

The University of Oklahoma
Health Sciences Center
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

CONFIDENTIAL MEMORANDUM

To: [REDACTED], Acting Vice-President for Research and Institutional Official
From: [REDACTED], Chair of the Institutional Animal Care and Use Committee
CC: [REDACTED], Director of Compliance
Subject: Semiannual Report of the Program and Inspection of Facilities
Date: May 12, 2021

This memorandum, prepared by the Office of Animal Welfare Assurance (OAWA), summarizes the results of the IACUC's most recent program review and facility inspections, 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.](#)):

In January, 2021, the Institutional Official of the OUHSC animal care and use program changed from [REDACTED], Vice President of Research, to [REDACTED], Acting Vice President of Research.

At the time of this review, the OUHSC Animal Care and Use Program is comprised of eight core animal facilities operated by the Division of Comparative Medicine, and 11 satellite facilities and study areas operated wholly or in part by investigators.

The membership of the IACUC continues to include 18 members duly appointed by the Institutional Official on behalf of the University's Senior Vice President and Provost.

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:

There were no departures from the PHS Policy, the Guide and the AWA during the current reporting period.

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

CONFIDENTIAL INTERNAL DOCUMENT; NOT FOR DISTRIBUTION OR COPYING
IACUC Semiannual Program Review, Page 1

The University of Oklahoma
Health Sciences Center
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

Animal Care and Use Program Review Date(s): 05/12/2021

Select A or B:

☒ A. There were no deficiencies in the program during this reporting period.

☐ B. The following deficiencies have been identified:

There were no deficiencies in the program during this reporting period.

III. Deficiencies in the Institution's Animal Facility

Animal Facility Inspection Date(s): 04/05/2021-04/22/2021

Select A or B:

☐ A. There were no deficiencies in the animal facility during this reporting period.

☒ B. The following deficiencies have been identified:

In accordance with the IACUC's process, subcommittees composed of at least two IACUC members completed the Semiannual Facility Inspection Checklist for each animal facility. Each facility inspection report has been summarized in the attached memo, Exhibit A.

IV. Minority Views

Select A or B:

☒ A. No minority views were submitted or expressed.

☐ B. The following minority views were expressed:

There were no minority views submitted or expressed during the Program Review.

V. Status of AAALAC Accreditation

The Institution's AAALAC accreditation status has not changed (AAALAC Accredited – Category 1).

The University of Oklahoma
Health Sciences Center
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

VI. Signatures

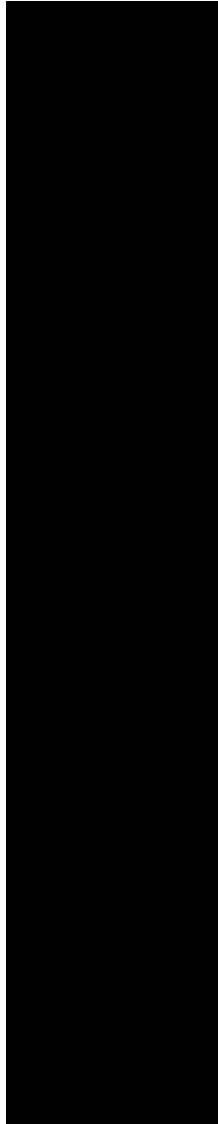


Names of IACUC Members	Signatures
	Email confirmation submitted 05/18/2021
	
	Email confirmation submitted 05/21/2021
	Email confirmation submitted 05/18/2021
	Email confirmation submitted 05/18/2021
	Email confirmation submitted 05/19/2021
	Email confirmation submitted 05/18/2021
	Email confirmation submitted 05/18/2021
	Email confirmation submitted 05/18/2021
	Email confirmation submitted 05/21/2021
	Email confirmation submitted 05/21/2021
	
	Email confirmation submitted 05/19/2021
	Email confirmation submitted 05/18/2021
	Email confirmation submitted 05/21/2021
	Email confirmation submitted 05/18/2021
	Email confirmation submitted 05/18/2021

