as needed, and effective functioning of the IACUC.

(2) **For a program with an external IACUC**,

(a) Facilitating communications between the external IACUC and the VA medical facility

(b) Ensuring that the Research and Development (R&D) committee, VA research administrators, and VA facility leadership receive information relevant to VA research with animals, so they can take appropriate actions as needed to maintain regulatory compliance of the animal research program.

(3) **Reviewing accuracy** *[No additional guidance]*

h+. **VA Medical Facility Research and Development Committee (R&D Committee).** The responsibilities of the R&D Committee are established in VHA Directive 1200.01(1), and are included in this guidance because of their relevance to VA research with animals. The R&D Committee is responsible for ensuring that local VA research is conducted only with the approval of the applicable oversight committees. For research with animals, this includes oversight by the IACUC. Clear and regular communication between the R&D Committee and any IACUC overseeing VA research with animals is essential to the R&D Committee's role in overseeing local VA research (10.b(1) and 11.d(1)). An internal VA IACUC in particular (par. 10) is a subcommittee of the R&D Committee and is therefore subject to all of the additional requirements for R&D Committee subcommittees.

i. **VA Medical Facility Institutional Animal Care and Use Committee Members.** A smoothly functioning IACUC of qualified members is critical to the success of the

animal research program. Guiding principles for meeting the responsibilities of the IACUC include the following (for details of IACUC function, see par. 10-11, below):

(1) – (3) *[No additional guidance]*

(4) The IACUC integrates the specific responsibilities assigned to it by the AWR, PHS policy, and VHA Directive 1200.07, for overseeing the local VA animal research program, with all other applicable regulatory requirements and VA policies.

(5) There is no regulatory mandate that explicitly assigns formal ethical evaluation to the IACUC, but the role of the IACUC includes evaluating whether protocols for research with animals include appropriate protections for the welfare of the animals, relative to the anticipated benefits of the proposed research. It is therefore important to recognize that the ethical perspectives of the IACUC members are relevant to their role.

(6) The way the IACUC conducts business and communicates with the research personnel contributes to fostering an environment that supports the conduct of VA research with animals in compliance with the ethical principles, and the federal laws, regulations, policy, and guidelines that apply to that research.

(7) It is key for the IACUC to work in consultation with the Attending Veterinarian (AV), other local veterinarians, and the VMU Supervisor, to establish local standards and requirements specifically appropriate to local circumstances. These include standards and requirements related to, for example, procedures for sanitation and husbandry in the VMU, establishment of exclusionary standards for pathogens and adventitious agents, and training beyond agency-wide requirements.

(8) In carrying out the responsibilities of the IACUC the contributions of individual IACUC members include:

(a) Participating regularly and engaging actively, as deemed appropriate by the IACUC and the IO, in the conduct of IACUC business.

(b) Providing the individual member's perspectives, listening respectfully to the perspectives of other members, and seeking out additional information as needed for IACUC deliberations, and making thoughtful determinations based on synthesis of all available information.

(c) Carrying out assigned tasks (such as, but not limited to, protocol review, program evaluation and facilities inspections. Evaluation of potentially reportable matters) in a concise and timely manner, and signing promptly, concurrence documents approved by the IACUC are essential tasks.

(d) Voting according to the member's own conscience when conducting IACUC business.

j. **VA Medical Facility Institutional Animal Care and Use Committee Manager.**

(1) Personnel filling the role of an IACUC manager may be appointed to positions with any locally preferred title, such as (but not limited to) IACUC Coordinator, IACUC Secretary, or IACUC Administrator.

(2) Familiarity with the regulatory requirements and knowledge about best practices for meeting them. Participation in formal training and continuing education activities related to IACUC administration, is a definite asset and is encouraged (see 15.b).

k.-n. **VA Medical Facility Veterinarians.**

(1) Each VA animal research program is required to have at least one full-time or part-time veterinarian who specializes in laboratory animal medicine. Laboratory animal medicine is a recognized specialty within veterinary medicine, which requires specialized training and experience.

(a) VA Handbook 5005/62, Staffing, dated January 31, 2013, specifies the qualification standards for VMOs, which include minimum education and licensure requirements, as well as grade level requirements related to specialized experience, advanced degrees, residency and post-graduate training, and board certification.

(b) The same qualification standards apply to VMCs as for VMOs, which differ only in terms of the administrative arrangements under which they are appointed.

(2) The veterinarian(s) appointed to the positions of VMO or VMC are responsible for providing appropriate veterinary care for the research animals, advising and the IACUC to ensure that the program meets veterinary and regulatory requirements. Participation on the IACUC is essential to establishing a quality Laboratory Animal Care program.

(3) For each VA animal research program with a VMU, the veterinarian(s) appointed to the positions of VMO or VMC are responsible for supervising the VMU manager with regard to veterinary medical matters. Administrative supervision of VMU personnel with federal appointments must be provided by other federal employees, so VMCs may not be assigned such supervisory responsibilities.

(4) In contrast, a Clinical Veterinarian typically does not have specialized training related to laboratory animal medicine. The responsibilities of a Clinical Veterinarian

may or may not include working with the IACUC and program leadership with regard to regulatory compliance and operating procedures.

(5) The AV (defined in 3.f) for a VA program may be a VMO or VMC, and there may be multiple VMOs and VMCs in the program, so "VMO" should not be used to refer specifically to the AV.

(6) The AV for a VA program with a VMU, whether a VMO or VMC, is generally under the administrative supervision of the ACOS/R&D, but other arrangements are acceptable as long as the AV receives adequate support and assistance in managing the program.

o.-q. **VA Medical Facility Veterinary Medical Unit Staff.**

(1) **VMU Manager.** (5.o.) Personnel filling the role of a VMU manager may be appointed to positions with any locally preferred title, such as (but not limited to) VMU Supervisor, VMU Director, or Animal Resource Facility Manager.

(a) Qualifications. Sufficient knowledge and expertise in laboratory animal science and technology, record keeping, and personnel management, are necessary for the VMU manager to be effective directing the day-to-day operations of the VMU such that the care and husbandry of all animals are appropriate.

1. Certification through the American Association for Laboratory Animal Science (AALAS) or other equivalent qualification is strongly recommended.

2. Successful candidates for filling the role of the VMU manager have experience working with laboratory animals in a biomedical research setting, as laboratory animal care technicians or managers, as animal health technicians, or as veterinary technicians.

(b) Supervision. The VMU manager is always supervised by a laboratory animal veterinarian (VMO or VMC) with regard to veterinary medical and animal care issues. VA requires any federal employee to be under the administrative supervision of another federal employee, so if none of the local veterinarians is a federal employee (i.e., a VMO), another federal employee, such as the ACOS/R&D or AO/R&D may serve as the administrative supervisor of the VMU Supervisor.

(2) **Animal Husbandry Personnel.** (5.p.)

(a) Personnel filling the roles of animal husbandry personnel may be appointed to positions with any locally preferred title, such as (but not limited to) Animal Caretaker, and Animal Care Technician.

(b) VA policy strongly encourages participation in the technician certification program of the American Association for Laboratory Animal Science (AALAS). The office of the CVMO funds a subscription to the AALAS Learning Library (ALL) so that VMU personnel of any VA facility can access, at no cost to the facility, AALAS training that leads to certification.

(3) **Veterinary Technical Personnel.** (5.q.)

(a) Personnel filling the roles of veterinary technical personnel may be appointed to positions with any locally preferred title, such as (but not limited to) Veterinary Technician, and Veterinary Technical Assistant.

(b) An earned degree from a program accredited by the American Veterinary Medical Association Committee on Veterinary Technician Education and Activities, and passing the Veterinary Technician National Examination, are encouraged for veterinary technical personnel.

r. **VA Medical Facility Research Personnel.** *[No additional guidance]*

s. **VA Medical Facility Principal Investigator (PI).** *[No additional guidance]*

6. TYPES OF INSTITUTIONAL ANIMAL CARE AND USE COMMITTEES (IACUCS).

a.-c. The IACUC oversees animal research and the animal research program at the institution, to ensure appropriate treatment of the animals and compliance with federal laws, regulations, policies, and guidelines. The options available to a VA animal research program, with regard to the type of IACUC that oversees it, depend on the PHS Assurance that covers the program, as summarized in the table below:

IACUC Options				
Does the VA program have a VMU?	Which PHS Assurance covers the VA program?	IACUC Types Allowed	What is Required with regard to the PHS Assurance	Applicable Paragraph in VHA Directive 1200.07
Yes	VA	Internal VA-appointed IACUC ("internal VA IACUC")* OR External jointly-appointed IACUC	VA program maintains its own Assurance, which describes the IACUC appointed by the VA Director	10 (Internal VA-appointed IACUC) OR 11 (External IACUC)
Yes	Affiliate	External affiliate-appointed IACUC	Affiliate maintains the Assurance, which in Section I.B identifies the VA program as a covered component	11 (External IACUC)
No	Affiliate	External affiliate-appointed IACUC	Affiliate maintains the Assurance, which in Section I.B identifies the VA program as a covered component; OR VA program is covered by an Interinstitutional Assurance (see 6.f)	11 (External IACUC)

*Most common type of VA IACUC

d. In contrast to the constraint on an internal IRB, which VHA Directive 1200.05(2) only allows to serve as the IRB of record for certain other entities (f.5.(8)(c)), VHA Directive 1200.07 is silent on the possibility of an internal IACUC serving as the IACUC of record for another entity. Such a role is neither prohibited nor generally encouraged, but it may be established if the office of the CVMO reviews the specific circumstances, finds such a role to be appropriate for VA, and provides written approval.

e. According to VHA Directive 1200.01(1), "External committees established by MOUs or other agreements in lieu of required subcommittee(s) are not considered subcommittees and are covered by the agreement." (8.a), Therefore, an external affiliate-appointed IACUC is not considered a subcommittee of the VA R&D Committee.

f. If a VA program of research with animals has no VMU and therefore is not eligible to hold a PHS Assurance, the work with animals may only be conducted under the oversight of the external affiliate-appointed IACUC at an Assured affiliate.

(1) If the affiliate hosting the external affiliate-appointed IACUC agrees to oversee all of the VA program, including work that may be done at other institutions (if any), it is simplest for the VA program (and its Non-Profit Corporation) to be identified as covered components in the affiliate's PHS Assurance.

(2) If the VA program expects to conduct research with animals at more than one PHS Assured affiliate, and none of those affiliates agrees to include the entire program as a covered component under its own PHS Assurance, it is simplest for the VA program (and its Non-Profit Corporation) to negotiate Interinstitutional Assurances with each of those affiliates as needed, for each project on which they will collaborate (OLAW guidance "Obtaining an Assurance", dated June 8, 2022, https://olaw.nih.gov/guidance/obtaining-an-assurance.htm).

7. VA ANIMAL RESEARCH PROGRAMS

a. **Approval for Initiation of a VA Animal Research Program.**

(1) Maintenance of an ethical and compliant animal research program typically depends on significant and sustained local commitments of financial and personnel resources to support the necessary facilities, ensure appropriate husbandry and veterinary care of the animals, maintain IACUC functions, and ensure effective VA oversight of the program. The reliable availability of such resources is an important consideration in decisions to initiate or reactivate a VA animal research program, decisions that are not to be taken lightly.

(2) Remember that VHA Directive 1058.01 (5.g(3)) makes the Director responsible for "Notifying the appropriate ORO workgroup(s) of the initiation of a research program or … the implementation, suspension, or termination of an ACUP".

b. **Inactivation or Closure of a VA Animal Research Program.** Temporarily pausing work may reflect various circumstances that may or may not be related to the program (e.g., pandemic conditions, animal availability, progress of the research), and has no impact on the status of the program. "Inactivation" and "closure" both are longer-term actions and refer to a decision for the VA medical facility to no longer support research with animals. This action has serious ramifications for VA research and should not be taken lightly or without careful consideration.

(1)-(3) Inactivating or closing a program when the intention is to cease conducting any research with animals frees the medical facility from the administrative burden of maintaining USDA registration, an approved PHS Assurance, and AAALACi accreditation, and submitting the corresponding routine reports. Cc105 funds provided by VACO to assist with the support of a program of research with animals will of course no longer be provided when the program is closed or inactivated.

(4) Please notify the office of the CVMO within 60 days of the decision to close or inactivate the local program, so that the CVMO can assist as needed with the process.

(5) Remember that VHA Directive 1058.01 (5.g(3)) makes the Director responsible for "Notifying the appropriate ORO workgroup(s) of the… implementation, suspension, or termination of an ACUP".

c. **VA Animal Research Programs That Share Oversight with Other Institutions.** An external IACUC can be particularly beneficial for smaller programs with limited resources.

d. **Requirement for Written Agreements.** *The Guide* (p. 15) requires establishment of a formal written understanding between the parties documenting how responsibilities for animal care and use, animal ownership, and IACUC review and oversight will be shared. A Memorandum of Understanding (MOU) is one way to do this, and an MOU Template Tool is available from the CVMO's office and as ORD Guidance Document AR2015-005, Drafting an MOU, last revised January 3, 2020 (at https://www.research.va.gov/programs/animal_research/guidance.cfm). This provides guidance about the areas that are commonly of concern in such interinstitutional collaborations, and language for addressing them. The template was reviewed by both OLAW and USDA APHIS, and found to be consistent with their respective requirements and guidelines. It was also reviewed by the Specialty Team Advising Research (STAR)

of the VA Office of General Council (OGC) and found to be consistent with VA legal requirements. Use of this tool is not required, but it is recommended as a guide to issues that are important to address as part of any written agreement for joint oversight of VA research with animals.

(1) **Reciprocal access.** *[No additional guidance]*

(2) **Redaction.** Availability of unredacted versions for review may be needed for the recipient of the redacted documents to understand the context of the information that was not redacted, so requests to review are best addressed promptly, allowing the review within 3 business days of request. Even if the documents cannot be actually reviewed within 3 business days, VHA Directive 1200.07 requires that it at least be arranged within 3 business days, for the review to happen at a mutually agreeable time. The unredacted documents are not to be transferred to VA, and the review may be accomplished by any mutually agreeable method, including but not limited to

(a) Review of hard copies of the unredacted documents at the affiliate, by VA research representatives. The VA representatives are not to remove or make copies of those documents.

(b) Review of electronic versions of the unredacted documents shared by teleconference. The files are not to be downloaded by VA and the teleconference is not to be recorded.

e. **Communication with the Office of the CVMO.** *[No additional guidance]*

8. THE VETERINARY MEDICAL UNIT

a. **Budget.** The VMU budget and *per diem* rates are subject to periodic review and revision by a team that may include local veterinarians, the IACUC, the VMU Supervisor, research administrators, and other stakeholders. The VMU is expected to operate in a fiscally responsible manner that ensures care of the animals and support for animal research at a reasonable cost. ORD provides each local animal research program with a subsidy (cc105 funds) to assist with meeting those costs, based on the amount of VA-funded research conducted. Local animal research programs with work conducted only in the animal facility of a collaborating institution or with an external IACUC receive the same ORD subsidy.

b. **Heating, Ventilation, and Air Conditioning (HVAC).** It is crucial to prevent life-threatening heat accumulation in spaces where animals are housed. This requires mechanisms to be in place to prevent delivery of excess heat, and to alert personnel in case of problems.

(1) **Design of HVAC System.** As stated in *The Guide* (p. 140), “valves controlling reheat coils should fail in the closed position, steam coils should be avoided or equipped with a high-temperature cut-off system to prevent space overheating and animal loss with valve failure.”

(a) Each room that houses animals in a VA facility is required to be served by HVAC equipment designed so that failure does not result in uncontrolled heating, and to have temperature sensing equipment to detect the actual temperatures in the room.

(b) The temperatures detected in the animal housing rooms are to be monitored continuously by central facilities management personnel who coordinate prompt emergency responses appropriate to the sensitivity of rodents to even short overheat events. Although it may be valuable for research personnel (VMU supervisor, AV, or AO, for example) to receive alarms automatically, it is generally not sufficient for alarms to be sent only to research personnel, who must then contact facilities management personnel to request that they address the problems.

(2) **Required “overheat” testing** is generally conducted by VMU personnel, to verify the adequacy of the response of facilities management personnel to an unexpected temperature elevation in an animal housing room.

(a) The IACUC is responsible for determining maximum locally acceptable response times, based on the alarm set points and the estimated time it would take for temperatures to climb from the alarm set point to temperatures that would be stressful or dangerous for the animals.

(b) Corrective actions *[No additional guidance]*

(c) Documentation in the minutes *[No additional guidance]*

(d) It is advisable for the IACUC and the VMU personnel to work together to determine an appropriate schedule and sequence of rooms for performing overheat tests.

1. Performing the test in a different room each time provides assurance that the systems throughout the VMU are functioning properly to avoid overheating

2. For VMUs that are serviced by more than a single HVAC system or monitoring an alarm mechanism, the IACUC may decide that it is prudent to conduct the yearly overheat tests in multiple locations, each on a different system, instead of just in one location.

c. **VMU Facility Construction and Renovation**. Specialized requirements apply to the design and construction or renovation of research animal facilities, so it is best for the station to begin consulting with a laboratory animal veterinarian early in the design process, and to request review and approval by a local VMO/VMC, and then by the CVMO, by the time the design process is 35% complete, for any such project estimated to cost more than $100,000.

d. **Physical Security and Access.**

(1) Special attention to the physical security of facilities associated with research with animals is warranted by the threats of property destruction, theft, and personal attack on those who conduct this work that have been made by some individuals opposed to research with animals. Measures required to prevent the entry of unauthorized personnel into the VMU are detailed in Appendix B (Physical Security Requirements and Options) of VA Directive 0730, Security and Law Enforcement, dated December 12, 2012. This requires not only the installation of appropriate security mechanisms, but also awareness on the part of all personnel, of the need to use them.

