

Memorandum to: Mary Farwell, Ph.D.
Assistant Vice Chancellor for Research Compliance

From: Institutional Animal Care and Use Committee

Subject: Semiannual Report of the Program Review and Facility Inspection

Date: September 21, 2020

This report summarizes the IACUC's results of its most recent program review and facility inspection, as required by the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals ([Policy](#)), Section [IV.B.1.-3.](#), the *Guide for the Care and Use of Laboratory Animals* ([Guide](#)), and the Animal Welfare Act ([AWA](#)) regulations, as applicable. Submission of semiannual reports to the Institutional Official is a condition of this institution's Animal Welfare Assurance with the NIH Office of Laboratory Animal Welfare (OLAW).

Since the last review, the following changes have occurred in the institution's program for animal care and use (PHS Policy [IV.A.1.a.-i.](#)): [optional]

[REDACTED]

I. Description of the Nature and Extent of the Institution's Adherence to the PHS Policy, the *Guide*, and the AWA

Departures from the PHS Policy, the *Guide*, and the AWA.

Select A or B:

- ☒ A. There were no departures during this reporting period.
- ☐ B. The following departures have been reviewed and approved by the IACUC: *[include reason for each departure]*

II. Deficiencies in the Institution's Animal Care and Use Program

Animal Care and Use Program Review Date(s): **September 21, 2020**

Select A or B:

- ☒ A. There were no deficiencies in the program during this reporting period.
- ☐ B. The following deficiencies have been identified: *[describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*

See attached report

III. Deficiencies in the Institution's Animal Facility

Animal Facility Inspection Date(s): **September 21, 2020**

Select A or B:

- ☐ A. There were no deficiencies in the animal facility during this reporting period.
- ☒ B. The following deficiencies have been identified: *[describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*

See attached reports for the list of minor deficiencies.

IV. Minority Views

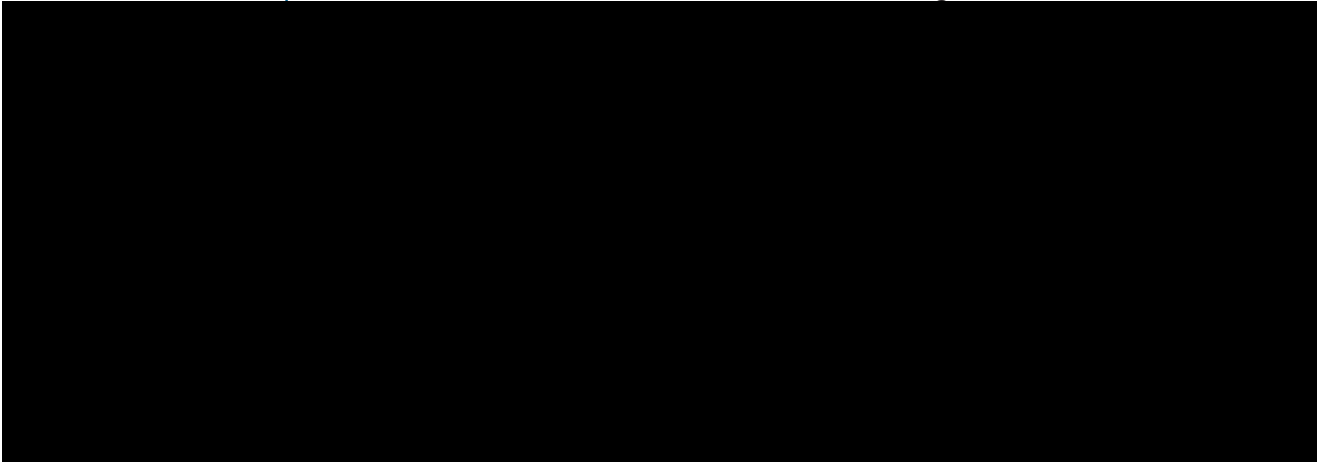
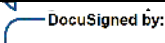


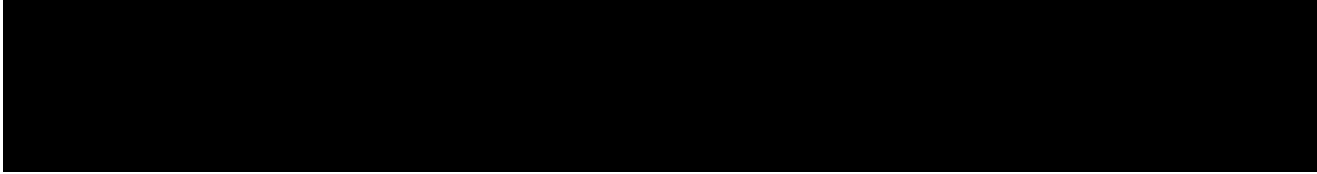
Select A or B:

- ☒ A. No minority views were submitted or expressed.
- ☐ B. The following minority views were expressed: *[insert minority views here or attach]*

V. Status of AAALAC Accreditation *[identify accredited facilities, if applicable]*

The program continues to be fully accredited by AAALAC - International

VI. Signatures [*signatures of a majority of the IACUC members required by AWAR (§2.31,c,3), if applicable*]

Names of Signatories	Signatures
	
Susan McRae, Ph.D.	
	