EXHIBIT A

Facility Inspection Report: [REDACTED] **Animal Facility****Inspection Date:** 21 April 2021**Members in Attendance:** [REDACTED]**Date Issued:** 04/22/2021**Guests in Attendance:** TS, CY (DCM Representatives)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
S		[REDACTED]	Deficiency: Expired foodstuffs in animal housing room. Plan for Correction: Discard expired diet.	Facility Manager	Immediately	04/21/2021

* **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

✓ - repeatable deficiency

Facility Inspection Report: [REDACTED] DCM Facility**Inspection Date: 21 April 2021****Members in Attendance:** [REDACTED]**Date Issued:** 04/22/2021

Guests in Attendance: TL (DCM Representative), AB (EHSO Representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

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

✓ - repeatable deficiency

Facility Inspection Report: [REDACTED] **DCM Animal Facility****Inspection Date: 22 April 2021****Members in Attendance:** [REDACTED]**Date Issued:** 04/23/2021

Guests in Attendance: SL, JP (Facility Representatives), AB (EHSO Representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

* **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

✓ - repeatable deficiency

Facility Inspection Report: [REDACTED] **DCM Animal Facility****Date:** 12 April 2021**Members in Attendance:** [REDACTED]**Date Issued:** 04/19/2021

Others in Attendance: TB (EHSO Representative), TS & CY (DCM Representatives)

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

* **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

Facility Inspection Report: [REDACTED] **DCM Animal Facility****Date:** 12 April 2021**Members in Attendance:** [REDACTED]**Date Issued:** 04/19/2021

Others in Attendance: TS & CY (DCM representatives)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

* **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

Facility Inspection Report: [REDACTED]**Date:** 05 April 2021**Members in Attendance:** [REDACTED]**Date Issued:** 04/19/2021

Others: TS (DCM Representative), AB (EHSO Representative)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
Minor		[REDACTED]	Deficiency: Animal Transfer Station in use for rats has not been certified for proper air flow and ventilation. Plan for Correction: Coordinate with DCM facility manager to have Animal Transfer Station certified. The unit should be recertified annually thereafter.	PI	Within 2 months, or by 05/31/2021	05/05/2021

- * **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

Facility Inspection Report: [REDACTED] **DCM Animal Facility****Date: 05 April 2021****Members in Attendance:** [REDACTED]**Date Issued:** 04/19/2021

Others: TS, CY (DCM representatives)

Deficiency Category	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
			No deficiencies identified during inspection.			

***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

Facility Inspection Report: [REDACTED] **DCM Animal Facility****Date:** 05 April 2021**Members in Attendance:** [REDACTED]**Date Issued:** 04/19/2021

Others: TS, CY (DCM Representatives), AB (EHSO Representative)

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
S		[REDACTED]	Deficiency: Used and expired microchip injection needles being re-used in animals. Plan for Correction: Discard all expired and used needles from the animal facility. Any materials labeled for single-use (e.g., needles) should be safety discarded following initial use.	Principal Investigators	By 04/09/2021	04/09/2021

*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

EXHIBIT A

Facility Inspection Report: [REDACTED] Animal Facility**Date:** 19 April 2021**Members in Attendance:** [REDACTED]**Date Issued:** 04/20/2021**Others in Attendance:** CR (DCM Representative), AB (EHSO Representative), MD (Facility Representative)

Deficiency Category	✓ Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
		No deficiencies identified during inspection.			