(2) At the same time, the VA facility is also responsible for allowing appropriate access to physical spaces, as well as providing the information and documents needed by those involved in oversight of the VA animal research program, to meet their oversight responsibilities. Those personnel include, but are not limited to, members of the IACUC, personnel who provide administrative support to the IACUC, and representatives of external oversight entities such as USDA, OLAW, and AAALACi.

e. **Written Guidelines for VMU Operations**. The guidelines are intended to promote consistent performance under normal conditions, by making expectations explicit and easily referenced, for the personnel responsible for the tasks addressed. There is no requirement for absolute compliance with the guidelines, and judgement is required for determining when specific circumstances are best addressed by deviation from the guidelines. The number and contents of the guidelines needed by individual programs vary. The IACUC is responsible for establishing and keeping the guidelines needed for the local program up to date, a process that may involve consultation with various subject matter experts (such as, but not limited to, the AV, other veterinarians, the VMU manager, and technical support personnel from equipment manufacturers).

f. **Missing Pets.** VA adheres to the NIH notices NOT-OD-12-049, Notice Regarding NIH Plan to Transition from use of USDA Class B Cats to Other Legal Sources, dated February 8, 2012, and NOT-OD-14-034, Notice Regarding NIH Plan to Transition from Use of USDA Class B Dogs to Other Legal Sources, release date December 17, 2013, which prohibit research with dogs or cats procured from “Class B” vendors (those that

may obtain the animals from individual owners, pounds, and animal shelters). Even though VA therefore does not obtain research animals from vendors that sell former pets, staff are to check to make sure, and promptly provide their findings to the IACUC, AO/R&D, ACOS/R&D, facility Director, and CVMO, if there is any credible reason to think that a missing pet is in the VMU. It is best for the information to be communicated to the owner of the missing pet by the Director, rather than directly by any member of the VMU staff. ***NOTE:*** *The AWR provides specific definitions and requirements to protect pets from being used in research. It is important to document acquisition and disposition information (§2.35(b)-(f)) and to allow inspections by law enforcement agencies (§2.38(d)) as required.*

f+. **Use of Controlled Substances in VA Animal Research.** The provisions of VHA Directives 1108.01(1), Controlled Substances Management, dated May 1, 2019, and 1108.02(1), Inspection of Controlled Substances, dated November 28, 2016, apply to all use of controlled substances in VA research with animals.

(1) **Ordering through the Pharmacy Service.** VHA Directive 1108.01(1), para. 4.j(1), requires "All controlled substances for use in research conducted on VA property or facilities must be ordered through and received by the Pharmacy Service.". This applies to all VA research with animals conducted in the VMU or in facility laboratories outside of the VMU. Such orders are to be reimbursed by the Research Service (for example, but not limited to, from funding that supports the research, or from the VMU operating budget) according to local policies for orders placed through the Pharmacy Service.

(2) **Controlled Substances Required for Animal Research.** VHA Directive 1108.01(1), para. 4.j(1), recognizes that "in some circumstances, specialized veterinary controlled drugs used in animal research at a VA medical facility will not be available through vendors used [by the] pharmacy" for substances required for human patients, but that "the ordering and procurement of such drugs is an ethical responsibility to maintain adequate care for laboratory animals used in VA research". Therefore, "in such a case, the Chief of Pharmacy should be consulted to ensure that the pharmacy is involved in arranging the purchase or transfer of such drugs through a non-VA institution for use in the VA program.".

(3) **Compliance with Federal, State, and Local Pharmacy Requirements.** Compliance with all applicable Federal (DEA), state, and local pharmacy requirements about procurement is expected, with no additional requirements specific to VA policy about research with animals. The controlled substances may only be administered to animals in the VA research program according to an IACUC-approved protocol, or as ordered by a veterinarian for veterinary clinical care of the animals. The pharmacy has

no responsibility for overseeing that approved protocols are in place for the controlled substances ordered.

g. **Potentially Hazardous Agents Used in VA Animal Research.** Research that involves both animals and hazardous agents is subject to the oversight of both the IACUC, and the local Subcommittee on Research Safety (SRS) and Institutional Biosafety Committee (IBC), as appropriate. VHA Directive 1200.01 (5.h(8)) makes it the responsibility of the R&D Committee to ensure that all research has been reviewed and approved by the relevant subcommittees before it grants approval, so the ACOS/R&D can notify the PI that all approvals are in place and the work may begin (see 10.d and 10.e, below).

(1) Information in protocol. *[No additional guidance]*

(2) Consultation with experts. *[No additional guidance]*

h. **Use of Explosive Agents in VA Animal Research.** Signature blocks for Appendix 8 ("Use of Explosive Agent(s) within the VMU or in Animals") of the ACORP, for officials other than at the local level, are provided for the convenience of those officials, to use at their discretion.

h+. **Use of the VMU for Studies of Human Cadavers.** As the VMU is part of the VA animal research program, under the oversight of the IACUC, the use of the VMU for purposes other than those related to VA research with animals is also under the oversight of the IACUC. Such uses should only be permitted if approved by the IACUC, after due consideration of the appropriateness of the proposed use (see 10.e(6), below). For example, if a request is received to use the VMU for study of human cadavers, it would be prudent for the IACUC to consider the following:

(1) The availability of appropriate VA study facilities outside of the VMU.

(2) The approval of the SRS, according to the requirements of VHA Directive 1200.08(1), Safety of Personnel and Security of Laboratories Involved in VA Research, dated April 24, 2019, for work with biohazardous material.

(3) The measures in place for ensuring that institutional respect for the human cadavers is maintained as the work is conducted.

(4) Confirmation of appropriate approvals from the donors and families of the donors.

i. **Emergency and Disaster Planning.** *The Guide* (p. 35) advises, "Efforts should be taken to … provide access to essential personnel during or immediately after a disaster.

Such plans should be approved by the institution and be part of the overall institutional disaster response plan that is coordinated by the IO or another senior-level administrator. Law enforcement and emergency personnel should be provided with a copy of the plan for comment and integration into broader, areawide planning." The requirements of the AWR for contingency planning (§2.38(l)) apply to VA programs that include species regulated by USDA. APHIS-2020-0101 provides guidance from USDA APHIS on these requirements.

j. **Contact Information for Those with Concerns about the Welfare of VA Research Animals.**

(1) Whom to contact. *[No additional guidance]*

(2) Safeguards for those with concerns. *[No additional guidance]*

(3) *The Guide* (p. 24) adds that the contact information "should be posted … on applicable institutional website(s)" as well. The AWR (§2.32(c)(4)) hold the institution responsible for ensuring that personnel are trained on how deficiencies are reported.

(4) Protections from reprisals against those who report concerns are consistent with *The Guide* (p. 24).

(5) Contact information for entities that oversee VA research with animals is provided in Appendix A of this guidance document.

k. **Inspections.** Any property owned or leased by VA, and used for research with animals, including the VMU, is subject to site visits and evaluations by representatives of AAALACi, PHS OLAW, ORO, the office of the CVMO, and the CRADO. USDA inspectors are also authorized to inspect VA facilities. USDA inspectors routinely contact the proposed site and the office of the CVMO before visiting.

l. **Visitors**. Other than those with assigned duties that require entry into the VMU (VMU and authorized research personnel, facilities support personnel (including but not limited to engineering, housekeeping, and security), representatives of contractors providing services, and representatives of oversight entities responsible for inspecting the VMU), VA policy permits access to the VMU only by visitors whose admittance has been approved by the IACUC and who are escorted at all times within the VMU by authorized VA personnel.

(1) "Visitors" include participants in training workshops, expert consultants, visiting scientists, vendor representatives, and students participating in programs related to research with animals.

(2) It is left to the discretion of the IACUC how it will grant and document its approval, to meet the performance standard of the IACUC being ultimately responsible for approving the admittance of visitors. There is no requirement for the approval to be granted by voting at a convened meeting of the IACUC. Documenting in written guidance the method approved by the IACUC provides a reference and encourages consistent implementation. Some possibilities include:

(a) Approval by the IACUC Chair, representing the IACUC, documented in a memo.

(b) Addition of the name of the individual to a log of approved visitors, showing the date and time of the visit, and the name and signature of a VMU staff member who has been authorized in writing by the IACUC (e.g., the VMU manager) to admit visitors.

(3) Documenting in writing the personnel who are authorized by the IACUC to escort visitors helps to avoid confusion.

(4) At no times are minor children permitted in the VMU for purposes (e.g., childcare being provided by personnel with duties in the VMU) other than participation in programs related to research with animals.

(5) All other security requirements of the VA medical facility must of course also be met.

m. **Recording Images.** Recorded images (video or still) of the VMU or of animals in the VA program of research with animals can be important to the effective and efficient operations of the program and to the proper conduct of the research. Images taken out of context or otherwise misrepresented can create seriously misleading impressions that jeopardize carefully vetted and closely overseen research.

(1) **Examples of images that may sometimes be appropriate** for the IACUC to approve include (but are not limited to) the following:

(a) Images recorded as data for the scientific purposes of an IACUC-approved protocol

(b) Images recorded for illustrative purposes in scientific reports of the results of the approved research

(c) Images recorded for publication of methods (e.g., in JoVE)

(d) Images recorded for transmission to one of the VA program veterinarians, for consultation on appropriate veterinary treatment of an animal in the VA program

(2) **Factors for the IACUC to consider** in determining whether to approve a request to record images include (but are not limited to) the following:

(a) The nature of the images to be recorded (e.g., close-up images of small patches of skin vs. panoramic images of a colony of animals in a room)

(b) The feasibility of excluding information that identifies specific locations and personnel identities from the images

(c) The reliability of the personnel who will be recording the images

(3) **The IACUC has discretion** to grant approval as narrowly or broadly as it deems appropriate. Examples include (but are not limited to) the following:

(a) The IACUC may grant broad approval for the VMU manager to record and transmit to the AV for veterinary consultation any image at any time that is appropriate according to the VMU manager's professional judgement.

(b) The IACUC may grant very limited approval for specific images to be recorded only in a specific location by specific members of the research personnel conducting a specific protocol.

9. GENERAL REQUIREMENTS REGARDING VA RESEARCH WITH ANIMALS

a. **Procurement and Receipt of Animals for VA Animal Research.** Animals for VA research may be procured only from sources that meet all of the following requirements:

(1) All applicable legal requirements for procurement of animals for research.

(2) Compliance with PHS policy, including the NIH Notices about sources for cats (NOT-OD-12-049) and dogs (NOT-OD-14-034).

(3) Compliance with the AWR.

(4) Local program standards, based on evaluation of specific vendors by local personnel whom the IACUC deems qualified. Evaluation is typically a team effort involving the AV, the VMU Supervisor, and the IACUC.

a+. **Disease Prevention**. Decisions about how aggressively to pursue eradication of infectious agents in the VMU are the purview of the AV and the IACUC, working in consultation with other local veterinarians, the VMU Supervisor and study requirements.

b. **Provision of Adequate Veterinary Care.** USDA APHIS provides guidance on what to include in a written Program of Veterinary Care (PVC, §2.33(a)(1)) at https://www.aphis.usda.gov/aphis/ourfocus/animalwelfare/sa_attending_veterinarians/av-written-program/written-program-of-veterinary-care.

(1) In-person rounds are expected to be conducted with sufficient attention to detail for the AV to manage the veterinary aspects of the animal research program effectively.

(2) Monthly communications are required between the veterinary and VMU personnel, regardless of whether there are any current veterinary matters of concern, to provide the AV with regular updates on VMU operations. Of particular importance is the clinical status of all animals in the VMU that have needed or may need veterinary medical attention, the condition of VMU equipment and facilities, and the staffing of the VMU, since the last such communication.

(3) Communications between the VMU personnel and the AV may be via any medium that makes it possible to convey the necessary information (in-person, phone, text, photos, videos, video conference, etc.), provided appropriate security measures are in place to prevent unauthorized release.

(4) For programs with dogs, USDA now requires a written PVC regardless of the scheduled hours of the Attending Veterinarian (https://www.aphis.usda.gov/aphis/ourfocus/animalwelfare/sa_attending_veterinarians/av-new-licensing-rule/veterinary-care-and-new-rule), and the PVC for a program with dogs is required to cover specific topics (AWR, §3.13(a)(1)-(4)). VA requires a written PVC for all programs, regardless of whether the species involved are regulated by USDA, and regardless of whether the appointment held by the AV is full-time. The specific requirements of the AWR for PVCs for programs with dogs apply in the VA only to programs with dogs.

(5) A well-written AAALACi program description generally contains sufficient detail about veterinary care to satisfy AWR requirements for a PVC. The section of an AAALACi program description that does contain sufficient detail and covers all species in the program may therefore simply be copied into the required separate document for approval by the IACUC and the signature of the AV.

c. **Adoption of Research Animals**. Government Services Agency (GSA) effectively considers animals in a special property category different than office supplies, furniture or equipment. GSA encourages adoption and responsible transfer of all research animals.

d. **IACUC Oversight Reflects PHS Assurance.**

(1) PHS Assurance is required *[No additional guidance]*

(2) The research conducted with animals in a VA program that does not have its own VMU must be overseen for regulatory purposes by the IACUC identified in the PHS Assurance that covers the facilities where the VA research is conducted, an external affiliate-appointed VA IACUC. Such a VA program may choose to establish a separate committee of its own to provide additional VA oversight of the research with animals, but such a committee has no regulatory authority.

(3) A VA program that does not have its own VMU may collaborate with more than one affiliate, each of which holds a PHS Assurance approved by OLAW, that covers those of its facilities in which the VA research is conducted. The IACUC identified in each of those PHS Assurances serves as the external affiliate-appointed VA IACUC for the research conducted in the facilities of that affiliate. (See para. 6.f, above.)

e. **USDA Registration by VA Facilities.** For programs involved in interinstitutional collaboration, whether the animals are reported by the VA program or by the affiliate depends on what is specified in the written agreement establishing the relationship.

f. **Methods of Euthanasia**. Compliance with PHS policy requires that the methods of euthanasia used in VA research with animals adhere to the recommendations in the most recent edition of the AVMA Guidelines for the Euthanasia of Animals (2020). This allows exceptions only when they are project-specific, based on scientific or medical necessity, described and justified in the protocol form, and approved by the IACUC.

10. OVERSIGHT BY AN INTERNAL VA-APPOINTED INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

a. **Membership of an Internal VA IACUC.**

(+) The minimum requirements stipulated by PHS policy (IV.A.3.b) and the AWR (§2.31(b)(2)-(4)), for a constituted IACUC, apply to the membership of an internal VA IACUC that is authorized to conduct business. Together, these require a total voting membership of at least five members, as follows:

(1) Both PHS Policy and the AWR require that the **members of VA IACUC be appointed by the Chief Executive Officer of the institution**, which for a VA station with an internal IACUC is the VA medical facility Director. The internal VA IACUC and R&D Committee are encouraged to assist the Director by providing names of qualified candidates for membership, but it is up to the Director to decide whom to appoint. It is also left to the discretion of the Director, whether to include an expiration date in the

written notification of appointment, or to allow the appointment to remain in effect until rescinded by the Director or the member resigns by notifying the internal IACUC in writing or at a convened meeting.

(a) Appointments with expiration dates require careful monitoring to ensure that the IACUC remains constituted to conduct official business as appointments expire.

(b) Appointments that do not expire automatically require more attention to managing regular turnover of the IACUC membership.

(2) Both PHS Policy (IV.A.3.b) and the AWR (§2.31(b)(2)-(3)) require the **total membership to consist of at least three members**, including a committee chair and, for each of the roles below, at least one person who meets the qualifications. The appointed members may include more than one member who meets the qualifications for one or more of the required roles, and any number of members who do not meet the qualifications for any of the required roles.

(a) An IACUC Chair. There are no regulatory requirements about qualifications for the committee chair, but the IACUC generally functions most effectively when the Chair has a well-established scientific career, and experience with animal research and committee management. VHA Directive 1200.01(1), para. 7.i(3), prohibits the R&D Committee chair from serving simultaneously as the IACUC chair.

(b) The AV is an *ex officio* member of the IACUC (PHS Policy (IV.A.3.b(1), and the AWR (§2.31(b)(3)(i)).

(c) A member who is not otherwise affiliated with the VA facility (Non-Affiliated Member, NAM, PHS Policy, IV.A.3.b(4) and the AWR §2.31(b)(3)(ii)). OLAW guidance (Frequently Asked Questions, B.1 and B.14) further specifies that an individual is qualified to serve as the NAM on the internal VA IACUC only if all of the following are true:

1. Neither the individual nor any immediate family member of the individual is employed by the VA facility.

2. Neither the individual nor any immediate family member of the individual volunteers in any other capacity for the VA facility.

3. Neither the individual nor any immediate family member of the individual serves on any other committee or subcommittee of the VA facility.

4. Neither the individual nor any immediate family member of the individual serves on the IACUC of any other institution that functions as a single administrative unit with the VA facility, with regard to animal research.

5. Neither the individual nor any immediate family member of the individual is an employee otherwise involved in the animal research program of any other institution that functions as a single administrative unit with the VA facility, with regard to animal research.

6. The individual does not work with research animals now and has never done so.

7. The individual is likely to be perceived by the general public as a reliable voice for the interests of the general community with regard to ensuring the appropriate care and use of research animals.

NOTE: *An ORD guidance document is available to assist in evaluating the qualifications of candidates for the NAM role (ORD Guidance Document AR2015-004, Criteria for NSM and NAM, dated August 13, 2015).*

(3) **PHS Policy** (IV.A.3.b) **requires the following additional members:**

(a) A member without scientific training in any field (Non-Scientist Member, NSM, PHS Policy, IV.A.3.b(3)). OLAW guidance (OLAW FAQs, B.1 and B.12) further specifies that an individual is qualified to serve as the NSM on the internal VA IACUC only if all of the following are true:

1. The individual's current primary occupation and prior training are not related to carrying out research involving animals

2. The individual is not currently responsible for directing others to perform research procedures on animals

3. The individual is likely to be perceived by the general public as unbiased with regard to the interests of scientists involved in animal research

4. The individual has a naïve attitude with regard to science and scientific activities and is without scientific training

NOTE*: An ORD guidance document is available to assist in evaluating the qualifications of candidates for the NSM role (ORD Guidance Document AR2015-004).*

(b) A member who is a practicing scientist experienced in research involving animals (PHS Policy IV.A.3.b(2)).

(4) **The following practices are encouraged**, when feasible, for promoting sustainable, effective IACUC function:

(a) Appointment of alternate members. There is no requirement that any alternate members be appointed, but the appointment of alternates increases the number of members available to achieve quorum (see 10.c(1), below), and this can be valuable for training new members. An individual is authorized to serve as an alternate member only if appointed by the Director just as any other member is, by name, in writing, and specifying the role(s) for which the individual qualifies, according to the same membership criteria as apply to the regular members. Alternate members are welcome to attend and contribute to the discussion during any IACUC meeting or other activity, but are authorized to participate in the conduct of IACUC business (e.g., contribute to a quorum and vote) only when taking the place of a specific regular member who is not available (NOT-OD-11-053, Guidance to Reduce Regulatory Burden for IACUC Administration Regarding Alternate Members and Approval Dates, dated March 18, 2011). It is not intended that a regular member and an alternate "share" the membership on the committee by routinely dividing up IACUC assignments.

