

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

CONFIDENTIAL MEMORANDUM

To: [REDACTED], Associate 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: November 10, 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 August, 2021, the Institutional Official of the OUHSC animal care and use program changed from [REDACTED] to [REDACTED], Associate Vice President of HSC Research.

At the time of this program 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 operated wholly or in part by investigators.

The membership of the IACUC includes 16 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

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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): 11/10/2021

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): 06/09/2021-10/20/2021

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.
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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).

VI. Signatures

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IACUC Semiannual Program Review, Page 3

Facility Inspection Report: [REDACTED]**Inspection Date:** 13 October 2021**Members in Attendance:** B2, C2, C4, O2, W1**Guests in Attendance:** CY (DCM 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

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 06/16/2021

Principal Investigator: [REDACTED] Shared Procedure Area)

Rooms: [REDACTED]

Active Protocols: 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, 20-064-RH,
 21-002-ESHI, 21-006-SAHL, 21-016-SAH, 21-019-EI, 21-020-EHL, 21-026-EI

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: Facility Manager	Date: 06/16/2021
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IACUC inspection team:

Name: B2	Name: G3	
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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)

Facility Inspection Report: [REDACTED]**Inspection Date:** 14 July 2021**Members in Attendance:** B2, C1, B1, W1**Guests in Attendance:** TB (EHSO Representative), CY (DCM Representative) TM (OAWA 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

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/14/2021

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: Lab Manager	Date: 07/14/2021
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IACUC inspection team:

Name: C1	Name: W1	Name: B2
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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), RB & CY (DCM Representatives), TM (OAWA Representative)

Facility Inspection Report: [REDACTED]**Inspection Date:** 09 June 2021**Members in Attendance:** B2, H2, W1**Guests in Attendance:** None

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]**Inspection Date:** 09 June 2021**Members in Attendance:** B2, C3, H2, W1**Guests in Attendance:** CY (DCM Representatives), TB (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]**Inspection Date:** 09 June 2021**Members in Attendance:** B2, C3, H2, W1**Guests in Attendance:** CY (DCM Representatives), TB (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

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 08/18/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 18-103-ACHR, 19-037-AH, 19-045-HI, 19-058-SAHB, 20-080-EH, 20-093-EA, 21-027-EAH

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: 08/18/2021
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IACUC inspection team:

Name: D1	Name: B2	
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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: 08/18/2021

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: Protocol Associate	Date: 08/18/2021
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IACUC inspection team:

Name: D1	Name: B2	
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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: 08/18/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-004-AFEH, 19-036-EFAH, 19-071-EAFH, 20-007-EAFH, 20-048-ESFAHL, 20-066-HL, 21-006-SAHL, 21-019-EI, 21-020-EHL

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
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IACUC inspection team:

Name: D1	Name: B2	
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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)

Facility Inspection Report: [REDACTED]**Inspection Date:** 11 August 2021**Members in Attendance:** B2, C4, W1**Guests in Attendance:** AB (EHSO Representative), CY (DCM Representative) TM (OAWA 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]**Inspection Date:** 15 September 2021**Members in Attendance:** B2, C1, G1, W1**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

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 07/21/2021

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

Rooms: [REDACTED]

Active Protocols: 18-076-EA, 18-112-EABF, 18-119-B, 19-010-SEAPHR, 19-053-EAFH, 19-063-SEAH, 20-026-SEAH, 20-042-SEAH, 20-046-EA, 20-068-EAFH, 21-001-SHL, 21-002-ESHI, 21-016-SAH, 21-021-SC, 21-022-ESHL, 20-030-SEAHIL, 21-031-SAH, 21-038-EA

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
M	[REDACTED]	Deficiency: Records of animals undergoing major survival surgical procedures do not comply with IACUC Policy 120. Plan for Correction: Review IACUC Policy 120 and institute a system or process to ensure that all personnel generate records in compliance with the IACUC's policy.	Principal Investigator	By 10/22/2021	08/26/2021

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associate & Principal Investigator	Date: 07/21/2021
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IACUC inspection team:

Name: B2	Name: C2	
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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)