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

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/07/2021

Principal Investigator:

Rooms:

Active Protocols: 20-061-TU (formerly 18-050-SFI)

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
Significant		Deficiency: An opened package of expired animal diet was being stored in the animal facility refrigerator. Plan for Correction: Discard expired diet.	Principal Investigator	Immediately	04/07/2021

This inspection was discussed with:

Name:	Title: Principal Investigator	Date: 04/07/2021 (by email)
-------	-------------------------------	-----------------------------

IACUC inspection team:

Name:	Name:	
-------	-------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TB (EHSO)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/07/2021

Principal Investigator: [REDACTED] (Shared Procedure Area)

Rooms: [REDACTED]

Active Protocols: 18-059-SSEAH, 18-060-EAFI, 18-094-FH, 19-004-AFEH, 19-010-SEAPHR, 19-020-H, 19-036-EFAH, 19-057-EFCHI, 19-071-EAFH, 20-007-EAFH, 20-024-EAW, 20-048-ESFAHL, 20-066-HL

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
Significant	[REDACTED]	Deficiency: The number of mouse cages being housed within a single OIR chamber exceeded reasonable capacity for acceptable ventilation. Plan for Correction: Reduce the number of mouse cages co-housed in the OIR chamber at any given time.	Principal Investigator	Immediately	04/07/2021
Significant	[REDACTED]	Deficiency: The log sheet to record daily animal health and environmental quality had not been used in nearly one year. Plan for Correction: Confirmation of all standards outlined in IACUC Policy 128 must be logged at least daily whenever animals are being held in the OIR chamber or Dark Adaptation rooms.	Principal Investigator	Immediately	04/07/2021

This inspection was discussed with:

Name: [REDACTED]	Title: Eye Core Manager, Protocol Associate	Date: 04/07/2021
------------------	---	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TB (EHSO Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator: [REDACTED] (Shared Procedure Areas, Satellite)

Rooms: [REDACTED]

Active Protocols: 17-109-SHL, 18-017-HIC, 18-045-SAPHL, 18-059-SEAH, 18-062-SEACI, 18-076-EA, 18-112-EABF, 19-010-SEAPHR, 19-053-EAFH, 19-063-SEAH, 19-079-SEAFHI, 20-026-SEAH, 20-042-SEAH, 20-046-EA, 20-068-EAFH, 20-056-EHIL

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator & Protocol Associate	Date: 04/08/2021
------------------	--	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-079-SEAFHI, 20-026-SEAH

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies noted during inspection			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator & Associate	Date: 04/08/2021
------------------	---	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TB (EHSO)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-032-EFCHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
Minor	[REDACTED]	Deficiency: Storage of unlabeled animal diet in the satellite facility. Plan for Correction: All animal feed stored in BRC 361 must be labeled <i>at minimum</i> with contents and expiry date (based on the manufacturer's recommendations).	Principal Investigator	By 05/01/2021	04/09/2021
Significant	[REDACTED]	Deficiency: Several containers of rodent diet that expired on 01/31/2021 was being stored in the animal facility freezer. Plan for Correction: Discard all expired diet.	Principal Investigator	Immediately	04/08/2021

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associate	Date: 04/08/2021
------------------	---------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/13/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-046-IA, 18-103-ACHR, 19-037-AH, 19-045-HI, 19-058-SAH,
20-080-EH, 20-093-EA

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
Minor	[REDACTED]	<p>Deficiency: The laboratory's IACUC notebook (stored electronically) did not include all items required under IACUC Policy 121, "Training in the Care and Use of Laboratory Animals."</p> <p>Plan for Correction: Update the laboratory's IACUC notebook to include all current personnel's required training certificates and other information described under Section IV.C. of this Policy document.</p>	Principal Investigator	By 05/31/2021	05/04/2021
Significant	[REDACTED]	<p>Deficiency: Continued administration of outdated and/or non-pharmaceutical grade* anesthetic (Tricaine) to animals.</p> <p>Plan for Correction: Discard all non-pharmaceutical grade tricaine and expired suspensions of tricaine from the animal facility. Begin using only pharmaceutical-grade Tricaine-S in animals within 30 days of suspension.</p> <p>*The IACUC instructed the PI to discard all non-pharmaceutical grade tricaine during the previous inspection in October, 2020.</p>	Principal Investigator	By 05/01/2021	05/01/2021