(b) Staggering the appointment of new members, so that committee membership always includes some experienced members

(c) Maintaining a total committee membership of an odd number of regular members, to make it clearer when a quorum is present.

(d) Rotating different members through the role of Chair to build a cadre of members qualified to lead the IACUC, and to minimize the work burden on single individuals.

(e) Avoiding, when feasible, reliance on single individuals to fill more than one of the required roles (e.g., NAM and NSM, AV and Chair), as this diminishes the voice of each role on the internal VA IACUC. The Chair is commonly also a practicing scientist experienced in research involving animals, as that experience is important to being able to Chair the IACUC effectively, but usually there is another member who also meets the criteria to serve as the scientist member, so constitution of the committee does not depend on the Chair filling that role.

b. **Routine Communications Within VA by an Internal VA IACUC.** It is important for the internal VA IACUC to maintain regular communications with:

(1) **The R&D Committee.** It is not required that the liaison be a voting member of either the IACUC or the R&D Committee. VHA Directive 1200.01(1), (8.a(2)-(3), requires the internal VA IACUC to make its minutes available, and to report its findings and recommendations, to the R&D Committee so that the R&D Committee can meet its responsibility to oversee its subcommittees. The R&D Committee is not constituted or authorized to evaluate the determinations the IACUC makes. The R & D Committee is instead responsible for ensuring that the IACUC is conducting the business for which it is responsible.

(2) **The SRS and the Institutional Biosafety Committee (IBC).** VA research frequently requires oversight by both the IACUC and the SRS/IBC, and close communications are important to the coordination of that oversight. It is not required that the liaison be a voting member of either of the committees.

(3) **The VA Medical Facility Director.** *[No additional guidance]*

(4) **The CVMO (Internal VA IACUC).**

(a) Documents to be provided routinely to the CVMO:

1. The report of each semiannual evaluation *[No additional guidance]*

2. Self-reports of matters determined by the IACUC to be reportable. *[No additional guidance]*

3. Annual reports required by OLAW and AAALACi

a. Annual Reports to OLAW (PHS Policy IV.F.1-2) are required to include, but are not limited to:

(1) Changes in the description of the animal research program

(2) Changes in IACUC membership

b. Annual Reports to AAALACi (AAALACi FAQ I.1) are required to include, but are not limited to, notification about:

(1) Changes in facility size, location, name

(2) Changes in IACUC composition or members

(3) Other changes in the animal care and use program

4. Reports and correspondence related to site visits by any oversight or accreditation entities such as AAALACi, OLAW, and ORO.

5. Notification of a change in the operation of the VA medical facility as a research facility registered with USDA (AWR (§2.30(c)(1)). This includes "any change in the name, address, or ownership, or other change in operations affecting its status as a research facility". Within 10 days after making such change, the VA medical facility is to notify the CVMO, who receives such reports on behalf of the Secretary of VA, who is for VA "the head of the Federal agency conducting the research" (AWR §2.37(a)).

6. Reports required by ORO regarding changes in the animal research program overseen by the internal VA IACUC, including:

a. Substantial revisions to, or changes in the status of, the PHS Animal Welfare Assurance that covers the VA animal research program (VHA Directive 1058.01, 9.e(2)-(3)).

b. Change in the status of the AAALACi accreditation of the facilities where the VA medical facility's animal research is conducted, to deferred, conditional, or probationary (VHA Directive 1058.01, 9.e(4)).

7. It is not necessary to routinely provide copies of the triennial AAALACi Program Description, the approved PHS Assurance, or the USDA Annual Report of Research Facility. These need only be available on request.

(b) Documents from an affiliate *[No additional guidance]*

(c) Coded identifiers *[No additional guidance]*

c. **Conduct of Business by an Internal VA IACUC.** Written guidelines for how the IACUC intends to manage the routine conduct of its business promote consistent operations and serve as a practical reference for what the members may expect of each other. It is most useful when the current versions of these descriptions are held in a collection that is readily accessible by all IACUC members and the IACUC coordinator (e.g., in a notebook in the IACUC office, or in an electronic folder available to IACUC personnel).

(1) **Quorum.** VA applies the definition of quorum given in the AWR (§1.1) and PHS Policy (III.I) to internal VA IACUCs. An internal VA IACUC can therefore only conduct business when a majority of the members (more than 50% of the total voting membership) is present.

(2) **Differences of Opinion.** PHS policy requires that any written minority opinions about any recommendation to the IO or about any semiannual evaluation is maintained by the institution and included in the annual report to OLAW (OLAW FAQ C.6). PHS policy further allows any IACUC member to submit to OLAW minority views about other aspects of the animal program. VA policy allows any IACUC member to submit to the IACUC minority views about any aspect of the animal program, and requires that if the IACUC receives any written minority opinions about any documented IACUC business, they must be maintained with the documents they apply to.

(3) **Conflicts of Interest**. *[No additional guidance]*

(4) **Confidentiality.** The AWA (§2157) forbids IACUC members from releasing any confidential information of the research facility including information related to trade secrets, processes, operations or finances, and from using such information for personal gain. VA applies this not only to IACUCs overseeing work with USDA-regulated species, but to all internal VA IACUCs. VA additionally requires the respect for confidentiality to be applied to information about the positions of individual IACUC members on items of IACUC business.

(+) This requirement to respect the confidentiality of the actions and positions of IACUC members on IACUC business does not apply when the disclosures are:

1. To representatives of recognized oversight entities outside of the VA station (such as the office of the CVMO, ORO, OLAW, or AAALACi), and
2. For the purpose of consultation with, or in response to request by, those representatives, regarding concerns about IACUC function

(++) Confidentiality requirements do apply to local VA facility leadership, because of the potential for those individuals to have undue influence over individual members of the committee. In case an IACUC member has concerns about the actions or views of another member with regard to IACUC business, those concerns are to be brought to the attention of the office of the CVMO, so that the office of the CVMO can investigate and provide the findings of the investigation to the VA facility leadership as needed.

(a) It is recommended that only tallies, and not the specific votes of individual members, be recorded routinely.

(b) The committee can decide to conduct a vote by secure anonymous ballots, without depending on the Chair to call for it.

(c) The Chair can require a vote to be conducted by secure anonymous ballots, even if the committee has not voted to do so. This is important if the Chair is concerned that any member may be feeling pressured to vote according to the wishes of another member present.

(5) **Protection of IACUC Independence.** Each internal VA IACUC is encouraged to meet routinely with only appointed members present at least once annually so that the members have the opportunity to discuss any sensitive issues without having to vote to close the meeting.

(a) Individuals who may not be appointed as voting members. *[No additional guidance]*

(b) The committee can decide to close the meeting to non-voting attendees, without waiting for the Chair to call for it.

(c) The Chair can require non-voting attendees to leave a meeting, even if the committee has not voted to require it. This is important if the Chair is concerned that the presence of the non-voting attendees is influencing what the IACUC members are willing to say during the meeting.

(6) **Meeting Minutes.** Meeting minutes document attendance, activities of the committee, and committee deliberations, as required by the AWR (§2.35(a)(1)) and PHS policy (IV.E.1.b, and OLAW FAQ B.7).

(a) Although there is no regulatory requirement for the Chair to sign the final version of the minutes approved by the IACUC, it is important to document somehow which version is the final approved version, and the dated signature of the Chair is one way to accomplish that.

(b) Alteration of official minutes. *[No additional guidance]*

(c) There are no requirements about the structure or format of the minutes, but they are intended to document the activities of the IACUC and the nature of the deliberations so that they are clear to outside observers. VA recommends including the following to accomplish this:

1. The total number of appointed regular voting members of the IACUC, which regular voting members were present, and which alternate voting members participated in place of which regular voting members.

2. Any changes in attendance (including recusals) during the meeting, and confirmation that a quorum was maintained for each item of business that was conducted.

3. Documentation of meaningful review and deliberation of each business item, and the outcome of the deliberation, including:

a. For each protocol reviewed, any specific revisions or clarifications requested by the IACUC.

b. For each concern about the local VA animal research program brought to the attention of the IACUC, the nature of the concern, and the actions taken by the IACUC to address it.

4. The current status of each incomplete business item, from initiation to final resolution.

(d) VHA Directive 1200.01(1), para. 6.f, requires the R&D Committee to review the minutes of each of its subcommittees that reviews VA research protocols within 60 days (VHA Directive 1200.01(1), 8.a(3)) of when the subcommittee finalizes them. An internal VA IACUC is a subcommittee of the R&D Committee, so it's best for the internal VA IACUC to transmit the minutes to the R&D Committee after the IACUC approves the final version and the IACUC Chair signs it.

(7) **Documenting Guidelines for the Conduct of IACUC Business.** The internal IACUC has the authority to establish local policies about IACUC function, which it documents in the written guidelines that it establishes for the local animal research program. These may include, and are not limited to, the following:

(a) Use of a system of parliamentary rules based loosely upon Robert's Rules of Order for motions, discussion, and voting.

(b) The number of days that will be allowed for IACUC members to call for Full Committee Review (FCR, see 10.d(2)(a), below) before a protocol may be reviewed by Designated Member Review (DMR, see 10.d(2)(b), below)

(c) Whether to allow DMR after FCR if the members present at a convened meeting vote unanimously to do so (see 10.d(2)(b)(+1)(c), below). The documented agreement of all current voting IACUC members is required for such a policy to be compliant with regulatory requirements.

(d) The specific significant changes in approved protocols that may be handled locally by the Veterinary Verification and Consultation (VVC) mechanism (see 10.f(2)(a), below).

(e) The specific increases (in absolute numbers or percentages of the numbers in the original approved protocol) of specific species that the internal VA IACUC approves for administrative processing as changes in an approved protocol (10.f(2)(b), below).

d. **Protocol Review by an Internal VA IACUC**. Review and approval of each protocol by the internal VA IACUC is a necessary but not sufficient condition for conducting VA research with animals. Depending on what the work involves, it may, for example, also require approval by the SRS or IBC, and approval by the VA Secretary, before it may begin. All VA research also has to have the approval of the R&D Committee (VHA Directive 1200.01(1), par. 4) before it is permitted to proceed. This means that work on new projects may not begin until the PI is notified by the ACOS/R&D that all required approvals are in place. There is no requirement for the R&D Committee to acknowledge and notify the PI of renewals of subcommittee approvals for ongoing work already approved by the R&D Committee.

(1) **Primary reviewers.** VA requires at least two primary reviewers.

(a) For FCR, VA encourages regular rotation of primary reviewer assignments among all IACUC members to promote the full participation of every member in the work of the committee.

(b) For DMR, because the primary reviewers review the protocol on behalf of the internal VA IACUC, it is essential that they have the expertise needed for the specific protocol. OLAW FAQ D.3 makes the committee chair responsible for assigning the DMR reviewers according to their expertise. Although it would be unwise to rotate DMR reviewer assignments randomly among all IACUC members, it is still valuable to rotate the assignments as much as possible among members with the appropriate expertise.

(2) **Methods of Protocol Review.** Full Committee Review (FCR) and Designated Member Review (DMR) both require that each member of the internal VA IACUC has access to the protocol before acting. Consistent use of the standard terminology established by PHS policy for methods and outcomes of protocol review reduces the risks of misunderstanding by investigators and helps to ensure compliance with PHS requirements.

(a) FCR. FCR is defined by the AWR (§2.31(d(2)) and PHS Policy (IV.C.2) as review during a convened meeting of the IACUC. Outcomes of FCR are determined by majority vote of the quorum. A meeting is only considered “convened” if a quorum of voting

members meets in person or virtually, in real time. Polling of members outside of a convened meeting does not qualify as FCR.

1. Approved. No further action by the IACUC is needed before work may be conducted. The approval is effective on the date specified in the written notification from the IACUC to the investigator (NOT-OD-11-053).

2. Approval Withheld. The IACUC will only consider the work again if a new protocol is submitted.

3. Requires Modifications to Secure Approval (RMSA). After the protocol is modified by the investigator to address the concerns raised by the IACUC, reconsideration of the modified protocol by the IACUC can only be by subsequent FCR or DMR.

4. If a protocol cannot be reviewed (because, for example, it is incomplete, or the committee runs out of time), the status of the protocol becomes “deferred” or “tabled”. This is not considered an “outcome” of review, and does not require a vote by the committee.

(b) DMR. For any protocol to be reviewed by DMR, the AWR (§2.31(d(2)) and PHS Policy (IV.C.2) require each voting IACUC member to first have the opportunity to review the protocol and to call for FCR instead. If no voting member calls for FCR within a reasonable time frame after being given that opportunity (typically something like 3 days or 5 days, as specified in the written description of routine local IACUC procedures), protocol review by DMR may proceed as described by OLAW (OLAW FAQ D.3). ***NOTE:*** *Per OLAW FAQ D.3, all DMR reviewers must review identical versions of the protocol, and if modifications are requested by any one of the reviewers, the other reviewers must be aware of and agree to the modifications for the protocol to be approved.*

1. DMR is acceptable to VA for review of any protocol, but the IACUC has the authority to define local policies about when it will consider DMR. For example, some IACUC’s require FCR for every new protocol, or consider DMR only for protocols with rats or mice. And of course the DMR mechanism has built into it the requirement that any protocol may only be reviewed by DMR if no IACUC member calls for FCR.

1+. DMR after FCR makes it possible to grant IACUC approval without waiting for FCR at the next IACUC meeting (OLAW FAQ, D19). VA recognizes as valid any of the three ways that OLAW specifies as acceptable ways for the IACUC to decide to use DMR:

a. All voting members are present at the meeting and vote unanimously to review the revised protocol by DMR.

b. Not all voting members are present at the meeting, but all those present vote unanimously to review the revised protocol by DMR, and all those who were absent from the meeting have an opportunity after the meeting to review the concerns raised during FCR, and none of them object to the use of DMR.

c. All voting members have agreed in advance and in writing that the IACUC may proceed by DMR to review protocols revised after FCR, when all the voting members present for the FCR vote unanimously for DMR after FCR. In this case, the voting members not present at the meeting have agreed ahead of time to DMR, so there is no need to check separately with them again before proceeding with DMR.

2. The possible outcomes of DMR are as follows (withholding approval is not an option with DMR):

a. Approved. The approval by DMR is effective when the designated member reviewers agree unanimously to approve, and does not have wait to be brought to the attention of the internal VA IACUC at the next convened meeting before it takes effect.

b. RMSA. Because it is essential that all DMR reviewers review and make their determinations about approval based on the same version of the protocol, any changes made in response to a recommendation of RMSA by any reviewer must also be provided to each of the other reviewers. It may be simplest to address all of the concerns in a single revised protocol, which is then provided to all of the DMR reviewers for further review.

c. FCR (send to FCR). *[No additional guidance]*

(3) **Forms**. *[No additional guidance]*

(3+) **Personnel on the Protocol**. Personnel are identified in the ACORP form for purposes of documenting the individuals approved by the IACUC to perform procedures with the animals. Consistent with the requirements of the AWR (§2.31(d)(1)(viii) and §2.32) and PHS Policy (IV.C.1.f), VA holds the internal VA IACUC responsible for overseeing that the personnel are appropriately trained to perform competently the procedures assigned to them in the protocol. ***NOTE:*** *The training requirements reflect the procedures assigned to the personnel, and are not related to the appointments of the personnel.*

(a) Personnel whose assigned responsibilities are protocol-specific are generally required to complete the training described in paragraph 15.d , below. Responsibilities in this category include, but are not limited to, conducting experimental procedures, or performing surgical procedures specific to the protocol.

(b) VMU staff personnel whose assigned responsibilities are husbandry or veterinary in nature, even if the care is customized for the purposes of the protocol, are required to have appropriate training in the husbandry or veterinary techniques (see para. 15.c, below), but are not subject to the requirements described in paragraph 15.d. Responsibilities in this category include, but are not limited to, routine and special husbandry (such as a special diet, or light-dark schedule), pre-operative preparation, or post-operative care).

(4) **Notification of Determination about Approval**. For each activity involving the care and use of animals, the AWR (§2.31(d)(4)) and PHS Policy (IV.C.4) require the IACUC to notify investigators and the institution in writing of its decision to grant or withhold approval, or to require modifications to secure approval. If approval is withheld, the IACUC is required to include the reasons for that decision, to allow the investigator to respond, and to notify the PI of the option to submit a new protocol. In keeping with PHS Policy (NOT-OD-11-053), the date of IACUC approval is the effective date that is specified on the written notification to the investigator, which must be on or within a reasonable period of time after the date on which the internal VA IACUC granted full and unequivocal final approval of the protocol.

(5) **Continuing Review**.

(a) OLAW requires “continuing IACUC oversight of animal activities” but does not specify mechanisms or timetables for it, besides the requirement for complete review at least once every three years (PHS Policy, IV.C.5). Effective December 27, 2021, the AWR (§2.31(d)(5)) no longer require annual continuing reviews but instead also only require complete review of protocols at least every three years.

(b) The internal VA IACUC has the authority to limit the effective period of any approval to less than three years, as it deems appropriate. At the end of the approval period, the approval expires, and work may continue only if the IACUC renews its approval.

(c) The internal VA IACUC also has the discretion to require continuing reviews, at any frequency and at any level of detail that it deems appropriate, in addition to the required complete review at least every three years. It is up to the internal VA IACUC to specify whether IACUC approval expires when a continuing review is due.

(6) **Complete Review**.

(a) Because PHS policy (IV.C.5, and OLAW FAQ, D.1) and the AWR (§2.31(d)(5)) require complete review of protocols at least every three years, any approval of a protocol granted by an internal VA IACUC expires no later than the third anniversary of its approval, and the work may only continue after the internal VA IACUC approves another protocol to cover continuation of the work.

(b) Not granting approval to another protocol before expiration of the previous one is not itself noncompliance, but none of the work described in the protocol may be performed after it expires, until the IACUC approves another protocol that covers that work. Any work done with animals without IACUC has approval is noncompliant.

(7) **Protocol Documentation**. The VA requirements established in VHA Directive 1200.07 for programs overseen by internal VA IACUCs are intended to ensure that the research personnel and personnel responsible for oversight of the VA protocol have ready access to the protocol documents.

(a) Protocol documents. PHS policy (IV.E.1) requires not only approved protocols, but records of submitted protocols and changes.

(b) Documentation of the actions of the internal VA IACUC on the protocol. This includes outcomes of IACUC review.