Dorcus O'Rourke, DVM	
	

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September 1, 2020

Dear Dr. McRae,

The IACUC semiannual facilities and lab inspections were conducted between July 14 and August 11, 2020. The subcommittees included the following members: Dorcas O'Rourke, [REDACTED]
[REDACTED]

We found no major deficiencies; the following minor ones were identified:

1. In [REDACTED] the surgery log was inconsistent with DCM guidelines.
2. In [REDACTED] the rationale for the use of non-pharmaceutical grade morphine was inconsistent with the AUP.
3. In [REDACTED] general housekeeping was needed and the most recent IACUC approved AUP was not readily available.
4. In [REDACTED] area, a mop was improperly stored.
5. In [REDACTED] expired drugs were present. Surgical material was not prepared appropriately for aseptic surgery. Surgery logs were not consistent with DCM guidelines. The carbon dioxide canister was not secured with two points of contact and not all controlled drugs were included in the drug log.
6. In [REDACTED] the open drop anesthesia method did not include a separation between the anesthetic compound and the subject.
7. In [REDACTED] egress from the cage rack washer was hindered.
8. In [REDACTED] expired brine shrimp was present in the refrigerator and the most recent IACUC approved AUP was not readily available.
9. In [REDACTED] research personnel did not reset the thermometer and hygrometer after daily recordings, therefore recorded values may be incorrect.
10. [REDACTED] documentation of post-operative analgesia administration was inconsistent with the AUP and DCM Guidelines.

Please find attached the IACUC semiannual inspections forms specifying details of our findings. All findings have been corrected.

Sincerely,

[REDACTED]

I. Semiannual Program Review and Facility Inspection Report

Date: July 14, 2020

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
A		[REDACTED]	Note: Remove [REDACTED] – no live animal work No deficiencies noted	[REDACTED]	N/A	N/A
M		[REDACTED]	Please add the most recent approved AUP to the binder. Expired brine shrimp in refrigerator, please discard	[REDACTED]	7/29/20	7/24/20
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A

* A = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

II. Semiannual Program Review and Facility Inspection Report

Date: July 16, 2020

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
A		[REDACTED]	Note: Open drop method of isoflurane is conducted on bench top. PI will contact EHS for exposure assessment, in the meantime no euthanasia are scheduled, if any are done before assessment is complete, the procedure will be conducted in a fumehood.	[REDACTED]		
M		[REDACTED]	Documentation of post-operative analgesia administration was inconsistent with AUP and DCM Anesthesia and Analgesia Guidelines	[REDACTED]	Immediately	Corrected

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NA = not applicable

✓ Check if repeat deficiency

III. Semiannual Program Review and Facility Inspection Report

Date: July 17, 2020

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
M		[REDACTED]	Expired lidocaine, Puralube, Surgicel and meloxicam- please discard and replace Filament and holder for ICV procedure should be aseptically prepared for surgery - please contact DCM for assistance Surgery logs were not consistent with DCM Guidelines please modify Replace tape with non-residue one Cloth chairs present in surgery and procedure areas, please remove Carbon dioxide canister do not have two points of contact, please contact EHS for safety assessment Control drug log should include all controlled drugs used by lab	[REDACTED]	9/1/20	9/1/20
A		[REDACTED]	No deficiencies were noted	[REDACTED]	N/A	N/A
M		[REDACTED]	The open drop method is used, separation is needed between compound and subject Expired lidocaine, please discard Note: Remove [REDACTED] from list	[REDACTED]	9/1/20	9/1/20
M		[REDACTED]	Replace tape with non-residue one Surgery logs were not consistent with DCM Guidelines please modify	[REDACTED]	7/29/20	7/27/20

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NA = not applicable

Check if repeat deficiency

Uploaded to Animal Research Laboratory Overview (ARLO) on 04/23/2021
 Obtained by Rise for Animals.

IV. Semiannual Program Review and Facility Inspection Report

Date: July 20, 2020

Members in Attendance: [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
A		[REDACTED]	No deficiencies were noted	[REDACTED]	N/A	N/A
M		[REDACTED]	Update AUP in binder Replace tape with non-residue one Replace guidelines for TBE with ECU ones General housekeeping needed	[REDACTED]	7/29/20	7/24/20

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NA = not applicable

✓ Check if repeat deficiency

V. Semiannual Program Review and Facility Inspection Report

Date: July 24, 2020

Members in Attendance: Dorcas O'Rourke, [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
A		[REDACTED]	No deficiencies were noted	[REDACTED]	N/A	N/A

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NA = not applicable

Check if repeat deficiency

VI. Semiannual Program Review and Facility Inspection Report

Date: July 29, 2020

Members in Attendance: Dorcas O'Rourke, [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A
M		[REDACTED]	Mop stored in a bucket. Cleaning implements should be stored in a fashion that facilitates drying and minimizes contamination and harborage of vermin.	[REDACTED]	Immediately	7/29/20
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A

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C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