This inspection was discussed with:

Name: [REDACTED]	Title: Lab Associates	Date: 04/13/2021
------------------	-----------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/13/2021

Principal Investigator: [REDACTED]

Rooms [REDACTED]

Active Protocols: 19-062-EFCHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Co-Investigator	Date: 04/13/2021
------------------	------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/13/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-067-FH, 18-094-FH, 19-004-AFEH, 19-036-EFAH, 19-071-EAFH, 20-007-EAFH, 20-048-ESFAHL, 20-066-HL, 21-006-SAHL

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: PI & Lab Managers	Date: 04/13/2021
------------------	--------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/12/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols:

18-108-S, 19-019-SAFCHI, 19-050-AFH, 19-067-SU, 19-081-SAH, 20-009-SAHR,
 20-027-HER, 20-035-ECHIR, 20-036-SACHXU, 20-037-EFR, 20-054-SCHIR, 20-
 058-CHIR, 20-073-EHIR, 20-097-HR

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associate	Date: 04/12/2021
------------------	---------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TB (EHSO Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/19/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-039-EACHI, 20-057

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/19/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: CR (DCM Representative), AB (EHSO Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/19/2021

Principal Investigator: [REDACTED] (Shared Procedure Area)

Rooms: [REDACTED]

Active Protocols: 18-033-CHITW, 18-046, 18-056-AH, 18-071-SSWHI, 18-096-WCHIT, 18-114-EWCI, 19-023-WCI, 19-050-AFH, 21-003-EWCHIT

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
M	[REDACTED]	Deficiency: Insufficient pest control systems in place. Materials stored in this location exhibited crumbs and other debris from previous rodent diet preparation activities. Plan for Correction: Sanitize all food preparation materials after each use, and keep materials covered when not in use.	Principal Investigator	By 05/15/2021	05/15/2021

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/19/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: CR (DCM Representative), AB (EHSO Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 06/09/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-089-HI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associate	Date: 06/09/2021
------------------	---------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 06/16/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-024-EAW, 21-016-SAH

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 06/16/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 06/16/2021

Principal Investigator:

Rooms:

Active Protocols: 19-025-SCHI, 21-014-SCHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Principal Investigator	Date: 06/16/2021
-------	-------------------------------	------------------

IACUC inspection team:

Name:	Name:	
-------	-------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: none

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 06/16/2021

Principal Investigator: [REDACTED] (Shared Procedure Area)

Rooms: [REDACTED]

Active Protocols: 18-075-ACHIR, 18-103-ACHIR, 18-111-HIR, 19-010-SEAPHR

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		Please replace the room use log so the IACUC can confirm animals are being manipulated by authorized personnel. Disinfection agents available for the room should be in-date. Do not leave electrical wires on the floor.			

This inspection was discussed with:

Name: [REDACTED]	Title: Managing Investigator	Date: 06/22/2021 (By Email)
------------------	------------------------------	-----------------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 06/16/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-010-SCH, 20-022-SACHX

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 06/16/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 06/16/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-016-FH, 19-080-AFH, 19-090-FH, 20-001-FH, 20-011-FH, 20-078-AFH

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 06/16/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 06/16/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-020-H

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 06/16/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name:
------------------	------------------	-------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 06/16/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-032-FHB, 19-087-FA

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection			

This inspection was discussed with:

Name: [REDACTED]	Title: Lab Manager	Date: 06/16/2021
------------------	--------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name:
------------------	------------------	-------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 06/16/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-066-FHI, 18-072-I, 21-024-CHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No inspection performed – no recent animal use.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 06/16/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name:
------------------	------------------	-------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 06/16/2021

Principal Investigator: [REDACTED] (Shared Procedure Area)

Rooms: [REDACTED]

Active Protocols: 18-066-FHI, 18-072-I, 19-015-ACI, 19-040-HI, 19-047-CHIX, 20-010-SCH, 20-020-AHI, 20-021-H, 20-022-SACHX, 20-059-CHI, 20-088, 21-024-CHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 06/22/2021 (by Email)
------------------	-------------------------------	-----------------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/14/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-054-SCHIR

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection. See actions needed above in Page 2.			