(c) Documentation about suspensions of approval. *[No additional guidance]*

e. **Protocol Review Considerations for an Internal VA IACUC.** Work on any protocol for VA research with animals is authorized to begin only after the IACUC overseeing the work grants approval based on compliance of the protocol with the requirements of the AWR (§2.31(d)) and PHS Policy (IV.C.1), as well as the VA-specific requirements in VHA Directive 1200.07. ***NOTE:*** *VHA Directive 1200.01 (para. 4) requires initial review and approval by the R&D Committee and other relevant subcommittees such as the SRS, in addition to IACUC approval, before animal research for a new project can begin. Notification by the ACOS/R&D that all appropriate subcommittee approvals have been secured, and that the R&D Committee has approved the project, is the final step before any research can commence.*

An internal VA IACUC is to consider the following in the review of any protocol:

(1) **Veterinary Consultation.** The AWR (§2.31(d)(1)(iv)(B)) require the investigator to consult with the AV or designee during the planning of protocols or modification of approved protocols for USDA-regulated species, that involve procedures that may

cause pain or distress. Because consultation with a lab animal veterinarian may be needed to determine whether a procedure has the potential to cause pain or distress, VA applies this to every protocol or modification of procedures on an approved protocol, regardless of whether the investigator expects any of the procedures to have the potential for pain or distress. VA also requires this for protocols with any species. The ACORP contains items for entering the date of the veterinary consultation and the name and affiliation of the veterinarian consulted. For simple changes to approved protocols, a phone call, email, or in-person exchange between the investigator and the veterinarian may suffice as the veterinary consult. If the veterinarian confirms that the change does not impact a procedure that may cause pain or distress, there is no need for further pre-review by the veterinarian. Documentation of such a determination by the veterinarian, in writing, along with the date of such a communication, and the name of the veterinarian consulted, is important to establish that the consultation was performed as required, but it is left to local discretion how to manage that documentation. Examples include, but are not limited to, adding it to the description of the proposed change that is submitted to the IACUC for review, just as the consultation would be documented for a more detailed pre-review, adding a note to the protocol file, or maintaining a log of all veterinary consultations about protocols. During its review of the proposed change, the IACUC should take into account the level of detail addressed in the veterinary consultation, as it considers whether potential pain or distress have been adequately addressed in the change request.

(2) **Assignment to USDA Categories.** VA requires that all of the animals requested on any protocol be assigned to the USDA categories as defined on the USDA annual report form, regardless of whether they are of species regulated by USDA. These categories correspond to the requirements in the AWR (§2.36(b)(5)-(8)) to itemize by species, potential pain or distress associated with the procedures, and how the potential pain or distress are managed, in the reports of the numbers of animals used, which institutions are required to submit annually to USDA. VA requires all VA programs of animal research to report to VA on the VMU Report website, the annual animal use data for each species, itemized by USDA categories, regardless of whether the species are regulated by USDA.

(3) **Numbers of Animals Needed.** PHS policy (OLAW FAQ F.2) requires that protocols specify a rationale for the approximate number of animals to be used and be limited to the number appropriate to obtaining meaningful results.

(a) OLAW recognizes that, for large colonies of mice, rats, zebrafish, or frogs, accurate counting can be difficult, and therefore allows a margin of error of up to 10% more rodents, fish, or amphibians to be used than specified on the approved protocol, even without amendment of the protocol.

(b) The IACUC has the authority to require that numbers of rodents requested on a particular protocol be broken down by strain, and this may be valuable for understanding the estimated numbers of animals requested for particular protocols.

(c) For changes in numbers related to changes in, for example, the design of the study, NOT-OD-14-126 allows the local IACUC to approve ahead of time absolute numbers or percentages of the originally approved numbers of particular species of animals, within which increases may be handled administratively (see 10.f(2)(b), below).

(4) **Standardized Procedures for Work with Animals.** Each VA animal research program may maintain a set of written standardized procedures that are approved by the internal VA IACUC to serve as guidelines for developing descriptions of other similar procedures. These may also be referenced directly in, instead of being copied into, each protocol that uses them without changes. They are subject to the same review requirements that apply to the protocols: complete review by the internal IACUC at least as frequently as required by PHS policy (OLAW FAQ D.14) and the AWR (§2.31(d)(5)) for protocols (every three years). When any protocol that references a standardized procedure is submitted outside of the VA medical facility where the standardized procedure was approved by the internal VA IACUC (e.g., for secondary review by the office of the CVMO), a copy of the standardized procedure referenced should be included, as the recipient cannot be expected to be familiar with the local standardized procedures.

(5) **Qualifications of Personnel.** *[No additional guidance]*

(5+) For **research that involves both animals and hazardous agents**, although the administration of hazardous agents to the animals must be included in the IACUC-approved protocol, it is the role of the R&D Committee (not the IACUC) to confirm approval by the SRS/IBC, as appropriate.

(a) It is left to local discretion whether to require the reviews in a specific order. Many local programs prefer to require SRS/IBC review of a study first, which makes it easier for the IACUC to establish which infectious, toxic, and recombinant items, when used in animals, will require additional containment safeguards (e.g., ABSL-2 and BLN-2 conditions). It is also acceptable for the IACUC to grant approval of the protocol for the work with animals before SRS/IBC review has been completed, with the understanding that work with the hazardous agents will only be permitted after SRS/IBC approval is also secured.

(b) The signature of a biosafety official for Appendix 3 (“Biosafety”) of the ACORP, is required before the protocol is submitted for secondary review (10.d(3) and 10.e(7)), but is not required before IACUC approval of the protocol.

(c) It is the responsibility of the IACUC to consider the impacts of agents proposed for use in protocols, not only on the animals in the protocols, but also other animals in the VMU or nearby laboratories. For example, it is known that the trace amounts of chloroform that may be released into the air when that agent is used in or near the VMU can be toxic for male mice of some strains.

(6) **Use of Human Clinical Care Areas or Equipment for Research with Animals.** The key to using human clinical care equipment or areas for research with animals is that such use is permitted only with both the approval of the IACUC and the approval of those responsible for the equipment and areas. IACUC considerations include, but are not limited to:

(a) Availability of alternatives to using the human clinical areas or equipment. *[No additional guidance]*

(b) Cleaning procedures. *[No additional guidance]*

(c) Use of VA equipment and areas for research with animals may only proceed with the approval of the VA facility Chief of Staff, who is expected to consult with

1. the supervisor of the clinical area/equipment
2. the Industrial Hygiene and Safety Program
3. the Patient Safety Service
4. the Industrial Hygiene and Safety Service
5. the Environmental Management Service
6. and any others the Chief of Staff deems appropriate.

(c+) For non-VA equipment and areas, VA defers to those responsible for the equipment and areas at the institution to which they belong, to specify the approval procedures required.

(d) Provisions for the work to be discrete and secure. *[No additional guidance]*

(e) Transportation of animals. *[No additional guidance]*

(7) **Responding to Concerns Noted in the Secondary Review by the Office of CVMO**. Comments provided by the office of the CVMO are to guide the IACUC and the PI to make the current and future protocols clearer and easier to review and adhere to. The comments are categorized according to the level of concern that they reflect.

(a) Level 0 comments are informational only, and no response is expected.

(b) Level 1 comments reflect concerns for which the IACUC has the discretion to determine whether to require the PI to address by modifying the current protocol. It is expected in any case that Level 1 comments will guide the development and review of future protocols from any PI, so as to avoid raising the same concerns again.

(c) Level 2 comments reflect concerns that the office of the CVMO requires the IACUC and PI to address, and generally involve modification of the current protocol. The revised protocol, approved by the IACUC, must be submitted to the office of the CVMO, with a memo summarizing the responses, for evaluation. Level 2 comments for protocols submitted for JIT processing (Appendix A, 2.a) must be resolved to the satisfaction of the office of the CVMO, before VA funding will be released. Level 2 comments for protocols for work with sensitive species must be resolved to the satisfaction of the office of the CVMO, before the expanded secondary review process for such protocols (see 10.e(8), below) can continue.

(d) Level 3 comments reflect concerns that are so serious that the office of the CVMO requires the work to be halted, regardless of the source of funding support, until they are addressed by the IACUC and the PI to the satisfaction of the office of the CVMO. This is not a suspension of IACUC approval, as defined by the AWR and PHS Policy, but the IACUC may reinforce this by voting to suspend its approval (the IACUC is not required to do so).

(8) **VA Research with VA Sensitive Species**. VA research with sensitive species may be conducted only if all of the requirements of ORD Guidance Document AR2017-001 have been met. Protocols that are currently fully approved for work to proceed are posted in a master list on the ORD website for reference (https://www.research.va.gov/programs/animal_research/current_research.cfm). It is strongly recommended that personnel involved in conducting or overseeing research with sensitive species check the master list regularly, to confirm that the protocol remains approved to proceed. The office of the CVMO will also correspond with the station regarding any changes in approval status, and should be consulted if there are any questions about whether the work may be conducted.

f. **Changes to Protocols Approved by an Internal VA IACUC.** AWR requirements (§2.31(d-e)) and PHS policy (IV.C and NOT-OD-14-126) apply to making changes to protocols already approved by an internal VA IACUC. Implementation of the changes is only permitted after the IACUC grants approval. Regardless of the mechanism used, the changes must be documented promptly. The acceptable mechanisms are detailed in NOT-OD-14-126:

(1) **Only FCR** (10.d(2)(a)) **and DMR** (10.d(2)(b)) are acceptable mechanisms of review and approval for the following significant changes:

(a) a change from non-survival to survival surgery;

(b) a change that results in greater pain, distress, or degree of invasiveness;

(c) a change in the location in which animals are to be housed or work with the animals is to be conducted, to a location that is not part of the animal program overseen by the IACUC;

(d) changes in species, study objectives, or PI; or

(e) changes that negatively impact personnel safety.

(2) **Administrative methods** of review and approval are acceptable **under specific conditions**, as follows:

(a) Veterinary Verification and Consultation (VVC) may be used for significant changes when the following criteria are met. (Brown P, 2017.)

1. VVC can only be applied if FCR or DMR are not required by PHS policy.

2. VVC can only be applied when the IACUC has reviewed and approved written documentation that describes the proposed significant change as one that the IACUC considers acceptable for VVC. This documentation must include a provision for incorporating any change made by VVC into the documentation of the approved protocol.

3. A veterinarian authorized by the IACUC (not necessarily an IACUC member), in consultation with the research personnel, verifies that the change requested is described among the changes that the IACUC has approved as acceptable for VVC, and is appropriate for the specific protocol at hand. The verification by the veterinarian applies the IACUC's approval to the requested change. Performing VVC is not a form of DMR.

4. Consultation with the veterinarian and verification by the veterinarian are documented.

(b) Administrative increases in animal numbers. Although this is a significant change, the number of animals on an approved protocol may be increased

administratively within the limits approved by the IACUC. The written documentation of the IACUC's approval must (Brown P, 2015):

1. Specify the conditions under which the increase is approved (e.g., may be species-specific), and the limits of the increases allowed

2. Identify the role(s) of individuals whom the IACUC authorizes to apply the increases

3. Provide for incorporating the increase into the documentation of the approved protocol

4. Require added justification if the increased number is not supported by the justification already in the approved protocol

(c) Changes that are not significant may be handled administratively (without specific IACUC approval, consultations, or notifications). These include correction of typographical errors, correction of grammar, updates of contact information, and changes in personnel other than the PI.

1. The IACUC is responsible for ensuring that all added personnel are appropriately identified and administratively reviewed for adequate training and qualifications, participation in occupational health and safety programs, and meeting other criteria as required by the IACUC.

2. Changes made by administrative methods are effective immediately, and do not require further action by the IACUC, but the IACUC should be notified at the next full committee meeting, of such protocol changes.

g. **Semiannual Evaluation by an Internal VA IACUC.** The AWR (§2.31(c)(1)-(3)) and PHS Policy (IV.B.1-3) describe the required semiannual evaluations of the animal research program and facilities that the internal VA IACUC oversees.

(1) **Use of the "VA Semiannual Evaluation of the Institutional Animal Care and Use Program and Facilities" Form.** The form is available on the ORD website (Appendix A, 2.c(1)).

(a) Checklists (Part 1, Sections A and B). The checklists are designed to prompt the internal VA IACUC about matters that commonly require attention. The IACUC should not limit itself to the items on the checklists, and is encouraged to note any concerns that it has, regardless of whether there is a specific checklist item that applies directly. Items designated for "other" are included on the checklists to make it easy to document

those that do not correspond readily to listed items. The focus is not on determining which checklist item best corresponds to a given observation, but rather for the checklists to be tools that prompt the IACUC as it evaluates how well the program and facilities serve the goal of meeting ethical and regulatory requirements, and addresses any concerns it has.

1. The program review (Part A) includes a summary of the work orders submitted or outstanding since the last review, for the maintenance and repair of VA space used by the animal research program, and an evaluation of the timeliness of the responses to those work orders. This is to document the responsiveness of the facility services responsible for maintenance and repair.

2. The facilities subject to inspection (Part B) are all those on VA property or in space leased by VA, where research with animals is overseen by the VA medical facility's R&D Committee. Performance of VA animal research in facilities that are not owned or leased by VA is governed by the written agreement about the interinstitutional collaboration, which should include provisions for VA to inspect those facilities or receive summaries of the affiliate's semi-annual inspections of facilities in which VA research with animals is conducted.

3. VA recommends that all IACUC members be encouraged to participate in semi-annual evaluations, but participation of all IACUC members is not a requirement.

(b) The Table of Deficiencies and Departures (Part 2) is designed to help the IACUC document details about the deficiencies and departures that are noted. The internal VA IACUC is responsible for addressing each of the deficiencies that it has marked in the checklists, by looking for the underlying causes of each deficiency, deciding how best to correct it, and tracking progress toward completion of the corrective actions needed. Specifically, it documents:

1. the underlying causes of each deficiency,

2. the IACUC's determination of whether it "is or may be a threat to the health or safety of the animals" (which is defined as "significant" according to AWR §2.31(c)(3)),

3. the "reasonable and specific plan and schedule with dates for correcting" (AWR §2.31(c)(3)) that the internal VA IACUC decides on, and progress along that schedule,

4. the name of an individual who will be responsible for tracking the progress on the corrective action plan, and

5. any IACUC-approved departures from the provisions of *The Guide*, as required by OLAW guidance (NOT-OD-12-148, Guidance on Departures from the Provisions of the Guide for the Care and Use of Laboratory Animals, release date September 10, 2012).

(c) A framework (Part 3) for documenting the IACUC's overall assessment of the animal research program, based on the observations noted in Part 1 and the analyses documented in Part 2. This is the most important component of the semiannual evaluation process and report, because it evaluates the implications of the observations made, within the context in which the program operates. The internal VA IACUC is expected to evaluate the condition of the animal research program as a whole, using its findings as the basis for decisions about actions needed going forward. Part 3 serves as a key starting point for discussing with the facility Director (see 10.g(4), below) the current status and needs of the local animal research program. Part 3 includes:

1. A narrative summary of the conclusions – the form prompts the IACUC to address the following:

a. An overview of the number and severity of deficiencies identified, and what those together indicate about the quality of the program and facilities

b. Any patterns or trends suggested by the most recent observations, evaluated in the context of observations made in previous semiannual evaluations

c. Any especially positive aspects of the overall animal care and use program

d. An assessment of overall regulatory compliance

e. Recommendations and other information important for the medical facility Director to be aware of

2. A complete list of the total voting membership of the internal IACUC -- This documents that the IACUC is properly constituted and establishes the number of signatures required to make the report official (see 10.g(2), below).

3. Minority opinions -- The internal VA IACUC is required by PHS policy (IV.E.1.d, OLAW FAQ C.6) to include in the report any minority opinions submitted for inclusion by any voting member of the internal VA IACUC before the report is approved, and Part 3 prompts the IACUC to do so.

4. Signatures

(2) **Signatures on the Report.** As required by the AWR (§ 2.31(c)(3)), the dated report of a semiannual evaluation becomes official when a majority of the total voting membership of the internal VA IACUC indicates approval by signing it. VA requires this even if the program does not include animals of USDA-regulated species, and accepts any form of signature that is acceptable to USDA and OLAW. If wet or digital signatures are provided in Part 3 of the semiannual report form, different individuals may sign on different copies of the form, as long as each copy is clearly labeled to identify the facility and date of the semiannual evaluation that it applies to. Per VA Handbook 6510 (para. 6.a(1)), "A digital signature is a specific electronic signature technology that allows the recipient to prove the origin of the document and to protect against forgery." The official report may not be altered unless a majority of the total voting membership of the IACUC approves the changes. This prohibition does not apply to trivial administrative changes in the semiannual report such as correction of misspellings that do not alter the tone or factual content of the report.

(3) **Participants in the Semiannual Evaluation.** For evaluation of components of the program and facilities related to housing of, or work with, animals of USDA species, the AWR (9 C.F.R. 2.31(c)(3)) require the evaluations to be performed by at least two IACUC members. PHS Policy (IV.B 3 and Footnote 8) applies to evaluation of components related only to species not regulated by USDA and allows the evaluations to be conducted by any one or more individuals who are regarded by the IACUC as qualified. They are not required to be IACUC members and may be members of the VMU staff or even *ad hoc* consultants. VA recommends that all IACUC members be encouraged to participate in semiannual reviews, but there is no regulatory requirement that they all do so. For those portions of the animal research program and facilities that do not affect species regulated by USDA, VA recommends that the semiannual evaluation be performed by at least two qualified individuals (members or consultants) who report to the internal VA IACUC, but it is acceptable for an internal VA IACUC to rely on the observations of a single qualified individual, under unusual circumstances.

(4) **Presentation of the Report to the Facility Director.** VA encourages participation of two or more voting members of the internal VA IACUC, as well as research administrators such as the ACOS/R&D and AO/R&D, in the meeting with the Director, to promote good communication and coordination of efforts among all the personnel involved in managing a compliant and effective animal research program. It is particularly valuable for the AV to participate, but the presence of the AV and any of the others not specifically required by the Directive is not necessary for the meeting with the Director to be valid. The signature of the Director after the review only documents receipt and review; it does not indicate agreement with the findings or conclusions. If the Director chooses to provide a cover memo addressing any aspect of the report (e.g., providing additional information, clarification, context, or comments), maintaining that cover memo with the report and sending it along with the report to the CVMO is

important to ensuring clear understanding of the condition of the animal research program. In any case, if the Director and the internal VA IACUC have serious disagreements about the report that they cannot resolve, this raises significant concerns about the effectiveness of local oversight of research with animals, and it is important to alert the office of the CVMO immediately so that assistance in resolving the situation can be made available.