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: Co-Investigator/ Protocol Associate	Date: 07/21/2021
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IACUC inspection team:

Name: G3	Name: H2	Name: G1
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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: 18-112-EABFI, 19-059-EAFHI, 20-004-SEFCHI, 20-032-EFCHI,
20-051-SH, 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: [REDACTED]	Title: Principal Investigator	Date: 07/21/2021
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IACUC inspection team:

Name: B2	Name: C2	
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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)

Facility Inspection Report: [REDACTED]**Inspection Date: 20 October 2021****Members in Attendance:** D1, K1, W1

Guests in Attendance: TS, JP (Facility Representatives), AB (EHSO Representative), TM (OAWA 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]**Inspection Date:** 8 September 2021**Members in Attendance:** C3, W1**Guests in Attendance:** 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

√ - repeatable deficiency

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 09/08/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-039-EACHIB, 20-057, 21-040-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: 09/08/2021
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IACUC inspection team:

Name: O2	Name: B2	
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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: 09/08/2021

Principal Investigator: [REDACTED] (Shared Procedure Area)

Rooms: [REDACTED]

Active Protocols: 18-096-WCHIT, 18-114-EWCI, 19-023-WCI, 19-050-AFH, 21-003-EWCHIT, 21-045-WHI

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: 09/08/2021
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IACUC inspection team:

Name: O2	Name: B2	
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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: 02/09/2022

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: Principal Investigator	Date: 02/11/2022 (by email)
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	[REDACTED]
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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: 12/15/2021

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: 12/15/2021
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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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: 12/15/2021

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: 12/15/2021
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IACUC inspection team:

Name:	Name:	
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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: 12/15/2021

Principal Investigator: [REDACTED] (Shared Procedure Area)

Rooms: [REDACTED]

Active Protocols: 19-010-SEAPHR

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: Managing Investigator	Date: By email 12/15/2021
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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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: 12/15/2021

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 & protocol associate	Date: 12/15/2021
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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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: DM (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: 12/15/2021

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: Protocol Associate	Date: 12/15/2021
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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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: DM (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: 12/15/2021

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: 12/15/2021
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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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: 12/15/2021

Principal Investigator:

Rooms:

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:	Title: Protocol Associate	Date: 12/15/2021
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IACUC inspection team:

Name:	Name:	Name:
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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: 12/15/2021

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 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: 12/15/2021
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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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: DM (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: 12/15/2021

Principal Investigator: [REDACTED] (Shared Procedure Area)

Rooms: [REDACTED]

Active Protocols: 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: By email 12/15/2021
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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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: 01/19/2022

Principal Investigator:

Rooms:

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

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection – see Page 2 for list of actionable findings.			

This inspection was discussed with:

Name:	Title: Protocol Associate	Date: 01/19/2022
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IACUC inspection team:

Name:	Name:	
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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: 01/19/2022

Principal Investigator:

Rooms:

Active Protocols: 19-035-AHB, 20-090-HIB, 21-075-FI

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
		No deficiencies identified during inspection – see Page 2 for list of actionable findings.			

This inspection was discussed with:

Name:	Title: Protocol Associates	Date: 01/19/2022
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IACUC inspection team:

Name:	Name:	
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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: 01/19/2022

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 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 – see Page 2 for list of actionable findings.			

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 01/19/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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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: 01/19/2022

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: Protocol Associate	Date: 01/19/2022
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IACUC inspection team:

Name:	Name:	
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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: 01/19/2022

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: 01/19/2022
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IACUC inspection team:

Name:	Name:	
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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: 01/19/2022

Principal Investigator:

Rooms:

Active Protocols: 19-059-EAFHI, 20-004-SEFCHI, 20-032-EFCHI, 20-051-SH, 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: Protocol Associate	Date: 01/19/2022
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IACUC inspection team:

Name:	Name:	
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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: 01/19/2022

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: 01/19/2022
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IACUC inspection team:

Name:	Name:	
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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: 01/19/2022

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: 01/19/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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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: 01/19/2022

Principal Investigator: [REDACTED]

Rooms: [REDACTED]
[REDACTED]