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associate	Date: 07/15/2021
------------------	---------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TB (EHSO Representative), CY & RB (DCM Representatives) TM (OAWA Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/14/2021

Principal Investigator:

Rooms:

Active Protocols: 18-070-SSAF, 19-065-SAFPHB, 20-036-SACHXU

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Principal Investigator & Protocol Associates	Date: 07/14/2021
-------	---	------------------

IACUC inspection team:

Name:	Name:	Name:
-------	-------	-------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TB (EHSO Representative), CY (DCM Representative), TM (OAWA Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/14/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-056, 21-007-SACH

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection. See Page 2 of this report for Action Items needed.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 07/14/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TB (EHSO Representative), CY (DCM Representative), TM (OAWA Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/14/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-102-H

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 07/14/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name:
------------------	------------------	-------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/14/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-084-AFHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associate	Date: 07/14/2021
------------------	---------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/21/2021

Principal Investigator:

Rooms:

Active Protocols: 20-031-CH, 20-090-HI, 21-017-CHX

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Principal Investigator	Date: 07/21/2021
-------	-------------------------------	------------------

IACUC inspection team:

Name:	Name:	Name:
-------	-------	-------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TM (OAWA Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/21/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-101-I, 19-035-AH,

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associate	Date: 07/21/2021
------------------	---------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TM (OAWA Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/21/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-010-SEAPHR, 20-092-H, 21-001-SHL, 21-016-SAH, 21-030-SEAHIL, 21-031-SAH

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 07/21/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TM (OAWA Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/21/2021

Principal Investigator:

Rooms:

Active Protocols: 20-095-SEFCHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Principal Investigator/ Protocol Associate	Date: 07/21/2021
-------	---	------------------

IACUC inspection team:

Name:	Name:	
-------	-------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TM (OAWA Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/21/2021

Principal Investigator:

Rooms:

Active Protocols: 20-030-AF, 20-044-AW, 21-038-EA

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Protocol Associate	Date: 07/21/2021
-------	---------------------------	------------------

IACUC inspection team:

Name:	Name:	Name:
-------	-------	-------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TM (OAWA Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/21/2021

Principal Investigator:

Rooms:

Active Protocols: 19-059-EAFHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Protocol Associate	Date: 07/21/2021
-------	---------------------------	------------------

IACUC inspection team:

Name:	Name:	
-------	-------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/21/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-004-SFHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 07/21/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/21/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-001-FWCHB, 20-076-SAH, 21-034-SAWH

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 07/21/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/21/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-026

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 07/21/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TM (OAWA Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/21/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-050-AFH, 19-079-SEAFHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associate	Date: 07/21/2021
-------------------------	----------------------------------	-------------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
-------------------------	-------------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/21/2021

Principal Investigator:

Rooms:

Active Protocols: 18-062-SEACI, 18-076-EA, 18-112-EABF, 20-030-AF, 20-068-EAFH

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Protocol Associate	Date: 07/21/2021
-------	---------------------------	------------------

IACUC inspection team:

Name:	Name:	
-------	-------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/21/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-027-SCHU, 19-051-SCHI, 20-033-SCH, 20-040-SCHXU, 20-077-SCHXU

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 07/21/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TM (OAWA Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/21/2021

Principal Investigator: [REDACTED] (Shared Procedure Area)