(5) **Submission of the Report to the Office of the CVMO.** There is no specific requirement that a copy of the semiannual report also be sent to the R&D Committee but doing so is one way of maintaining close communications between the IACUC and the R&D Committee (see 10.b(1), above, and Directive 1200.01(1), 6.f and 8.a(2-3)). If the ACOS/R&D or AO/R&D participate in the meeting with the Director, they will most likely receive copies of the report. If not, copying the ACOS/R&D and AO/R&D when submitting the report to the CVMO is a good practice for facilitating communications with the R&D Committee.

h. **Oversight of Guidelines and Standardized Procedures for the Animal Research Program by an Internal VA IACUC.** Topics that the internal VA IACUC may find valuable to address in written guidelines or standards include, but are not limited to:

(1) **Disease Prevention**. Standards for how aggressively to pursue eradication of infectious agents in the VMU are to be set by the AV and the IACUC, working in consultation with other local veterinarians and the VMU Supervisor. See 9.a+, above.

(2) **Acceptable Sources of Animals**. Lists of the specific sources of animals that are acceptable to the local animal research program are typically determined jointly by the AV, the VMU Supervisor, and the IACUC. See 9.a.(4), above.

(3) **Per Diem Rates and Budget**. Considerations of particular local importance, and appropriate multipliers to be used in calculations of *per diems* from estimated operating costs, are established by the team of stakeholders involved in the process of setting the budget and *per diem* rates. See 8.a, above.

(4) **Changes in Approved Protocols Acceptable by VVC**. Changes may be made by VVC in protocols that have IACUC approval, if they meet the written standards for VVC that have been reviewed and approved by the IACUC. See 10.f(2)(a), above.

(5) **Standardized Procedures for Protocols**. See 10.e(4), above.

(6) **Guidelines for IACUC Function**. Topics may include:

(a) The number of days allowed for IACUC members to call for FCR before protocol review by DMR proceeds. See 10.d(2)(b), above.

(b) Whether every IACUC member agrees to authorize DMR after FCR by unanimous approval of the members present at a convened meeting. See 10.d(2)(b)(1+)(c), above.

(c) Any standards that the internal VA IACUC decides to apply that are more stringent than the minimum thresholds specified in the applicable external requirements (AWR, PHS policy, AAALACi rules of accreditation, VA and VHA policy).

i. **Routine Reports to Oversight Entities from an Internal VA IACUC.**

(1) **Annual report to OLAW.** *[No additional guidance]*

(2) **Annual reports to USDA or AAALACi**, when the local VA program is **independently registered or accredited**. *[No additional guidance]*

(3) **Annual reports to USDA or AAALACi** when the local VA program is **registered or accredited as an explicit component of the affiliate program.** *[No additional guidance]*

(4) **The VMU Annual Report**. The internal VA IACUC works together with any affiliate to collect for inclusion in the report information about any VA research with animals conducted at the affiliate. This information is submitted online on a website accessible only from within the VA network. This is due around Jan 15 of each year (the specific date is announced when reminder emails are sent to the local VA research administrators, about 2 months ahead of time), for the previous fiscal year. The information in this report is available online to all authorized VA personnel, so there is no need to maintain a file copy.

j. **Addressing Concerns Related to Local VA Animal Research (Internal VA IACUC).** The responsibility for addressing any concerns that arise about the local program of research with animals is assigned by the AWR (§2.31(c)(4), for programs with USDA-regulated species) and PHS Policy (IV.B.4, for research supported by PHS funds) specifically to the IACUC. VA applies this assignment to all internal VA IACUCs, regardless of whether the species are regulated by USDA, or the work is supported by PHS funds. The support and input of others in the process may be valuable, but the investigation, the determination about reportability, and the submission of any reports required, are all responsibilities to be managed by the IACUC. Therefore, any concerns that arise must be brought to the attention of the IACUC as soon as possible.

(1) **Bringing Concerns to the Attention of the IACUC.** Communication with the IACUC is essential whenever anyone has concerns about animals involved in local VA research. The AWR (§2.32(c)(4)) require that all personnel who are involved in an animal research program receive training and instruction for bringing to the attention of the IACUC any concerns about the animals or the animal research program that they become aware of. This includes both concerns that they themselves have and any concerns of others, including members of the public, that come to their attention.

(a) Posting of clear contact information (see 8.j, above) is essential for both those who have received this training, and anyone else who may have concerns as a result of "seeing something" or "hearing of something".

(b) Concerns brought anonymously to the attention of the IACUC are to be treated as seriously as any other, although the anonymity prevents the IACUC from asking for further information or providing a response.

(c) Openness *[No additional guidance]*

(2) **IACUC Response to Concerns.**

(a) Reduce harm.

1. Any VA veterinarian has the authority and responsibility to intervene. *[No additional guidance]*

2. Stopping Work**.** The investigator always has the discretion to pause the work voluntarily, for any reason, including because of concerns raised. Such a voluntary pause, pending resolution of the concerns raised, is not equivalent to suspension of approval by the IACUC, or stopping of the work by the IO or a designee of the IO, the AV, or the IACUC Chair, even if the pause was advised by one of those parties. Only if the investigator declines to pause the work as requested by one of those parties, do suspension of IACUC approval or stopping the work by someone other than the investigator become necessary. The AWR (§2.31(c)(8) and (d)(6)-(7)) and PHS policy (IV.C.6-7 and OLAW FAQ B.9) authorize the IACUC to suspend its approval of any protocol, by a majority vote at a convened meeting of a quorum of the IACUC. VHA Directive 1200.07 grants the Director, and anyone designated in writing by the Director, the authority to stop work permanently if necessary, so there is no requirement for further action by anyone else to make the stoppage permanent. Permanently stopping the work is of course not an action to be taken lightly or without careful consideration.

a. The VA medical facility Director. *[No additional guidance]*

b. The AV. *[No additional guidance]*

c. The Chair of the internal IACUC. *[No additional guidance]*

(b) Investigative subcommittee *[No additional guidance]*

(c) Preliminary Notifications. Preliminary notifications are to be provided as soon as possible after a concern has been identified, before or after the investigative subcommittee is established. The goal is to allow the recipients of the preliminary notifications to provide guidance to the station and respond knowledgeably if asked by others about the concerns that have been raised (see Guidance Document AR2022-002).

1. Prompt notification of each of the following recipients is valuable. For these, there is no need to include many details; what is needed is just enough of a description to characterize the nature of the concern, information about the status of the process of addressing the concern, and the name of the individual providing the notification.

a. The CVMO. Whenever the concern is related to work involving VA sensitive species or is otherwise likely to be of public interest, it is worthwhile to make every effort to notify the CVMO's office within three business days and, if possible, before any communication to external non-VA entities is initiated. Notifying the office of the CVMO promptly of each concern that comes to the attention of the IACUC, regardless of the species involved, makes it possible for the CVMO's office to provide guidance as needed for:

(1) Ensuring that communications are accurate and complete.

(2) Determining the root cause(s) of the matter that raised concern, as the basis for developing an effective long-term remediation and prevention plan.

b. ORO

c. The ACOS/R&D

d. The VA medical facility Director

e. Any affiliate that may be affected, according to the applicable formal written understanding covering the relationship.

f. OLAW welcomes preliminary notifications before the IACUC makes a formal determination of reportability, but OLAW prefers that institutions allow a qualified individual (the IACUC Chair, or the Attending Veterinarian, for example) to evaluate the situation first, so that preliminary notifications are provided to OLAW only about matters

likely to be reportable to OLAW. Even so, it is understood that further investigation may result in the subject of the preliminary notification eventually being found to be not reportable. OLAW asks for the following information to be included in preliminary notifications (https://olaw.nih.gov/guidance/reporting-noncompliance.htm and NOT-OD-05-034), so each matter can be tracked to its conclusion:

(1) Name and contact information of person providing the preliminary notification

(2) Name of institution

(3) PHS Assurance number

(4) For situations related to PHS-supported activities, which PHS funding component is involved, and whether it has been contacted

(5) A brief description of the incident (e.g., species, category of personnel involved, dates, times, animal deaths)

(6) Any plan and schedule for correction and prevention that may be in place

(7) Approximate timeframe for final report from the IACUC and Institutional Official. The timeframe will necessarily be approximate because at this point the IACUC will rarely have determined whether the incident is reportable.

2. It is recommended that preliminary notifications be provided simply by phone, and if put in writing, be clearly labeled “pre-decisional preliminary notification”. As for formal reports, there is no requirement to include in a preliminary notification the names of any individuals involved in the matter.

(d) Investigation. *[No additional guidance]*

(e) IACUC Review. *[No additional guidance]*

(f) Reportability.

1. See VHA Directive 1058.01 for VA-specific requirements related to reporting to ORO.

2. Direct consultation with the oversight entities is encouraged, in case of questions about what each of those entities considers reportable.

(g) Follow-Up Notifications. If the IACUC determines that the matter is not reportable to an entity, follow-up communications confirming resolution of the matter may be accomplished by any of the methods acceptable for the preliminary notifications (phone, email, or FAX).

(h) Restarting Work. *[No additional guidance]*

(3) **Reporting Deficiencies (Internal VA IACUC).** The AWR (§2.31(c)(3) and (d)(7)), PHS policy (IV.F.3), VHA Directive 1058.01 (5.g(1)(c) and 9), and the AAALACi FAQs (I.1 and I.2) address reporting. The AWR, PHS policy and VHA Directive 1058.01 all require the determination of the internal VA IACUC to be submitted through the VA medical facility Director, who serves as the IO. Close communication with the office of the CVMO throughout the process of addressing potentially reportable matters is strongly encouraged, particularly if sensitive species are involved. This makes it possible for the office of the CVMO to provide guidance about the investigation, regulatory requirements that apply, what information is important to include in written reports, and making the reports FOIA-ready.

(a) Matters that are reportable. The following list does not cover every reportable matter, but identifies common examples of matters that must be reported.

1. Suspension by the IACUC of an activity involving animals (AWR §2.31(d)(7), PHS Policy IV.F.3.c, and VHA Directive 1058.01 9(1).

a. PHS Policy (IV.F.3) requires the IACUC to report through the IO to OLAW, with an explanation of the circumstances and actions taken with respect to any suspension. ORO requires all matters reported to OLAW to be also reported through the VA medical facility Director to ORO.

b. For protocols involving species regulated by USDA, the AWR (§2.31(d)(7)) additionally require the IO, in consultation with the IACUC, to review the reasons for suspension, take appropriate corrective action, and report that action with a full explanation in writing to the Secretary of the VA, “the head of the Federal agency conducting the research” for VA (AWR §2.37(a)). The CVMO receives such reports on behalf of the Secretary. This is one of only two matters defined by the AWR as reportable (Failure to correct a significant deficiency noted in a semiannual report, by the deadline set by the IACUC, is the other. See 10.j(3)(a)4.).

2. Serious deviation from the provisions of *The Guide* (PHS Policy IV.F.3.b). .OLAW defines deviations in terms of whether the provisions of *The Guide* are stated as “must”, “should”, or “may” statements, and whether *The Guide* describes acceptable specific exceptions or established performance standards. The IACUC is responsible for

reporting deviations that are not described as acceptable in *The Guide*, and also have not been approved by the IACUC. PHS Policy requires the report to explain the circumstances and the actions taken to address such deviations, and to be submitted to OLAW through the IO (the VA medical facility Director, for a station with an internal VA IACUC). ORO requires all matters reported to OLAW to be also reported through the VA medical facility Director to ORO.

3. Serious or continuing noncompliance with PHS Policy (PHS Policy IV.F.3.a). PHS Policy requires such matters to be reported through the IO (VA medical facility Director for an internal VA IACUC) to OLAW, with an explanation of the circumstances and actions taken respect to such noncompliance. ORO requires all matters reported to OLAW to be also reported through the VA medical facility Director to ORO.

a. NOT-OD-05-034 (Guidance on Prompt Reporting to OLAW under the PHS Policy on Humane Care and Use of Laboratory Animals, release date February 24, 2005) lists examples that "do not cover all instances but demonstrate the threshold at which OLAW expects to receive a report":

(1) conditions that jeopardize the health or well-being of animals, including natural disasters, accidents, and mechanical failures, resulting in actual harm or death to animals. AAALACi (AAALACi FAQ I.2) requires prompt reporting of conditions that resulted in unexpected animal harm or deaths, including accidents, equipment failure, and natural disasters.

(2) conduct of animal-related activities without appropriate IACUC review and approval. The judgement of the IACUC is relied on to determine whether small variations in procedures constitute unapproved procedures for approved protocols. AAALACi (AAALACi FAQ I.2) requires only that notification about "animal use not approved by IACUC" be included in the Annual Reports to AAALACi, not that it be reported separately when it occurs.

(3) failure to adhere to IACUC-approved protocols. AAALACi (AAALACi FAQ I.2) requires only that notification about "protocol violations which *had the potential* to compromise animal welfare" be included in the Annual Reports to AAALACi, not that they be reported separately when they occur.

(4) implementation of any significant change to IACUC-approved protocols without prior IACUC approval as required by PHS Policy (IV.B.7). AAALACi (AAALACi FAQ I.2) requires only that notification about "animal use not approved by the IACUC" be included in the Annual Reports to AAALACi, not that it be reported separately when it occurs.

(5) conduct of animal-related activities beyond the expiration date established by the IACUC (note that a complete review is required at least once every three years under PHS Policy (IV.C.5)). AAALACi (AAALACi FAQ I.2) requires only that notification about "animal use not approved by IACUC" be included in the Annual Reports to AAALACi, not that it be reported separately when it occurs.

(6) conduct of official IACUC business requiring a quorum (full Committee review of an activity in accordance with PHS Policy, IV.C.2, or suspension in accordance with PHS Policy, IV.C.6) in the absence of a quorum.

(7) conduct of official IACUC business during a period of time that the Committee is improperly constituted.

(8) failure to correct deficiencies identified during the semiannual evaluation in a timely manner.

(9) chronic failure to provide space for animals in accordance with recommendations of *The Guide* unless the IACUC has approved a protocol-specific deviation from *The Guide* based on written scientific justification.

(10) participation in animal-related activities by individuals who have not been determined by the IACUC to be appropriately qualified and trained as required by PHS Policy (IV.C.1.f).

(11) failure to monitor animals post-procedurally as necessary to ensure well-being (e.g., during recovery from anesthesia or during recuperation from invasive or debilitating procedures). AAALACi (AAALACi FAQ I.2) requires prompt reporting of "inadequate veterinary care".

(12) failure to maintain appropriate animal-related records (e.g., identification, medical, husbandry).

(13) failure to ensure death of animals after euthanasia procedures (e.g., failed euthanasia with CO_2). AAALACi requires prompt reporting of "inappropriate euthanasia techniques and/or failure to confirm euthanasia".

(14) failure of animal care and use personnel to carry out veterinary orders (e.g., treatments). AAALACi (AAALACi FAQ 2 for Maintaining Accreditation) requires prompt reporting to them of "inadequate veterinary care".

(15) IACUC suspension or other institutional intervention that results in the temporary or permanent interruption of an activity due to noncompliance with the PHS Policy, the AWR, *The Guide*, or the institution's Animal Welfare Assurance.

b. NOT-OD-05-034 also lists “examples of situations *not* normally required to be reported”:

(1) death of animals that have reached the end of their natural life spans.

(2) death or failures of neonates to thrive when husbandry and veterinary medical oversight of dams and litters was appropriate.

(3) animal death or illness from spontaneous disease when appropriate quarantine, preventive medical, surveillance, diagnostic, and therapeutic procedures were in place and followed.

(4) animal death or injuries related to manipulations that fall within parameters described in the IACUC-approved protocol.

(5) infrequent incidents of drowning or near-drowning of rodents in cages when it is determined that the cause was water valves jammed with bedding (frequent problems of this nature, however, *must* be reported promptly along with corrective plans and schedules).

4. Failure to adhere to the plan and schedule of correction that results in a significant deficiency remaining uncorrected beyond the deadline set by the IACUC. For protocols involving species regulated by USDA, this is one of only two matters defined by the AWR as reportable (suspension is the other, see 10.j(3)(a)1, above). The AWR (§2.31(c)(3)) require the IO, in consultation with the IACUC, to review the reasons for the delay, take appropriate corrective action, and report that action with a full explanation in writing within 15 business days of failure, to the Secretary of the VA, “the head of the Federal agency conducting the research” for VA (AWR §2.37(a)). The CVMO receives such reports on behalf of the Secretary.

5. Additional matters that are to be reported to ORO (VHA Directive 1058.01, para. 9):

a. Human deaths associated with VA animal research (VHA Directive 1058.01, 9.a). AAALACi (AAALACi FAQ I.2) requires prompt reporting of any “significant human health issue directly related to the animal care and use program”.

b. Serious accident, injury, illness or exposure of a human that may be the result of contact with research animals (VHA Directive 1058.01, 9.b). AAALACi (AAALACi FAQ I.2) requires prompt reporting of any "significant human health issue directly related to the animal care and use program".

c. Serious or continuing noncompliance with VHA Directive 1200.07, any local policies and standardized procedures, and requirements or determinations of the IACUC (VHA Directive 1058.01, par. 9.d)

d. Termination by the IACUC or the IO, of a VA study involving animals, due to the study not being conducted in accordance with applicable regulatory, policy, or IACUC requirements or due to animal or research personnel welfare concerns (VHA Directive 1058.01, par. 9.e(1))

6. AAALACi (AAALACi FAQ I.2) requires prompt reporting of the following additional matters:

a. Inadequate veterinary care

b. Conditions that resulted in unexpected animal deaths

c. Significant animal rights activities

d. Inappropriate euthanasia techniques and/or failure to confirm euthanasia

e. Substantiated complaints or reports regarding animal welfare concerns

f. Internal or external reviews/inspections or other similar reports that document significant adverse events or noncompliance that resulted in animal harm or death; investigations by national oversight bodies; and other serious incidents or concerns that negatively impact animal well-being (e.g., failure to follow the approved protocol which resulted in compromised animal welfare; death during transport)

g. Significant human health issue directly related to the animal care and use program

(b) Information to Include in Reports**.** The following integrates the requirements of the AWR, PHS policy (NOT-OD-05-034 and OLAW Guidance, Reporting Noncompliance), VHA Directive 1058.01, and ORO Guidance on Information to be Included in Reports to ORO (Appendix D). AAALACi has no separate requirements (AAALACi FAQ I.2) but accepts copies of correspondence addressed to OLAW. For items that are specific to particular recipients of reports, the sources of the requirement

are shown in parentheses. For efficiency, it is acceptable to prepare a single report in consultation with the IO, to meet the requirements of all oversight entities that are to receive it, so that a copy of the same report can be sent to each.

