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To: APHIS-AnimalCare
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Subject: McLean Hospital 14-R-0096 Animal Welfare 3 Year Registration App.
Date: Tuesday, December 15, 2020 10:49:58 PM
Attachments: [McLean Hosp registration-update-application-package final.pdf](#)
[McLean Hospital PVC Addenda 12_15_2020.pdf](#)

Dear Dr. Elizabeth Goldentyer,

Find attached the McLean Hospital three year registration renewal forms.

Please do not hesitate to contact me with any questions.

Many thanks,

(b) (6), (b) (7)(C)

McLean Hospital

(b) (7)(F)

Belmont MA 02453

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<https://www.mcleanhospital.org/research>

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McLean Hospital Program of Veterinary Care (Addenda)
Reviewed and Revised December 15, 2020

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B. Parasite Control Program

1. **Ectoparasites-** Primates are pre-screen prior to arrival and visually inspected during quarantine physicals and subsequent physical exams for fleas, ticks and lice. If clinical signs appear or if infestation is suspected, diagnostic skin scrapings, fur plucking may be performed in house or fungal cultures may be submitted to IDEXX Labs at the discretion of the veterinarian. Animals diagnosed with or exposed to ectoparasites will be treated with appropriate agents. As all primates are housed exclusively indoors, exposure is virtually non-existent and there have been no cases detected in at least 17 years. Therefore, no routine preventative treatment is performed.
2. **Blood parasites-** Blood parasites such as malaria, are uncommon in purpose bred primates. As testing of asymptomatic animals is insensitive, animals are not routinely screened. Individual animals suspected to have blood parasites based on clinical signs such as recurrent fever or chronic anemia, may be tested by peripheral blood smears or PCR submitted to Partners approved diagnostic laboratories IDEXX labs, Charles River Labs or Zoologix.
3. **Intestinal Parasites-** All primates are screened for intestinal parasites via fecal floatation either prior to arrival or in quarantine. Fecal culture for salmonella, shigella, campylobacter and yersinia is also performed either prior to arrival or in quarantine. Animals with positive results are treated and retested prior to release from quarantine. Fecal floatation and fecal cultures are routinely performed on animals with chronic weight loss or diarrhea. Additional parasite testing may be submitted to Partners approved diagnostic laboratories IDEXX labs, Charles River Labs or Zoologix. Suspected or confirmed amoebic or protozoal infections are treated with metronidazole at 25mg/kg once daily for 5 days. Annually, Rhesus macaques are injected annually with two doses of ivermectin two weeks apart as empiric treatment for lungworms and other parasites. Squirrel monkeys are dewormed with pyrantel pamoate 11mg/kg at least once annually as empiric treatment for pinworms and other parasites.

C. Emergency Care

1. Attending Veterinarian Joseph Pocher, DVM provides both routine and emergency veterinary coverage. Regular days on campus are Mondays, Wednesdays and Fridays (excluding holidays, vacation and sick days). Dr. [REDACTED] carries a mobile phone and his contact numbers (home, mobile and clinic) are posted in all animal housing areas. He is available for phone, text, and email consultation at all times. Emergency visits on weekends, holidays and evenings are performed as needed. Dr. [REDACTED] DVM, DACLAM is

contracted as McLean Hospital's back-up veterinarian when Dr. (b) (6), (b) (7)(C) is unavailable due to vacation, travel or illness). Dr. (b) (6), (b) (7)(C) at Tufts University Cummings School of Veterinary Medicine and is also available for veterinary consultation as needed.

2. **Capture and Restraint** – Restraint of nonhuman primates is accomplished by multiple methods: Chemical restraint by intramuscular injection of ketamine HCl is used for macaques for exams and minor procedures. Supplemental midazolam or dexmedetomidine may be used at the discretion of the veterinarian. Squeeze back cages may be used to briefly (< 1 min) restrain the animal to the front of the cage for injection. Squirrel monkeys may be immobilized with ketamine for brief procedures as well, but less often. Due to their smaller size and ease of handling, exams and brief procedures such as injections, blood samples and TB tests can be performed with pole and collar and/or manual restraint. All sedated animals are closely monitored during recovery from sedation.

Many macaques and squirrel monkeys are trained to transfer from their home cage into restraint chairs for operant procedures using positive reinforcement. Trained laboratory personnel gently guide the subject into the restraint chair using pole and collar technique. The subject is secured in the chair using waste and neck plates, leaving the extremities free. Restraint chairs are manufactured by Plas Labs, Primate Products or are custom built and are adjustable to maintain the animal in a natural and comfortable posture. A modified version allows for MRI imaging in alert and anesthetized subjects. All subjects are adapted to pole and collar handling and restraint chairs through multiple training sessions of increasing duration combined with positive reinforcement as described in IACUC approved protocols.

In the event of a primate escape, efforts are made to coax the animal into its home cage with a high value food item such as fruit. If this is unsuccessful, a net and/or primate restraint gloves may be used to recapture the animal. A blow gun with a tranquilizer dart may also be used in macaque species.

D. Euthanasia

2. Methods of Euthanasia- All methods of euthanasia are in accordance with the AVMA Guidelines for Euthanasia of Animals: 2020 Edition and are approved by the IACUC committee. Whenever possible, the Attending Veterinarian performs or supervises euthanasia of all NHPs. If the veterinarian cannot be present to tend to a moribund animal, euthanasia may be performed by a senior laboratory staff member after consultation with the veterinarian and principle investigator.

Animals are first immobilized with ketamine 10-25mg/kg IM, unless moribund. Euthanasia is accomplished with a commercial pentobarbital based Euthanasia solution (Euthasol, Somnisol, etc) at a minimum dose of 150mg/ml IV. If possible, an intravenous catheter is placed in the saphenous or cephalic vein to ensure intravenous administration of the entire dose of euthanasia solution. If a catheter cannot be placed, direct intravenous injection may be used. Intracardiac injection may also be used in anesthetized animals if intravenous access is not possible. Following euthanasia, the animal is auscultated with a stethoscope for the absence of heartbeat and respiration. Death is ensured by thoracotomy or decapitation unless death is

confirmed by the veterinarian, or the subject is suspected of having zoonotic disease or scheduled for diagnostic necropsy. Other AVMA and IACUC approved methods of euthanasia may be substituted when the above is justifiably contraindicated for research purposes.