Rooms: [REDACTED] Active Protocols: 18-048-CI, 18-075-ACHIR, 18-083-ACHI, 18-084-ACH, 18-090-CB, 18-098-CHI, 18-100-ACHIU, 19-082-SCHI, 19-084-SCHI, 20-012-CHI, 20-059-CHI, 20-071-SCHI, 20-074-CI, 20-085, 20-098-SCHI, 21-002-ESHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator & Associate	Date: 07/21/2021
------------------	---	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/21/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-089-ACHIB, 18-091-AB, 18-122-AHB, 20-039-SACHI, 20-069-ACI, 21-013-ACI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 07/21/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 08/11/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-046-SAFCHI, 19-063-SEACHI, 21-032

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 08/17/2021 (by email)
------------------	-------------------------------	-----------------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: CY (DCM Representative), AB (EHSO Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 08/11/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-016-FH, 19-055-SAFH, 20-011-FH, 21-023-SAFHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 08/11/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative), CY (DCM Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 08/11/2021

Principal Investigator: [REDACTED] (Shared Procedure Area)

Rooms: [REDACTED]

Active Protocols: 20-041-SAFXU

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Manager	Date: 08/17/2021 (by email)
------------------	----------------	-----------------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	[REDACTED]
------------------	------------------	------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 08/18/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-019-SAFCHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associate	Date: 08/18/2021
------------------	---------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative), TM (OAWA Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 08/18/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-095-SSAFH

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 08/18/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative), TM (OAWA Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 08/18/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-057-EFCHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator & Protocol Associate	Date: 08/18/2021
------------------	--	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative), TM (OAWA Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 09/08/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-008-AI, 19-060-ACHIX

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		Review actions needed on Page 2 of inspection notes.			

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associate	Date: 09/08/2021
------------------	---------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: AB (EHSO Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 09/16/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-075, 21-029-H

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
M	[REDACTED]	Deficiency: The research team prepare in-house formulations of anesthetic drug cocktails in a manner that deviates from IACUC Policy 109. Plan for Correction: Discard any in-house formulations of Ketamine-Xylazine cocktail prepared more than 30 days ago. All new in-house formulations should be labeled with an expiry date within 30 days of preparation.	Principal Investigator	Complete by 10/04/2021	09/24/2021

This inspection was discussed with:

Name: [REDACTED]	Title: Research Team Member	Date: 09/16/2021 Revised Report Sent: 09/21/2021
------------------	-----------------------------	---

IACUC inspection team:

Name: [REDACTED]		
------------------	--	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 4/12/2021

Principal Investigator: [REDACTED] (Shared Procedure Area)

Rooms: [REDACTED]

Active Protocols: 20-041-SAFXU

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Associate	Date: 04/12/2021
------------------	------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/07/2021

Principal Investigator: [REDACTED] (Shared Procedure Area)

Rooms: [REDACTED]

Active Protocols: 18-075-ACHIR, 18-103-ACHIR, 18-111-HIR, 19-010-SEAPHR

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection, however, please replace the room use log so the IACUC can confirm animals are being manipulated by authorized personnel.			

This inspection was discussed with:

Name: [REDACTED]	Title: Investigator	Date: 04/19/2021 (by email)
------------------	---------------------	-----------------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/07/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-010-SCH, 20-022-SACHX

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/07/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TB (EHSO Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/07/2021

Principal Investigator:

Rooms:

Active Protocols: 18-037-SAHIC, 19-025-SCHI, 21-014-SCHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Principal Investigator	Date: 04/07/2021
-------	-------------------------------	------------------

IACUC inspection team:

Name:	Name:	
-------	-------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TB (EHSO)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/07/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-027-H, 19-011-FH, 19-014-SFH, 19-016-FH, 19-080-AFH, 19-090-FH, 20-001-FH, 20-011-FH, 20-063-FH, 20-078-AFH

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associate	Date: 04/07/2021
------------------	---------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/07/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-020-H

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/07/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/7/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-059-SEAH, 20-024-EAW

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associate	Date: 04/07/2021
------------------	---------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/7/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-087-FA, 19-032

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection			

This inspection was discussed with:

Name: [REDACTED]	Title: Lab Manager	Date: 04/07/2021
------------------	--------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/07/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-066-FHI, 18-072-I