1. Identifiers needed for the recipients to respond appropriately to the report

a. Identifiers for the station

(1) USDA registration number, if a USDA-regulated species is involved (USDA)

(2) Number of the PHS Assurance that covers the VA animal research program (OLAW)

(3) Name of the institution that holds the AAALACi accreditation that covers the VA animal research program (AAALACi)

b. The name of any affiliate involved in interinstitutional collaboration with the VA in connection with the matter being reported

c. Identifiers for the funds supporting the work

(1) The relevant grant or contract number and a full description of any potential or actual effect on PHS-supported activities, even if the matter of concern is not directly supported by PHS funds (OLAW).

(2) The funding sponsor(s) and corresponding funding identification number(s) for the work, if the work is funded by sponsors other than VA or PHS (other sponsors)

d. Identifiers (title and ID number only, not the PI name) for the protocol(s)/projects(s) involved (ORO). ***NOTE:*** *There is no regulatory requirement to include the name(s) of any individual(s) involved, and for recipients other than ORO, there is no regulatory requirement to include the title(s) of any research project(s) or protocol(s) involved or affected, but the station must be able to provide that information to authorized regulatory officials on request.*

e. When, by whom, and to whom, any preliminary notification was submitted

2. A clear description of the matter being reported, with sufficient detail and context for the oversight officials to understand and evaluate the appropriateness of the IACUC's response, including

a. description of what happened

b. the general timeline of events

c. the type of location where it happened (in a lab, in the field, in a hallway, etc. – not specific room numbers)

d. the species

e. the numbers of animals involved (ORO)

f. the categories of personnel involved (reflecting their qualifications and responsibilities related to the matter – not names or professional titles)

g. the requirement of PHS Policy IV.F.3 under which the matter is reportable (OLAW)

h. corrective actions taken and planned, with a timetable for implementation of any elements of the plan that have been approved by the IACUC but have not yet been completed

3. Any minority views filed by members of the IACUC (PHS Policy IV.F.4).

(c) Recipients of Reports.

1. OLAW. *[No additional guidance]*

2. AAALACi. *[No additional guidance]*

3. ORO. ORO requires the IACUC to report to the VA medical facility Director within 5 business days of making its determination about reportability, and the Director to report to ORO within 5 business days of receiving the information from the IACUC (VHA Directive1058.01, para. 9).

4. The affiliate. If the reportable matter is related to any work done as part of an interinstitutional collaboration, the IACUC has a responsibility to notify the affiliate of its determination according to the formal written understanding covering the relationship.

5. The CVMO. The AWR (§2.37 (a)) specify that the IACUC of a Federal research facility reports matters that USDA considers reportable, not to APHIS, but to the head of the Federal agency conducting the research, who is responsible for “all

corrective action to be taken … and for the granting of all exceptions to inspection protocol". For VA, the head of the agency is the Secretary of the VA. The CVMO receives and address such reports on behalf of, and transmits them as needed to, the Secretary, as well as overseeing the corrective actions and advising the Secretary about the granting of exceptions (AWR (§2.37(b)).

6. The office of the CVMO. VA further requires that, for reports sent to any other oversight or accreditation entity, a copy be provided to the office of the CVMO.

k. **VA Animal Research Program Records Held by an Internal VA IACUC.** In addition to protocol documentation (see 10.d(7), above), documentation to be held includes (but is not limited to) that required as follows:

(1) **VHA Directive 1200.02(1)** (12.a(4)(c)) – ACOS/R&D is responsible for maintaining documents related to actions of each research review subcommittee

(2) **PHS Policy** (IV.E.1) identifies other records that are to be maintained for the program of research with animals. These include:

(a) A copy of the approved PHS Assurance

(b) IACUC minutes

(c) Reports of semiannual evaluations by the IACUC

(d) Records of accrediting body determinations

(3) The **AWR** (§2.35) identifies additional records that must be maintained about the program of research with dogs or cats. This includes documentation of acquisition and disposition, for which APHIS Forms 7001 (health certificate), 7005 (for acquisition), and 7006 (for disposition) may be used. VA does not apply these requirements to animals of other species.

l. **Research with Animals Overseen Jointly by an Internal VA IACUC and the IACUC of an Affiliate.** As required by *The Guide* (p.15) and PHS policy (NOT-OD-12-020), any VA station that shares with an affiliate the oversight of research with animals is required to establish a formal written understanding (see 7.d, above) with that affiliate, addressing how the responsibilities for oversight and conduct of the work are to be shared and coordinated.

11. OVERSIGHT OF LOCAL VA ANIMAL RESEARCH BY AN EXTERNAL VA INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

Oversight by an external VA IACUC reflects the arrangement under which the VA program of research with animals is covered by a PHS Assurance (see para. 6, above). An affiliate that holds its own PHS Assurance may identify the VA program in Section I.B of that Assurance, as a covered component of the program that the affiliate Assures (see 6.f(1), above). Alternatively, an Interinstitutional Assurance may be negotiated between the VA station and the affiliate for each project to be conducted at the affiliate (see 6.f(2), above).

a. **Formal Written Understanding.** An external IACUC serving as the VA program's IACUC is always a form of interinstitutional collaboration This means that it is subject to the requirements of *The Guide* (p.15) and PHS policy (NOT-OD-12-020), for a formal written understanding to be established between the institutions, defining the responsibilities of each party. For VA, the most common form of such an understanding is an MOU, for which VA provides a template tool (see 7.d, above).

b. **AAALAC International Accreditation.** *[No additional guidance]*

c. **Membership of an External VA IACUC.**

(1) **Individuals identified to keep the external VA IACUC informed** about VA-specific concerns and requirements. The intention is not to interfere with the operations of the affiliate's IACUC, but to facilitate its efforts to oversee compliance of the VA program of research with animals with the applicable requirements. It is therefore important for the VA station and the affiliate to work together to identify mutually acceptable individuals who will be allowed to participate fully in the work of the IACUC that is relevant to the VA research with animals, regardless of whether they are appointed as voting members of the IACUC.

(a) VA scientist *[No additional guidance]*

(b) VA AV *[No additional guidance]*

(c) Per Directive 1058.01 (5.i(3)), RCOs may not serve as voting members on any VA IACUC, internal or external. RCOs may be invited by the external VA IACUC, at its sole discretion, to attend its meetings as non-voting consultants.

(d) Although generally discouraged, appointment of the ACOS/R&D or AO/R&D to serve as voting members of an external VA IACUC may be permitted if the CVMO finds this to be the best way to ensure appropriate oversight of VA research with animals and provides written approval of the arrangement.

(2) **Joint appointment of members** when the VA and the affiliated each holds a separate PHS Assurance. *[No additional guidance]*

(3) **Affiliate's CEO alone appoints members** when the VA is covered by the affiliate's PHS Assurance. *[No additional guidance]*

(4) **Training requirements for VA representatives** to an external IACUC. VA personnel representing VA for an external IACUC may be required by the affiliate to meet the training requirements of the affiliate in addition to meeting VA's training requirements.

d. **Critical Communications Between an External VA IACUC and the VA.** Typically, the VA individuals who receive communications from the external IACUC on behalf of VA are the AO/R&D or ACOS/R&D, or others in the administrative offices of the VA Research Service. To ensure reliable communications, it is recommended that the formal written understanding (7.d) covering the use of the external IACUC document explicitly the specific points of contact. Of particular importance are communications with the following:

(1) **The VA R&D Committee**. According to VHA Directive 1200.01(1) (8.a), "External committees established by MOUs or other agreements in lieu of required subcommittee(s) are not considered subcommittees and are governed by the agreement". This means that requirements for subcommittees of the R&D Committee, such as submission of subcommittee meeting minutes to the R&D Committee (VHA Directive 1200.01(1), 6.f) do not apply to external IACUCs. Nevertheless, an external IACUC is expected to maintain communications with the VA R&D Committee according to the terms of the established formal written understanding, as the external IACUC oversees VA research with animals, for which the VA bears responsibility.

(2) **The VA SRS and IBC**. The VA SRS and IBC have no authority over affiliate facilities where VA research is conducted, but should be kept informed about the safety aspects of VA protocols for work with animals that is conducted at affiliate facilities, because of how they may impact VA personnel.

(3) **The VA Medical Facility Director.**

(a) When the VA medical facility has a VMU, the portions of the report of each semiannual evaluation by an external IACUC that are relevant to the VA program and facilities are to be reviewed promptly with the VA medical facility Director in a meeting in real time (in person or by teleconference), just as when the program is overseen by an internal IACUC.

(b) When the VA medical facility does not have a VMU, it is acceptable for the external VA IACUC to provide a memo summarizing the semiannual report and signed by the IACUC Chair (representing the IACUC as a whole) to the VA ACOS/R&D, who communicates to the Director any information requiring the Director's attention. Any reports about matters that the external VA IACUC determines to be reportable to ORO must be submitted to the VA medical center Director, as ORO holds the Director responsible for transmitting them to ORO.

(4) **The CVMO.**

(a) Anyone aware of efforts to limit communications of local personnel with the office of the CVMO or with ORO is strongly encouraged to bring this to the attention of the CVMO.

(b) Documents to be shared routinely with the CVMO are as for an internal IACUC and include, but are not limited to, copies of the following:

1. The report of each semiannual evaluation (11.i(5), below) received from the external IACUC, is to be forwarded to the CVMO within 90 days of when the external VA IACUC finalized its semiannual report. If a VA program has no VMU, the memo summarizing the results relevant to the VA program that is submitted to the ACOS/R&D (11.i(4)(b)), is acceptable.

2. Self-reports about VA research matters determined by the external VA IACUC to be reportable (see 11.k(4)(c) *Note that this refers to the second paragraph 11.k.*).

3. Annual reports to OLAW and AAALACi (see 11.l(2), below)

a. The following are required in the Annual Reports to OLAW (PHS Policy, IV.F.1):

(1) Changes in the animal research program or facilities

(2) Changes in IACUC membership

(3) Dates of semiannual evaluations

b. Notification about the following is required in the Annual Reports to AAALACi (AAALACi FAQ l.1)

(1) Key personnel contact changes

(2) Changes in physical areas supporting animal care and use

(3) Actions taken in response to Suggestions for Improvement

(4) Organizational Structure changes

(5) Animal usage

(6) Protocol violations which had the potential to compromise animal welfare

(7) Animal use without approval

(8) Significant adverse events not previously reported as required by the Rules of Accreditation

4. Reports and follow-up correspondence after site visits by any oversight or accreditation entity (AAALACi, USDA, OLAW, ORO)

5. Notification of a change in the operation of the VA medical facility as a research facility registered with USDA (AWR (§2.30(c)). This includes “any change in the name, address, or ownership, or other change in operations affecting its status as a research facility”. Within 10 days after making such change, the VA medical facility is to notify the CVMO, who receives such reports on behalf of the Secretary of VA, “the head of the Federal agency conducting the research” for VA (AWR §2.37(a)).

6. Reports required by ORO (VHA Directive 1058.01, 9.e) regarding changes in the animal research program overseen by the external VA IACUC, including but not limited to:

a. Substantial revisions to, or changes in the status of, the PHS Animal Welfare Assurance that covers the VA animal research program.

b. Change in the status of the AAALACi accreditation of the facilities where the VA medical facility’s animal research is conducted, to deferred, conditional, or probationary.

7. It is not necessary to routinely provide copies of the triennial AAALACi Program Description, the PHS Assurance, or the USDA Annual Report of Research Facility. These need only be available on request.

(c) Redaction. *[No additional guidance]*

(d) Coded identifiers. *[No additional guidance]*

(e) The local compliance documents that are to be provided to the CVMO may be submitted directly to the CVMO by the external VA IACUC or may be provided by the external VA IACUC to the local VA medical facility, which then forwards copies to the CVMO. It is important to include in the written agreement establishing the external VA IACUC, a clear statement of which party will be responsible for transmitting the documents to the CVMO.

e. **Conduct of Business by an External VA IACUC.**

(1) **Participation of VA Representatives**. To serve the function of keeping the external IACUC informed of VA-specific concerns and requirements, the VA representatives participate in and contribute to the activities of the external IACUC related to VA, regardless of whether they are appointed as voting members. They are expected to participate regularly, as voting members are, but their presence is not a VA requirement for VA business to be conducted (i.e., occasional absences are acceptable).

(2) **Differences of Opinion**. *[No additional guidance]*

(3) **Conflicts of Interest**. *[No additional guidance]*

(4) **Confidentiality**. *[No additional guidance]*

(5) **Meeting Minutes**. The regulatory requirements for meeting minutes are detailed in the AWR (§2.35(a)(1)) and PHS policy (IV.E.1.b, and OLAW FAQ B.7).

(a) An external jointly-appointed VA IACUC is a subcommittee of the VA R&D Committee, so it is subject to the VHA Directive 1200.01(1), 6.f, requirement to submit its minutes to the R&D Committee. Either of the following approaches (or a combination of them) may be taken to document the items of business for which it acted as the external VA IACUC:

1. Both VA business and affiliate business are conducted and recorded in a single set of minutes, with each item of business clearly designated as to the institution(s) to which it applies.

2. Administratively separate meetings are convened for VA business and for affiliate business, resulting in two separate sets of minutes.

(b) An external affiliate-appointed VA IACUC is not a subcommittee of the VA R&D Committee (VHA Directive 1200.01(1), para. 8.a), and is not subject to the requirements of VHA Directive 1200.01(1) for subcommittees of the R&D Committee.

f. **Protocol Review by an External VA IACUC**.

(1) **Primary reviewers.** *[No additional guidance]*

(2) **Forms**. The ACORP form is very much preferred for any protocol that is to be submitted for secondary review, as it facilitates quicker completion of the secondary review process.

(a) The following protocols require secondary review:

1. each protocol for work with VA sensitive species (regardless of funding source, and

2. each protocol with any species for work that has been selected for possible VA funding and therefore requires JIT processing before that funding will be released.

(b) Use of the affiliate's form. *[No additional guidance]*

(3) **Notification of Determination about Approval**. For each activity involving the care and use of animals, the AWR (§2.31(d)(4)) and PHS Policy (IV.C.4) require the IACUC to notify investigators and the institution in writing of its decision to grant or withhold approval, or to require modifications to secure approval. If approval is withheld, the IACUC is required to include the reasons for that decision, to allow the investigator to respond, and to notify the PI of the option to submit a new protocol. In keeping with PHS policy (NOT-OD-11-053), the IACUC approval date for VA protocols is defined as the specific date that appears on the written notification to the investigator, which must be on or within a reasonable period of time after the date on which the external VA IACUC granted full and unequivocal final approval of the protocol.

(4) **Protocol Documentation to be Maintained by a VA Program with an External IACUC**. The VA requirements established in VHA Directive 1200.07 for programs overseen by external IACUCs are to ensure that the research personnel and personnel responsible for oversight of the VA protocol have ready access to the protocol documents.

(a) Approved protocols. *[No additional guidance]*

(b) IACUC actions on the protocol. *[No additional guidance]*

(c) Documentation of suspensions. *[No additional guidance]*

(d) Other records required by the AWR. *[No additional guidance]*

g. **Protocol Review Considerations for an External VA IACUC.**

(1) **Veterinary Consultation**. The AWR requirement (§2.31(d)(1)(iv)(B)) is specifically for protocols involving species regulated by USDA in procedures that may cause more than momentary or slight pain or distress to the animals. VA applies this to protocols with any species, regardless of whether they are regulated by USDA. Additionally, because consultation with a lab animal veterinarian may be needed to determine whether a procedure has the potential to cause pain or distress, VA applies this to every protocol or modification of procedures on an approved protocol, regardless of whether the investigator expects any of the procedures to have the potential for pain or distress. This is the same requirement for veterinary consultation that applies to protocols reviewed by an internal VA IACUC

(2) **Assignment to USDA Categories.** The same requirement for assignment of the animals to USDA Categories applies regardless of whether the IACUC is internal or external. The Categories are defined in the AWR §2.36(b)(5)-(8) and on the form for the Annual Report of Research Facility (APHIS Form 7023).

(3) **Standardized Procedures for Protocols.** Standardized procedures that are approved by the external VA IACUC for use in VA protocols may be referenced, instead of being separately described, in each VA protocol that uses them. They are subject to the same review requirements that apply to the protocols: complete review by the external VA IACUC at least as frequently as required by PHS policy (OLAW FAQ D.14) and the AWR (§2.31(d)(5), revised December 27, 2021) for protocols (every three years). When any VA protocol that references a standard procedure is submitted outside of the affiliate where the standard procedure was approved by the IACUC (e.g., to the VA program, or for secondary review by the office of the CVMO), a copy of each standardized procedure referenced should be included, as the recipient cannot be expected to be familiar with the affiliate's standardized procedures.

(4) **Qualifications of Personnel**. The regulatory Requirements about training of personnel who conduct procedures with animals are detailed in the AWR (§2.31(d)(1)(viii) and §2.32) and PHS Policy (IV.C.1.f). ORD's training requirements are described in Directive 1200.07 (15.d, below), and are detailed on the ORD website https://www.research.va.gov/programs/animal_research/required_training.cfm. Regardless of whether the IACUC is internal or external, the ORD training requirements correspond to the responsibilities of the personnel:

(a) Personnel whose assigned responsibilities are protocol-specific are generally required to complete the training described in paragraph 15.d, below. Responsibilities in this category include, but are not limited to, conducting experimental procedures, or performing surgical procedures specific to the protocol.

(a+) VMU staff personnel whose assigned responsibilities are husbandry or veterinary in nature, even if the care is customized for the purposes of the protocol, are required to have appropriate training in the husbandry or veterinary techniques (see 15.c, below), and are not subject to the requirements described in paragraph 15.d, below. Responsibilities in this category include, but are not limited to, routine and special husbandry (such as a special diet, or light-dark schedule), pre-operative preparation, or post-operative care.