VII. Semiannual Program Review and Facility Inspection Report

Date: July 29, 2020

Members in Attendance: Dorcas O'Rourke, [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A

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M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

Check if repeat deficiency

VIII. Semiannual Program Review and Facility Inspection Report

Date: July 29, 2020

Members in Attendance: Dorcas O'Rourke, [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
M		[REDACTED]	Egress from the cage rack washer was hindered. The facility manager and supervisor removed scale and applied lubricant to the hinges. Ease of egress was restored.	[REDACTED]	Immediately	7/29/20
			No other deficiencies were noted in the [REDACTED]			

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C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

Check if repeat deficiency

IX. Semiannual Program Review and Facility Inspection Report

Date: July 30, 2020

Members in Attendance: Dorcas O'Rourke [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A

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M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

X. Semiannual Program Review and Facility Inspection Report

Date: July 30, 2020

Members in Attendance: Dorcas O'Rourke [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
A		[REDACTED]	Currently no animals housed Recent work orders for floor repairs were reviewed No deficiencies noted	[REDACTED]	N/A	N/A

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C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

Check if repeat deficiency

XI. Semiannual Program Review and Facility Inspection Report

Date: July 30, 2020

Members in Attendance: Dorcas O'Rourke [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
A		[REDACTED]	No deficiencies were noted	[REDACTED]	N/A	N/A
A		[REDACTED]	No deficiencies were noted	[REDACTED]	N/A	N/A
A		[REDACTED]	No deficiencies were noted	[REDACTED]	N/A	N/A
M		[REDACTED]	Research personnel not resetting thermometer and hygrometer after daily recordings, therefore values recorded may be incorrect	[REDACTED]	Immediately	7/30/20
A		[REDACTED]	No deficiencies were noted	[REDACTED]	N/A	N/A
NA		[REDACTED]	Currently no animals housed	[REDACTED]	N/A	N/A

* A = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

✓ Check if repeat deficiency

XII. Semiannual Program Review and Facility Inspection Report

Date: July 30, 2020

Members in Attendance: Dorcas O'Rourke [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A

* A = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

Check if repeat deficiency

XIII. Semiannual Program Review and Facility Inspection Report

Date: July 31, 2020

Members in Attendance: Dorcas O'Rourke [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A
		6N-92				
M		[REDACTED]	Rationale for the use of non-pharmaceutical grade morphine was inconsistent with the AUP and Guidelines. A modification will be made in the PIs renewal which is scheduled to be reviewed at the September meeting.	[REDACTED]	09.11.2020	08.31.2020
A		[REDACTED]	No deficiencies were noted	[REDACTED]	N/A	N/A

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M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

Check if repeat deficiency

XIV. Semiannual Program Review and Facility Inspection Report

Date: August 11, 2020
Members in Attendance: Dorcas O'Rourke, [REDACTED]

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
A		[REDACTED]	No deficiencies noted	[REDACTED]	N/A	N/A

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M = minor deficiency
S = significant deficiency (is or may be a threat to animal health or safety)
C = change in program (PHS Policy [IV.A.1.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)
NA = not applicable
Check if repeat deficiency

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September 3, 2020

Susan McRae, PhD
Chair, Institutional Animal Care and Use Committee
East Carolina University
Greenville, NC 27858

Re: Semiannual review of the Institutional Animal Care and Use Program

Dear Dr. McRae:

On September 2, 2020 a subcommittee of the Institutional Animal Care and Use Committee (IACUC) conducted a semi-annual review of the Animal Care and Use Program at ECU. The membership of the subcommittee was Dr. Dorcas O'Rourke, [REDACTED] Dr. Sue McRae (yourself) [REDACTED]. The meeting was conducted virtually.

Using the OLAW Semiannual Program review Checklist and guided by previous evaluation reports, we conducted a thorough review of the program. We found that the program continues to be well run, the faculty, technical administrative staff for DCM, and the IACUC continue to do an outstanding job in holding the university's program to high standard despite the current pandemic. Proper care and husbandry for the animals continue to be assured. No major or minor deficiencies in the program were noted.

Animal Care and Use Program

DCM continues to provide care to all animals during the pandemic. Sufficient resources, such as PPE, are available to manage the program during the pandemic. Critical research has been approved by the senior administration and is ongoing.

The AAALAC site visit occurred on July 29 until July 31. At the exit briefing the site visitors delivered their preliminary findings, 12 commendations and no findings, they will recommend continued full accreditation to council.

Disaster Plan and Emergency Preparedness

The Plan has been initiated as a result of the pandemic and is still on-going; all needs are being addressed.

IACUC, Protocol Review, Membership and Functions, Training Records and Reporting Requirements

Changes in the composition of the IACUC committee include the addition of [REDACTED] [REDACTED] left the committee after serving for 7 years.



Department of Comparative Medicine

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Electronic signature of protocols by PIs and approvals are continued to be utilized. The committee has been using a web-based platform for its meetings.

Veterinary Care

Veterinary care including weekend coverage continues during the pandemic.

The IACUC reviewed, approved, and implemented the new AVMA Guidelines on Euthanasia 2020.