Active Protocols: 20-076-SAH, 21-034-SAWH, 21-097-WH

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: 01/19/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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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: 01/19/2022

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-064-EH, 21-026-EI

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 & Principal Investigator	Date: 01/19/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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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: 01/19/2022

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: 01/19/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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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: 02/01/2022

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: 02/01/2022
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IACUC inspection team:

Name:		
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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: 01/19/2022

Principal Investigator:

Rooms:

Active Protocols: 20-030-AF, 20-068-EAFH, 21-074-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: 01/19/2022
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IACUC inspection team:

Name:	Name:	
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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: 01/19/2022

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
M	BRC 1413	Deficiency: the Isoflurane anesthetic vaporizer has not been certified in over a year (10/2020). Plan for Correction: Contact a representative of Comparative Medicine to coordinate an inspection with ASI.	Principal Investigator	By 04/01/2022	02/22/2022

This inspection was discussed with:

Name: [REDACTED]	Title: Principal Investigator	Date: 01/19/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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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: 01/19/2022

Principal Investigator: [REDACTED]

Rooms: [REDACTED]
(Shared Procedure Area)

Active Protocols: 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, 21-037-CHIL

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: 01/19/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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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: 01/19/2022

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-039-SACHI, 20-069-ACI, 21-013-ACI, 21-054-A, 21-089-ACI, 21-055-ACHIR

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: 01/19/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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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: 02/16/2022

Principal Investigator: [REDACTED]

Proxy: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-036-EFAH, 19-071-EAFH, 20-048-ESFAHL, 20-066-HL, 21-006-SAHL, 21-020-EHL

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: 02/16/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	[REDACTED]
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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), JP (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: 02/16/2022

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: 02/16/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	[REDACTED]
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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) JP (DCM 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: 02/16/2022

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 21-068-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: 02/16/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	[REDACTED]
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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) JP (DCM Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 02/16/2022

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: 02/16/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	[REDACTED]
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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) JP (DCM Representative)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 01/12/2022

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 20-054-SCHIR

Deficiency (Category)	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule	Date Complete
M	[REDACTED]	Deficiency: the biosafety cabinet has not been certified in more than 18 months. Plan for Correction: Contact Comparative Medicine to schedule the certification of this biosafety cabinet.	Principal Investigator	BSC should be certified by 05/2022	02/01/2022

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associate	Date: 01/12/2022
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IACUC inspection team:

Name [REDACTED]	Name: [REDACTED]	
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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 Representatives)

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

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 01/12/2022

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 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: [REDACTED]	Title: Principal Investigator & Protocol Associate	Date: 01/12/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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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: 01/12/2022

Principal Investigator:

Rooms:

Active Protocols: 21-067-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:	Title: Protocol Associate	Date: 01/12/2022
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IACUC inspection team:

Name:	Name:	Name:
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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)

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

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 01/12/2022

Principal Investigator:

Rooms:

Active Protocols: 19-056, 21-007-SACH, 22-001-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: Principal Investigators	Date: 01/12/2022
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IACUC inspection team:

Name:	Name:	
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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)

OUHSC IACUC Semiannual Laboratory Inspection

Inspection Date: 01/12/2022

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: 01/12/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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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: 03/09/2022

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-060-ACHIX

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: 03/09/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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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: 03/09/2022

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-039-EACHIB, 20-057, 21-040-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: 03/09/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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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: 03/22/2022

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
		No deficiencies identified during inspection.			

This inspection was discussed with:

Name: [REDACTED]	Title: Protocol Associate	Date: 03/22/2022
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IACUC inspection team:

Name: [REDACTED]		
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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: 02/09/2022

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-046-SAFCHI, 21-078-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: Principal Investigator	Date: 02/11/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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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: 02/09/2022

Principal Investigator: [REDACTED]

Rooms: [REDACTED]

Active Protocols: 19-016-FH, 19-055-SAFH, 20-011-FH, 21-023-SAFHI, 21-061-AFC

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: 02/09/2022
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	Name: [REDACTED]
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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: 12/8/2021

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: 12/8/2021
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IACUC inspection team:

Name: [REDACTED]	Name: [REDACTED]	
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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, DM (DCM Representatives)