(b) Discretion of external IACUC over additional training required *[No additional guidance]*

(c) Discretion of external IACUC over training requirements for personnel with limited involvement *[No additional guidance]*

(5) **Use of Human Clinical Care Areas or Equipment for Animal Research.** The key to using human clinical care equipment or areas for research with animals is that such use is permitted only with both the approval of the IACUC and the approval of those responsible for the equipment and areas. IACUC considerations include, but are not limited to:

(a) Availability of alternatives to using the human clinical areas or equipment. *[No additional guidance]*

(b) Cleaning procedures. *[No additional guidance]*

(c) Use of VA equipment and areas for research with animals may only proceed with the approval of the VA facility Chief of Staff, who is expected to consult with the following:

1. the supervisor of the clinical area/equipment
2. the Industrial Hygiene and Safety Program
3. the Patient Safety Service
4. the Industrial Hygiene and Safety Service
5. the Environmental Management Service
6. and any others the Chief of Staff deems appropriate.

(c+) For non-VA equipment and areas, VA defers to those responsible for the equipment and areas at the institution to which they belong, to specify the approval procedures required.

(d) Provisions for the work to be discrete and secure. *[No additional guidance]*

(e) Transportation of animals. *[No additional guidance]*

(6) **Responding to Concerns Noted in the CVMO Secondary Review**. The CVMO's office performs a secondary review of each protocol submitted for JIT processing before release of VA funding to support the work, and for any work with VA sensitive species, regardless of funding source. Comments provided by the office of the CVMO serve as guidance to the IACUC and the PI for making the current and future protocols clearer and easier to review and adhere to. The comments are categorized according to the level of concern that they reflect.

(a) Level 0 comments are informational only, and do not reflect concerns.

(b) Level 1 comments reflect concerns for which the office of the CVMO authorizes the IACUC to make the determination as to whether they are to be addressed by specific modification of the current protocol, or it is reasonable to address them only by application of the guidance to future protocols.

(c) Level 2 comments reflect concerns that the office of the CVMO requires the IACUC and PI to address by modification of the current protocol, to the satisfaction of the office of the CVMO, before VA funding will be released or (for protocols for work with sensitive species) before VA approval will be granted for the work to begin.

(d) Level 3 comments reflect concerns that are so serious that the office of the CVMO requires the work to be halted, regardless of the funding support, until they are addressed by the IACUC and the PI to the satisfaction of the office of the CVMO. The IACUC may reinforce this by voting to suspend its approval, but is not required to do so. (Suspension may not be necessary if the PI agrees voluntarily to await resolution before proceeding with the protocol approved by the IACUC.)

(7) **VA Research with Sensitive Species**. VA research with sensitive species may be conducted at the VA or at the affiliate only if all of the requirements of ORD Guidance Document AR2017-001 have been met. Protocols that are currently fully approved for work to proceed are posted in a master list on the ORD website for reference (https://www.research.va.gov/programs/animal_research/current_research.cfm). It is strongly recommended that personnel involved in conducting or overseeing research

with sensitive species check the master list regularly, to confirm that the protocol remains approved to proceed. The office of the CVMO will also correspond with the station regarding any changes in approval status, and should be consulted if there are any questions about whether the work may be conducted.

h. **Changes to Protocols Approved by an External VA IACUC.** The AWR (§2.31(d-e)) and PHS policy (IV.C and NOT-OD-14-126) requirements apply to making changes to protocols already approved by an external VA IACUC. Implementation of the changes is only permitted after the IACUC grants approval. Regardless of the mechanism used, the changes must be documented promptly. The acceptable mechanisms are detailed in NOT-OD-14-126.

i. **Semiannual Evaluation by an External VA IACUC.**

(1) **Form to be Used.** *[No additional guidance]*

(2) **VA Participants.** *[No additional guidance]*

(3) **Evaluation of VMU Physical Plant and Operations.** Any external IACUC that oversees a VA animal research program with a VMU is responsible for interacting as needed with VA facility personnel to oversee physical plant operations supporting that VMU.

(+) The VA facility is responsible for securing the VMU in accordance with VA policy. Special attention to physical security is warranted by the threat of property destruction, theft, and personal attack on those involved in research with animals. Measures required to prevent the entry of unauthorized personnel into the VMU are detailed in VA Directive 0730.

(++) At the same time, the VA facility is also responsible for allowing appropriate access to physical spaces, as well as providing the information and documents needed by those involved in oversight of the VA animal research program to meet their oversight responsibilities. Those personnel include, but are not limited to, members of the external VA IACUC, personnel who provide administrative support to the external VA IACUC, and representatives of recognized external oversight entities such as USDA, OLAW, and AAALACi).

The semiannual evaluation of the VMU includes:

(a) Review of the log of work orders. *[No additional guidance]*

(b) Evaluation of the results of the annual overheat testing. *[No additional guidance]*

(c) Periodic review and update of the emergency/disaster plan for the VMU. VA generally applies to all VMUs, regardless of the species involved, the AWR requirements for contingency planning (AWR §2.38(l)). This includes the requirement that the facility maintain documentation of the reviews and any changes made since the last review. With regards to the frequency of review and updating, the VA requirement is only at least every three years, unless the AWR requires them more frequently. The AWR, §2.38(l)(2), currently require that the contingency plan for programs with USDA-regulated species be reviewed at least annually. VA does not require annual reviews of contingency plans for programs that do not involve USDA-regulated species.

(d) Establishment and maintenance of an updated written Program of Veterinary Care (PVC), as required by the AWR (§2.33(a)(1)) and applied to all species in the VA program, regardless of whether the AV for the VA research has a full-time or part-time appointment. The USDA APHIS provides guidance on what to cover in the PVC in "The written program of veterinary care", available at https://www.aphis.usda.gov/aphis/ourfocus/animalwelfare/sa_attending_veterinarians/av-written-program/written-program-of-veterinary-care.

(4) **Communication of the Results to the VA Medical Facility.**

(a) For any VA program with a VMU, the expectations of an external VA IACUC are the same as for an internal VA IACUC. At the meeting of the VA medical facility Director with a representative of the external VA IACUC, attendance by other voting members of the external VA IACUC, as well as research administrators such as the ACOS/R&D and AO/R&D, is encouraged.

(b) For any VA program without a VMU, the results of the semiannual evaluation are still to be communicated to the VA medical facility, but this does not have to involve a meeting with the Director in real time. Instead, the results (either a copy of the final signed report, or a summary memo signed by the IACUC Chair) may be transmitted to the ACOS/R&D, who signs to indicate receipt, and is responsible for making the Director aware of any information that requires the Director's attention.

(c) In any case, if the Director and the external VA IACUC have serious disagreements about the report that they cannot resolve, this raises significant concerns about the effectiveness of local oversight of research with animals, and it is important to alert the office of the CVMO immediately so that assistance in resolving the situation can be made available.

(5) **Submission of the Report to the Office of the CVMO.** *[No additional guidance]*

j. **Oversight of Guidelines and Standardized Procedures for the Animal Research Program by an External VA IACUC**. The external VA IACUC is responsible for overseeing the review and updating of each set of written guidelines or standardized procedures (11.g(3)) that it establishes for the local VA animal research program (as described in 10.h, above, for internal IACUCs) according to the requirements of the VA medical facility and the affiliate, and in compliance with the AWR (§2.31(d)-(e)) and PHS policy (OLAW FAQ D.14).

k. *(VHA Directive 1200.07 contains 2 paragraphs numbered "11.k". This is the first one.)* **Routine Reports to Oversight Entities from an External VA IACUC**. The specifics of how each VA medical facility with an external VA IACUC shares with its affiliate the responsibilities for routine reporting, are defined in the MOU or other written agreement establishing the arrangement. In all cases, compliance with the requirements of the oversight entities is key.

(1) **The annual report required by OLAW.** An external jointly-appointed IACUC serves as two IACUCs, and submits two separate annual reports, one for the VA animal research program and one for the affiliate. An external affiliate-appointed IACUC submits just one annual report, but includes in that report the aspects of the VA program that it oversees as either a covered component of its program (see 6.f(1), above) or under an Interinstitutional Assurance (see 6.f(2), above).

(2) If the animal research program of a VA medical facility has a VMU, and has its own USDA registration or AAALACi accreditation, the VA medical facility is responsible for submitting the USDA Annual Report of Research Facility and the annual report to AAALACi. The research administrators at the VA medical facility then work together with the external VA IACUC to collect the information needed for those reports.

(3) If the VA medical facility has a formal arrangement with an affiliate, so the animal research program of the VA medical facility is covered by the registration of the affiliate with USDA, or the accreditation of the affiliate by AAALACi, the VA program is also to be included in the annual reports that the affiliate sends. In this case, the VA medical facility may have little to contribute to the reports, but still needs to have on file a copy of each of the reports.

(4) The office of the CVMO collects information annually about each of the VA animal research programs, regardless of whether the program has a VMU. The information is submitted online on a website accessible only from within the VA network (the "VMU report" website, Appendix A, 2.a), and is due around Jan 15 of each year (the specific date is announced when reminder emails are sent to the local VA research administrators about 2 months ahead of time), for the previous fiscal year. The

numbers of all animals in the VA program during the previous fiscal year are to be reported, regardless of whether the work was done in the VMU or at other locations.

k. *(VHA Directive 1200.07 contains 2 paragraphs numbered "11.k". This is the second one.)* **Addressing Concerns Related to Local VA Animal Research (External VA IACUC).**

(1) **Keeping VA Informed.**

(a) As is the case with an internal VA IACUC, it is important for VA to receive preliminary notifications as soon as possible, before or after the investigative subcommittee is established. The goal is to allow the VA to respond knowledgeably if asked about the concerns that have been raised, and for the office of the CVMO to provide support and guidance in the process of addressing the concerns. There is no need to provide details at this point; what is needed is just enough of a description to characterize the nature of the concern, and information about the status of the process of addressing the concern. It is recommended that preliminary notifications be provided simply by phone, and if written notification is preferred, that the document be clearly labeled "pre-decisional preliminary notification".

(b) Concerns of particular importance to VA *[No additional guidance]*

(c) No presumption of outcome *[No additional guidance]*

(d) No constraints on consultation with the office of the CVMO or with ORO *[No additional guidance]*

(e) VA Research Service facilitates the investigation *[No additional guidance]*

(2) **Applicable Regulatory Requirements.** All VA research with animals is subject to the requirements of PHS Policy, regardless of whether PHS funds are involved.

(3) **Corrective Actions.**

(a) Stopping Work. VHA policy authorizes the VA medical facility Director and anyone designated in writing by the VA facility Director to stop VA work with animals, unilaterally and immediately, temporarily or permanently, even if the Director is not the IO recognized by OLAW. It is valuable for the Director to grant this authority to local personnel (e.g., program veterinarians other than the AV) who have the qualifications to exercise this authority appropriately and are likely to be present when such action may be necessary. Stoppage other than voluntarily by the research personnel is considered a concern related to the animal research program that requires prompt notification of the

IACUC, so that the IACUC can determine whether additional action by the IACUC is needed.

(b) Suspending IACUC Approval. The AWR (§2.31(c)(8) and (d)(6)) and PHS policy (IV.C.6, and OLAW FAQ B.9) authorize any IACUC to suspend its approval of any portion of a protocol, or the entire protocol. It does so by a majority vote at a convened meeting. Any time an IACUC (internal or external) suspends an activity involving animals, the AWR (§2.31(d)(7)) require the IO, in consultation with the IACUC, to review the reasons for suspension, take appropriate corrective action, and report that action with a full explanation to USDA and any other non-VA Federal agency funding that activity. The AWR §2.37(a) specify that for Federal research facilities, such as VA facilities, reports are to be sent to the head of the Federal agency rather than to USDA. For VA (VHA Directive 1200.07, 10.j(3)(c)5), the head of the agency is the Secretary of VA, on whose behalf the CVMO receives and addresses such reports, and to whom the CVMO transmits them as needed. PHS Policy (IV.F.3.c) and VHA Directive 1058.01 (9.c) also require reporting of any suspension of an activity by the IACUC.

(4) **Reporting.** VA requests that, if VA sensitive species are involved, the CVMO's office be consulted before any written preliminary or final self-reports are sent externally (see VHA Directive 1200.07, 10.j(3)). Regarding other communications from the external IACUC to the VA:

(a) Because of ORO's requirement (VHA Directive 1058.01, para. 9) that the VA medical facility Director be notified within 5 business days of any determination by the IACUC that a matter is reportable to ORO, the VA Director may have to be notified by the external VA IACUC before reports are submitted to OLAW, other external entities, and perhaps even the IO of the affiliate. The VA medical facility Director is in turn required by VHA Directive 1058.01 to report to ORO within 5 business days of receiving that information from the IACUC.

(b) The ACOS/R&D is to be copied on each external report.

(c) The point of contact at the VA medical facility for routing communications from the external IACUC to the CVMO can be the ACOS/R&D, but doesn't have to be. It's just important to have a clear mechanism for the external IACUC to get those communications to someone at the VA who is responsible for forwarding copies to the CVMO and providing copies to others at the medical facility who need them. VA requires that an external IACUC (like an internal IACUC) sends to the office of the CVMO a copy of any report sent to any other oversight entity (VHA Directive 1200.07, 10.j(3)(c)6).

(5) **Matters Determined to be Not Reportable.** It is important to let the VA know the outcome of each investigation of a potentially reportable matter, even if the external IACUC determines that the matter is in fact not reportable.

l. **VA Animal Research Program Records Held by an External IACUC.** VA relies on each external VA IACUC to maintain all records that the AWR, PHS policy and VA policy require be kept on file, and to provide copies or access to them as needed for VA to meet its regulatory requirements. This should be made clear in the written agreement establishing the collaborative relationship between the VA facility and the affiliate. Documentation to be held includes (but is not limited to) that required as follows:

(1) **VHA Directive 1200.02(1)**, 12.a(4)(c) – "all approved Research Protocols, amendments, consent document templates, and other documents submitted to a research review committee/subcommittee, and documents related to the actions of the research review committees are maintained in and controlled by the VA Research."

(2) **PHS Policy** (IV.E.1) identifies other records that must be maintained by the Assured institution for the program of research with animals. In addition to the protocol documentation in 11.f(4), these include:

(a) A copy of the PHS Assurance approved by OLAW

(b) IACUC minutes

(c) Reports of semiannual evaluations by the IACUC

(d) Records of accrediting body determinations

(3) The **AWR** (§2.35(a)) require maintenance of some of the same IACUC records required by PHS Policy (i.e., protocol records as in 11.f(4), and program records as in 11.l(2)(b)-(c)). The AWR (§2.35(b)-(c)) add requirements for dogs and cats, including documentation about their acquisition and disposition. For these, APHIS Forms 7001 (health certificate), 7005 (for acquisition), and 7006 (for disposition) may be used. VA does not apply these requirements for dogs and cats to animals of other species.

12. ADOPTIONS OF RESEARCH ANIMALS

VA continues to strongly support efforts to find loving homes for research animals that are in good health when their involvement in research is completed, and that are of species and temperaments suitable for adoption. VA has a Cooperative Research and

Development Agreement (CRADA) with the placement organization, Homes for Animal Heroes, to facilitate private adoptions for dogs and cats. The CVMO should be notified when AWA covered species are considered for adoption or transfer to any retirement arrangements.

13. OCCUPATIONAL HEALTH AND SAFETY

a. **The Occupational Health and Safety Program (OHSP).** This paragraph focuses specifically on those portions of the institutional OHSP that address the requirements of PHS policy for personnel at risk of exposure to animals in the animal research program and their unfixed tissues, fluids, and allergens.

(1) **Participation in the OHSP.** Each individual at risk of exposure is required to "participate", which includes having individual risks assessed and having the opportunity to receive services to address those risks (see 13.a(5), below). "Participation" does not require acceptance of all available services (see 13.a(6), below).

(2) **Individuals Required to Participate.** The requirement to participate (in the risk assessment and receipt of information) generally applies to all personnel at risk of exposure to animals or their unfixed tissues, fluids or allergens. In case of any questions about the specific amounts and nature of the exposure, it is valuable to involve the local VA AV, the IACUC overseeing the program, and the local occupational health professionals in deciding whether participation is warranted. The AV and IACUC are expected to provide guidance about the risks associated with the particular animal species and unfixed tissues, fluids and allergens involved, and the types of exposure expected. The occupational health professionals are expected to provide guidance about the significance of those risks to humans. Working together, these subject matter experts determine whether there is any reason to require the personnel to participate.

Those who are required to participate include those who:

(a) Are named on an IACUC-approved protocol *[No additional guidance]*

(b) Work in the VMU *[No additional guidance]*

(c) Work where others work with research animals *[No additional guidance]*

(d) Occasionally enter the VMU or contact research animals, including but not limited to the following:

1. IACUC members who are not otherwise involved in animal research (such as nonaffiliated members and nonscientific members), as well as nonvoting attendees or

consultants who may enter the animal facility to assist with semiannual facility inspections

2. Maintenance, engineering, housekeeping, and other personnel (such as members of the SRS, or controlled substance inspectors) whose assigned duties require them to enter the VMU

3. Other personnel such as VA Police or security personnel who may have to enter the VMU facilities in emergencies.

(e) Are deemed by subject matter experts to be at risk

(3) **The VA OHSP.** The performance standard is that the individuals with levels of exposure that warrant participation, are required to participate in an OHSP that meets PHS policy requirements. All such individuals with VA appointments are eligible to participate in the VA OHSP, and must do so unless they participate in another OHSP that meets PHS policy requirements. Individuals who are not eligible for OHSP services elsewhere may engage in VA research with animals only if granted a VA appointment of some sort that makes them eligible to participate in the VA OHSP.

(4) **Other OHSPs**. Personnel who are generally not eligible to participate in the VA OHSP, must participate in another OHSP that meets the requirements of PHS policy to be allowed to engage in VA research. These include:

(a) Personnel employed by an affiliate, who are not supported by VA funds, but are to engage in collaborative VA research with animals at the affiliate. The affiliate is expected to provide occupational health services for these personnel.

(b) Employees of a VA contractor providing services that involve exposure to VA research animals or their unfixed tissues or fluids. The VA facility is responsible for informing the contractor of the risks to those employees, and the local rules and procedures for minimizing those risks (Occupational Health and Safety in the Care and Use of Research Animals, 1997, p. 124), but the contractors are expected to provide the occupational health services for those employees.

(c) Students from an institution with a formal relationship with the VA medical facility for training purposes, may engage in VA research with animals as part of their training. The academic home institution of the students is expected to provide the occupational health services for the students.