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No inspection performed – no recent animal use.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/07/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/7/2021

Principal Investigator: [REDACTED] (Shared Procedure Area)

Rooms: [REDACTED]

Active Protocols: 18-049-HIU, 18-066-FHI, 18-072-I, 19-015-ACI, 19-040-HI, 19-047-CHIX, 20-010-SCH, 20-020-AHI, 20-021-H, 20-022-SACHX, 20-059-CHI, 20-088-

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/07/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator:

Rooms:

Active Protocols: 20-031-CH, 20-090-HI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Protocol Associate	Date: 04/08/2021
-------	---------------------------	------------------

IACUC inspection team:

Name:	Name:	Name:
-------	-------	-------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-101-I, 19-035-AH, 20-090-HI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/08/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: MO (Protocol Associate)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-045-SAPHL, 19-010-SEAPHR, 20-092-H, 21-001-SHL

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		Review actions needed on Page 2 of inspection notes.			

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associate	Date: 04/08/2021
------------------	---------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator:

Rooms:

Active Protocols: 20-095-SEFCHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Principal Investigator	Date: 04/08/2021
-------	-------------------------------	------------------

IACUC inspection team:

Name:	Name:	
-------	-------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: SJM (Protocol Associate)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator:

Rooms:

Active Protocols: 20-030-AF, 20-044-AW

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Protocol Associate	Date: 04/08/2021
-------	---------------------------	------------------

IACUC inspection team:

Name:	Name:	Name:
-------	-------	-------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-059-EAFHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/08/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-004-SFHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
Minor	[REDACTED]	Deficiency: Performance of survival procedures in the lab involving hazardous materials without IACUC approval. Plan for Correction: Promptly return to performing non-euthanasia procedures within the designated animal facilities. If the PI has scientific justification for performing survival procedures in the lab, submit an amendment to request IACUC approval.	Principal Investigator	By 05/15/2021	

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/08/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator:

Rooms:

Active Protocols: 19-001-FWCHB, 20-076-SAH

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		Review actions needed on Page 2 of inspection notes.			

This inspection was discussed with:

Name:	Title: Principal Investigator	Date: 04/08/2021
-------	-------------------------------	------------------

IACUC inspection team:

Name:	Name:	
-------	-------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TB (EHSO)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-026

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/08/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TB (EHSO Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator:

Rooms:

Active Protocols: 19-050-AFH, 19-079-SEAFHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Protocol Associate	Date: 04/08/2021
-------	---------------------------	------------------

IACUC inspection team:

Name:	Name:	Name:
-------	-------	-------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator:

Rooms:

Active Protocols: 18-062-SEACI, 18-076-EA, 18-112-EABF, 20-030-AF, 20-068-EAFH

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		Review actions needed on Page 2 of inspection notes.			

This inspection was discussed with:

Name:	Title: Principal Investigator	Date: 04/08/2021
-------	-------------------------------	------------------

IACUC inspection team:

Name:	Name:	
-------	-------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TB (EHSO)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-027-SCHU, 19-051-SCHI, 20-033-SCH, 20-040-SCHXU, 20-077-SCHXU

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/08/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator: [REDACTED] (Shared Procedure Area)

Rooms: [REDACTED]

Active Protocols: 18-048-CI, 18-075-ACHIR, 18-083-ACHI, 18-084-ACH, 18-090-CB, 18-098-CHI, 18-100-ACHIU, 19-082-SCHI, 19-084-SCHI, 20-012-CHI, 20-059-CHI, 20-071-SCHI, 20-074-CI, 20-085, 20-098-SCHI, 21-002-ESHI

		Review actions needed on Page 2 of inspection notes.			
--	--	--	--	--	--

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associate	Date: 04/08/2021
------------------	---------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TB (EHSO Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/08/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-038-CI, 18-089-ACHIB, 18-091-AB, 18-122-AHB, 20-039-SACHI, 20-069-ACI, 21-013

