**APPENDIX B: Satellite Animal Housing Location Request Form**

# Washington State University

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

**Satellite Animal Housing Location Request Form**

Note: Please refer to the WSU IACUC Policy 1 “Principal Investigator Managed Animal Housing & Use Areas – Approval, Training, Animal Care Expectations and Monitory Policy” for more information

Section A: REQUEST TO HOLD ANIMALS IN A SATELLITE HOUSING LOCATION

Check One:

[ ] This request is for the initial approval of a Satellite Animal Housing Facility

[ ] This request is for the renewed approval of an existing Satellite Animal Housing Facility *(Note: renewal approval is required every three years following initial approval)*

Specify the location of the PI Managed Animal Housing Facility

Campus/Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Builiding:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will any animals be infected with ABSL 2 or 3 agents? [ ] YES [ ] NO, If YES, please list

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Will any animals be treated with hazardous chemical or radiation? [ ] YES [ ] NO, If YES, please list hazards(s)

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Indicate the type of animal holding or housing for the location:

[ ] Continual (expectation that one or more animals will be present at any given time)

[ ] Frequent (one or more animals of often present, but with periods of no animal presence)

[ ] Sporadic (one or more animals infrequently present; e.g. periodic days per month with long periods of no animal presence)

Animal Species to be held or housed (at each location if multiple rooms/areas are specified):

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Testing Equipment for Animal Use (i.e. chambers, mazes, rotarod, treadmills, etc):

As per the NCR 8th edition of *The Guide*, testing equipment should be designed in such a way as to allow surface disinfection between studies. Please explain and clarify how disinfection between studies will be addressed

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Section B: JUSTIFICATION FOR SATELLITE ANIMAL HOUSING LOCATIONS

Please explain the scientific justification for holding/housing animals outside of a WSU centrally managed animal housing facility. State the reason(s) why the use of a WSU centrally managed animal housing facility or centrally managed dedicated animal care staff would interfere with achieving the scientific objectives:

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In addition to the scientific justification provided above, please include any other information you believe important for the IACUC to consider in reviewing this request (optional response):

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Section C: REQUIRED CLEARANCES

If scientific need is established/approved by the IACUC, the clearances below will be required before the IACUC will APPROVE the PI managed animal housing facility.

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| CLEARANCE CHECKLIST  | PENDING | DATE COMPLETED | NOTES | REVIEW DATE COMPLETED |
| HVAC Assessment (room air flow, pressures, etc) |  |  | This assessment must be done at least every three years for areas used for regular animal housing.  |  |
| Satellite Animal Care Plan (SOP) |  |  | Submit to the Office of the Campus Veterinarian for review. If there are requests for exceptions in animal husbandry standards – these will require IACUC approval.  |  |
| Adverse Event and Disaster Plan |  |  | Submit to the Office of the Campus Veterinarian for review. |  |
| Satellite Animal Housing Training Module |  |  | *Currently in development by OCV Training Coordinator* |  |
| IBC, RSO, EHS Approval if needed |  |  |  |  |
| IACUC Facility Inspection |  |  | Contact the WSU IACUC office to schedule this inspection |  |

Section D: IACUC & Attending Veterinarian APPROVAL Section

IACUC Approval [ ] YES [ ] NO

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Reviewer Name & Date

 Attending Veterinarian [ ] YES [ ] NO

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Reviewer Name & Date