(5) **Risk Assessment.** OLAW advises that specific services such as health screens or vaccinations may be declined, but regular risk assessment is required for all

personnel with exposure to animals (OLAW FAQ G.2). The information that is required for the occupational health professionals to assess the specific risks to the individual, in the context of the individual's personal medical history, is protected health information and is not to be shared with the AV, the IACUC, or the VA Research service.

(a) Role of the AV advising on the risks associated with exposure to animals and their unfixed tissues and fluids. *[No additional guidance]*

(b) Risks and recommendations. "Risk assessment" can be accomplished in a number of ways, depending on the nature and amount of expected exposure. For example,

1. For those with minimal exposure, it may be sufficient for orientation presentations to include an explanation of the risks and the services available, with written acknowledgement from the personnel that they have received this information.

2. For others, periodic submission of an updated occupational risk questionnaire for review by occupational health professionals may be more appropriate. The recommendations of the occupational health professionals are expected to reflect considerations including the amount of exposure to animals, unfixed animal tissues, fluids, and allergens, and the medical history of the individual.

3. For some, periodic interviews and physical exams may be necessary.

(c) Frequency of re-assessment. The occupational health professionals are authorized to confirm for the IACUC whether an individual is up-to-date on the required risk assessments and can be safely permitted to perform assigned duties, but details about the recommended frequency or dates of risk evaluation, as well as the specific findings of the assessments, are protected health information and are to be communicated only with the individual.

(6) **Option to Decline Services.** *[No additional guidance]*

14. CONFLICTS OF INTEREST

a. Responsibilities for providing routine standard veterinary or husbandry care are not considered to represent conflicts of interest with regard to individual protocols. *[No additional guidance]*

b. AV signature on the ACORP. *[No additional guidance]*

c. All VA investigators and members of the IACUC, regardless of type of appointment, are subject to the criminal statute pertaining to "Acts Affecting Personal or Imputed Financial Interest (18 U.S.C., §208), to the "Standards of Ethical Conduct for Employees of the Executive Branch" (5 C.F.R., Part 2635), and to VA requirements (e.g., VA Handbook 5025) with regard to conflicts of interest in research.

d. Consistent with the AWR (§2.31(d)(2)) and PHS Policy (IV.C.2), IACUC members and invited non-member guests are not permitted to participate in IACUC deliberations or be present while the committee votes on any matter for which:

(1) Their participation in outside consulting, employment, or royalty payment opportunities represents a real or perceived conflict of interest.

(2) They are involved in the matter under discussion, or have a close professional or personal relationship with those who are.

e. Individuals with real or perceived conflicts of interest may be permitted by the IACUC to provide information for the IACUC to consider.

f. The local VA Regional Counsel is authorized to interpret the provisions of the laws governing conflicts of interest, and can advise on any matter concerning government ethics.

15. TRAINING SPECIFIC TO VA RESEARCH WITH ANIMALS

Because of the many regulatory requirements that apply to VA research with animals, and VA's commitment to meeting or exceeding current ethical and veterinary standards for that work, attention to continuing training is important for all those involved in conducting or overseeing it.

(+) **ACOS/R&D and AO/R&D.** Acquiring and maintaining sufficient up-to-date knowledge through appropriate training on animal research compliance issues and IACUC responsibilities to be effective.

a. **IACUC members**

(1) Who is subject to VA training requirements for IACUC members *[No additional guidance]*

(2) Current specific VA training requirements *[No additional guidance]*

(a) CITI training *[No additional guidance]*

(b) ALL training *[No additional guidance]*

(c) Alternate training *[No additional guidance]*

(3) Lapses in required training *[No additional guidance]*

(4) Additional continuing training for IACUC members is provided by the office of the CVMO in the form of optional training exercises posted on the ORD website (https://www.research.va.gov/programs/animal_research/required_training.cfm). These are designed for the IACUC to use during meetings, and may be used at the IACUC's discretion.

b. **IACUC Manager.** Formal training and continuing education opportunities related to IACUC administration include, but are not limited to, participation in the following:

(1) Workshops and conferences of the Scientists Center for Animal Welfare

(2) Best Practice Meetings of the IACUC Administrators Association

(3) Courses offered by the IACUC 101™ organization

(4) Training available through Public Responsibility in Medicine and Research (PRIM&R)

(5) Training available through American Association for Laboratory Animal Science (AALAS Learning Library).

c. **VMU staff** -- The office of the CVMO funds a subscription with the AALAS Learning Library (ALL) for training in their technician certification program, so that VMU staff personnel of any VA facility can access training that leads to certification, without cost to the local facility or personnel.

d. **Research personnel**

(1) **General Training Required for All Personnel Conducting VA Research with Animals.**

(a) Who is subject to VA training requirements for research personnel?

1. Personnel performing procedures on approved protocols *[No additional guidance]*

2. Personnel supervising the performance of procedures on approved protocols. *[No additional guidance]*

3. Personnel with limited responsibility for performing procedures with animals in VA research, as specified by the IACUC. Examples of these include:

a. participants in a workshop receiving training under close supervision to learn to perform a new technique

b. outside experts providing training or serving as consultants on the protocol

c. staff of an imaging core facility at an affiliate performing standard imaging procedures for a protocol for VA research with animals.

(b) Specific training requirements *[No additional guidance]*

(2) **Specialized Protocol-Specific Training**. PHS Policy (IV.C.1.f) and the AWR (§2.31(d)(1)(viii)) require research personnel to be appropriately trained and qualified to perform the procedures they will be responsible for, in the species they will work with. For specialized protocol-specific procedures, this may require specialized training including, for example, hands-on training with a qualified consultant, or participation in a training workshop.

16. TRAINING

This paragraph is a required component of VHA Directives, to address VA training mandated according to VHA Directive 1052 by the Under Secretary for Health to achieve the mission, goals and objectives of VHA related to VHA Directive 1200.07. This is distinct from the role- and protocol-specific training described in paragraph 15, above, to qualify personnel for their responsibilities related to research with animals.

17. RECORDS MANAGEMENT

[No additional guidance]

18. REFERENCES

a. 7 U.S.C, “Agriculture”, Chapter 54, “Transportation, Sale, and Handling of Certain Animals”, §§ 2131-2159 (https://www.govinfo.gov/content/pkg/USCODE-2021-title7/html/USCODE-2021-title7-chap54.htm).

b. 18 U.S.C., "Crimes and Criminal Procedure", Part I, "Crimes", Chapter 11, "Bribery, Graft, and Conflicts of Interest", §208, "Acts Affecting a Personal Financial Interest" (https://www.govinfo.gov/content/pkg/USCODE-2021-title18/html/USCODE-2021-title18-partI-chap11-sec208.htm).

c. 38 U.S.C. (Veterans' Benefits), Part V (Boards, Administrations, and Services), Chapter 73 (Veterans Health Administration – Organization and Functions, § 7303 (Functions of Veterans Health Administration: Research Programs). https://www.govinfo.gov/content/pkg/USCODE-2021-title38/html/USCODE-2021-title38-partV-chap73-subchapI.htm

d. 42 U.S.C., "The Public Health and Welfare", Chapter 6A, "Public Health Service", Subchapter III "National Research Institutes", Part H "General Provisions", § 289d "Animals in research" (42 U.S.C. 289d - Animals in research - Content Details - USCODE-2021-title42-chap6A-subchapIII-partH-sec289d (govinfo.gov)).

e. 5 C.F.R., "Administrative Personnel", Chapter XVI "Office of Government Ethics", Subchapter B, "Government Ethics", Part 2635, "Standards of Ethical Conduct for Employees of the Executive Branch", as amended (https://www2.oge.gov/web/oge.nsf/Resources/5+C.F.R.+Part+2635:++Standards+of+ethical+conduct+for+employees+of+the+executive+branch)

f. 9 C.F.R., "Animals and Animal Products", Chapter 1, "Animal Plant Health and Inspection Service, Department of Agriculture", Subchapter A, "Animal Welfare", Parts 1, 2, and 3 (https://www.ecfr.gov/current/title-9/chapter-I/subchapter-A).

g. VA Directive 0730, Security and Law Enforcement, dated December 12, 2012.

h. VA Handbook 5005/62, Staffing (appendix revising the Department of Veterans Affairs (VA) qualification standard for the appointment of Veterinary Medical Officers, GS-701, Appendix II-F32, "Veterinary Medical Officer (Laboratory Animal Medicine) GS-701-11/15") dated January 31, 2013

i. VA Handbook 5025, Legal, dated March 25, 2022

j. VA Handbook 6510, VA Identity and Access Management, dated January 15, 2016.

k. VHA Directive 1058.01, Research Compliance Reporting Requirements, dated October 22, 2020.

l. VHA Directive 1108.01(1), Controlled Substances Management, dated May 1, 2019.

m. VHA Directive 1108.02(2), Inspection of Controlled Substances, dated November 28, 2016.

n. VHA Directive 1200.01(1), Research and Development Committee, dated January 24, 2019.

o. VHA Directive 1200.02(1), Research Business Operations, dated March 10, 2017

p. VHA Directive 1200.05(2), Requirements for the Protection of Human Subjects in Research, dated January 7, 2019

q. VHA Directive 1200.07, VA Research with Animals, dated May 23, 2023.

r. VHA Directive 1200.08(1), Safety of Personnel and Security of Laboratories Involved in VA Research, dated April 24, 2019.

s. VHA Directive 1935, VHA Freedom of Information Act Program, dated February 5, 2018.

t. AAALAC International (AAALACi) FAQs, updated June 2022, https://www.aaalac.org/accreditation-program/faqs/

u. American Association for Laboratory Animal Science. AALAS Learning Library (ALL). (https://www.aalaslearninglibrary.org)

v. Animal Welfare Act (AWA), 7 U.S.C, “Agriculture”, Chapter 54, “Transportation, Sale, and Handling of Certain Animals”, §§ 2131-2159 (https://www.govinfo.gov/content/pkg/USCODE-2021-title7/html/USCODE-2021-title7-chap54.htm).

w. Animal Welfare Regulations (USDA AWR), 9 Code of Federal Regulations, “Animals and Animal Products”, Chapter 1, “Animal Plant Health and Inspection Service, Department of Agriculture”, Subchapter A, “Animal Welfare”, Parts 1, 2, and 3 (https://www.ecfr.gov/current/title-9/chapter-I/subchapter-A).

x. APHIS Form 7001, United States Interstate and International Certificate of Health Examination for Small Animals, dated November 2010 (https://www.aphis.usda.gov/library/forms/pdf/APHIS7001.pdf).

y. APHIS Form 7005, Record of Acquisition of Dogs and Cats on Hand, dated November 2020 (https://www.aphis.usda.gov/library/forms/pdf/aph7005.pdf).

z. APHIS Form 7006, Record of Disposition of Dogs and Cats, dated May 2021 (https://www.aphis.usda.gov/library/forms/pdf/aph7006.pdf).

aa. APHIS Form 7023, Annual Report of Research Facility, dated July 2020 (https://www.aphis.usda.gov/library/forms/pdf/APHIS_7023.pdf)

bb. APHIS Guidance, The written program of veterinary care, last modified Jun 1, 2021 (https://www.aphis.usda.gov/aphis/ourfocus/animalwelfare/sa_attending_veterinarians/av-written-program/written-program-of-veterinary-care).

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gg. Guide for the Care and Use of Laboratory Animals *(The Guide*), 8th edition. 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).

hh. Health Research Extension Act of 1985 (P.L 99-158), amended, 42 U.S.C., "The Public Health and Welfare", Chapter 6A, "Public Health Service", Subchapter III "National Research Institutes", Part H "General Provisions", § 289d "Animals in research" (42 U.S.C. 289d - Animals in research - Content Details - USCODE-2021-title42-chap6A-subchapIII-partH-sec289d (govinfo.gov)).

ii. NOT-OD-05-034, Guidance on Prompt Reporting to OLAW under the PHS Policy on Humane Care and Use of Laboratory Animals, release date February 24, 2005, https://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-034.html

jj. NOT-OD-11-053, Guidance to Reduce Regulatory Burden for IACUC Administration Regarding Alternate Members and Approval Dates, release date March 18, 2011, https://grants.nih.gov/grants/guide/notice-files/NOT-OD-11-053.html

kk. NOT-OD-12-020, Adoption and Implementation of the Guide for the Care and Use of Laboratory Animals: Eighth Edition, release date December 2, 2011, https://grants.nih.gov/grants/guide/notice-files/NOT-OD-12-020.html

ll. NOT-OD-12-049, Notice Regarding NIH plan to Transition from use of USDA Class B Cats to Other Legal Sources, release date February 8, 2012, https://grants.nih.gov/grants/guide/notice-files/NOT-OD-12-049.html.

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nn. NOT-OD-14-034, Notice Regarding NIH Plan to Transition from Use of USDA Class B Dogs to Other Legal Sources, release date December 17, 2013, https://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-034.html.

oo. NOT-OD-14-126, Guidance on Significant Changes to Animal Activities, release date August 26, 2014, https://grants.nih.gov/grants/guide/notice-files/not-od-14-126.html

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ss. OLAW Guidance, Obtaining an Assurance, last updated June 8, 2022 (https://olaw.nih.gov/guidance/obtaining-an-assurance.htm).

tt. OLAW Guidance, Reporting Noncompliance, last updated May 9, 2023 (https://olaw.nih.gov/guidance/reporting-noncompliance.htm).

uu. ORD Guidance Document AR2015-004, Criteria for NSM and NAM, August 13, 2015 (https://www.research.va.gov/programs/animal_research/guidance.cfm).

vv. ORD Guidance Document AR2015-005, "Drafting an MOU", revised January 3, 2020 (https://www.research.va.gov/programs/animal_research/guidance.cfm).

ww. ORD Guidance Document AR2017-001, "Canine, Feline and Non-Human Primate Research Protocols", revised July 16, 2020 (https://www.research.va.gov/programs/animal_research/guidance.cfm).

xx. ORD Guidance Document AR2022-002, "Preliminary Pre-Decisional Notifications about Potentially Reportable Matters", dated July 19, 2022.

yy. Office of Research Oversight (ORO) Guidance on Information to be Included in Reports to ORO, dated February 1, 2022 (https://www.va.gov/ORO/Docs/Checklists/Guidance_on_Info_to_Include_in_Reports_to_ORO.pdf).

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APPENDIX A -- CONTACT INFORMATION AND ADDITIONAL RESOURCES

1. CONTACT INFORMATION

a. **AAALAC International.**

(1) **Mail**: Executive Director
AAALAC International
5205 Chairman's Court, Suite 300
Frederick, MD 21703

(2) **Email**: accredit@aaalac.org

(3) **Phone**: 301-696-9626

b. **Chief Veterinary Medical Officer (CVMO).**

(1) **Mail**: Chief Veterinary Medical Officer
Research Service (Mailstop 151V), Room 4A-106
Atlanta VA Medical Center
1670 Clairmont Road
Decatur, GA 30033

(2) **Email**: refer to the website for VA research with animals, https://www.research.va.gov/programs/animal_research/overview.cfm.

(3) **Phone**: 404-728-7644

c. **Office of Laboratory Animal Welfare (OLAW).**

(1) **Mail**: Director of the Division of Compliance Oversight
Office of Laboratory Animal Welfare
National Institutes of Health
6700B Rockledge Drive, Suite 2500, MSC 6910
Bethesda, MD 20892

(2) **Email:** olawdco@mail.nih.gov

(3) **Phone:** 301-480-3387

d. **Office of Research Oversight (ORO).**

(1) **Routine contact**: Refer to VHA Directive 1058.01 or the ORO website (https://www.va.gov/ORO/ORO_Contact_Information.asp).

(2) **Anonymous Complaint Hotline**: See the ORO website for the current phone number (https://www.va.gov/ORO/VA_Research_Concerns.asp).

(3) **Email**: ororsaw@va.gov

e. **The United States Department of Agriculture / Animal and Plant Health Inspection Service (USDA/APHIS).**
https://www.aphis.usda.gov/aphis/banner/contactus/sa_animal_welfare.

(1) **Mail**: USDA/APHIS/AC
2150 Centre Ave.
Building B, Mailstop 3W11
Fort Collins, CO 80526-8117

(2) **E-mail**: animalcare@usda.gov

(3) **Phone**: (970) 494-7478

(4) **Fax**: (970) 494-7461

f. **VA Office of the Inspector General (VAOIG) Hotline.**

(1) **Mail**: VA Inspector General Hotline (53E)
810 Vermont Avenue, NW
Washington, DC 20420

(2) **Phone**: (800) 488-8244

(3) **FAX**: (202) 495-5861

(4) **Online:** https://www.va.gov/oig/hotline/complainant-release-preference.asp

2. ADDITIONAL RESOURCES

a. **Just-in-Time Document Processing.** For projects that are selected for VA funding support, designated research administrators at each VA medical facility are responsible for online Just-in-Time (JIT) submission of supporting documents. For projects that include research with animals, the final versions of protocols covering all of the proposed work with animals, approved by the local IACUC, and showing any required signatures must be submitted for secondary review by the office of the CVMO. Questions about this process may be referred to the office of the CVMO.

b. **VMU Report.** Designated research administrators at each VA medical facility are responsible for updating the station information maintained online in VMU Report. Contact information for local personnel involved in the oversight of local VA research with animals is to be updated any time anything changes, as well as being confirmed annually when the animal use data for the previous fiscal year are due. The CVMO's office manages access and will advise on the use of the online VMU report website.

c. **VA Office of Research and Development Website.** Many resources important to the use of animals in VA research are available online on the pages of the ORD website (http://www.research.va.gov/programs/animal_research/default.cfm). These include:

(1) **Forms.** These include the ACORP and the forms for semiannual evaluations (https://www.research.va.gov/programs/animal_research/documents.cfm).

(2) **Training.** Training requirements for those involved in VA animal research are detailed, and optional supplementary training exercises for IACUC members are provided (https://www.research.va.gov/programs/animal_research/required_training.cfm).

(3) **Guidance.** Links are provided to various reference documents relevant to VA animal research and management of the VMU (https://www.research.va.gov/programs/animal_research/guidance.cfm).

(4) **Meeting Materials.** A library of PowerPoint slides and handouts that have been used for presentations by the office of the CVMO at various national or meetings is available (https://www.research.va.gov/programs/animal_research/meetings.cfm).

(5) **Information About VA Research with Animals.** This public-facing website also includes information about research with animals generally, and VA research with animals specifically. It addresses questions about what research is supported by VA and why, how it is overseen, the regulatory, policy, and veterinary standards that apply, how the animals are cared for, and what has been accomplished by this research.