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/08/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
------------------	------------------	--

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TB (EHSO Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/13/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-019-SAFCHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
Minor	[REDACTED]	<p>Deficiency: The laboratory's IACUC notebook did not include all items required under IACUC Policy 121, "Training in the Care and Use of Laboratory Animals."</p> <p>Plan for Correction: Update the laboratory's IACUC notebook to include all current personnel's required training certificates and other information described under Section IV.C. of this Policy document.</p>	Principal Investigator	By 05/31/2021	04/22/2021

This inspection was discussed with:

Name: [REDACTED]	Title: Research Associate	Date: 04/13/2021
------------------	---------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/13/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-095-SSAFH

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/13/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/13/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-057-EFCHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies – See Actions Needed on Page 2 of report			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/13/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 4/12/2021

Principal Investigator:

Rooms:

Active Protocols: 20-054-SCHIR

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Protocol Associates	Date: 04/12/2021
-------	----------------------------	------------------

IACUC inspection team:

Name:	Name:	Name:
-------	-------	-------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TB (EHSO Representative), TS & CY (DCM Representatives)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/12/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-070-SSAF, 19-065-SAFPHB, 20-036-SACHXU

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
Significant	[REDACTED]	Deficiency: Administration of expired pentobarbital euthanasia solution to lab animals. Plan for Correction: Discard expired drugs in accordance with DEA regulations. Administer only in-date drugs to live animals.	Principal Investigator ([REDACTED])	By 04/16/2021	04/14/2021

This inspection was discussed with:

Name: [REDACTED]	Title: Investigator & Protocol Associates	Date: 04/12/2021
------------------	---	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: TB (EHSO Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 4/12/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-039-SCH, 19-056

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Investigators	Date: 04/12/2021
------------------	----------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 4/12/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-102-H

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/12/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/12/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-084-AFHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/12/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: NP (protocol associate)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/19/2021

Principal Investigator:

Rooms:

Active Protocols: 18-056-AH, 18-071-SSWHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name:	Title: Protocol Associate	Date: 04/19/2021
-------	---------------------------	------------------

IACUC inspection team:

Name:	Name:	Name:
-------	-------	-------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: CR (DCM Representative), AB (EHSO Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/19/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-008-AI, 19-060-ACHIX

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		Review actions needed on Page 2 of inspection notes.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/19/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: CR (DCM Representative), AB (EHSO Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/19/2021

Principal Investigator:

Rooms:

Active Protocols: 20-075, 20-087-I

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		Review actions needed on Page 2 of inspection notes.			

This inspection was discussed with:

Name:	Title: Protocol Associate	Date: 04/19/2021
-------	---------------------------	------------------

IACUC inspection team:

Name:	Name:	Name:
-------	-------	-------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: CR (DCM Representative), AB (EHSO Representative)

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/12/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-052-SACHI, 18-106-SSACHI, 19-046-SAFCHI, 19-063-SEACHI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/12/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: JB, NE (Protocol Associates)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/12/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-057-SSAFH, 18-061-SSHIL, 18-082-FH, 19-014-SFH, 19-016-FH, 19-055-SAFH, 19-068-AFH, 20-011-FH

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 04/12/2021
------------------	-------------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/12/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-005-SA

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		Review actions needed on Page 2 of inspection notes.			

This inspection was discussed with:

Name: [REDACTED]	Title: Lab Manager	Date: 04/12/2021
------------------	--------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: None

Category: **A**=Acceptable **I**=Room for Improvement **M**=Minor Deficiency **S**=Significant Deficiency **N/A**=Not Applicable

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 04/05/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-089-HI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associates	Date: 04/05/2021
------------------	----------------------------	------------------

IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
------------------	------------------	------------------

Principal investigators will receive a copy of their lab inspection via email from IACUC and must retain a copy in their laboratory IACUC notebook.

Others present during inspection: WW, TS, CY (DCM Representatives)