

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

**CONFIDENTIAL MEMORANDUM**

**To:** [REDACTED], Associate Vice-President for Health Sciences 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 11, 2022

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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.](#)):**

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 nine satellite facilities and study areas 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**

Animal Care and Use Program Review Date(s): 05/11/2022

Select A or B:

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IACUC Semiannual Program Review, Page 1

*The University of Oklahoma*  
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INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

- ☒ 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): 12/08/2021-04/20/2022

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

1. *Journal of the American Medical Association*, 2000; 283: 2689-2695.

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IACUC Semiannual Program Review, Page 3

**Facility Inspection Report:** [REDACTED]**Inspection Date:** 04/13/2022**Members in Attendance:** B2, B3, C4, G1, L2, W1**Guests in Attendance:** CY, DC, DM (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

Inspection Date: 12/15/2021

## OUHSC IACUC Semiannual Inspection

Rooms: [REDACTED]

Satellite Facility &amp; Shared Procedure Area

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: G1	Name: G3	Name: H2
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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

**Facility Inspection Report:** [REDACTED]**Inspection Date:** 01/12/2022**Members in Attendance:** B2, C1, C3, W1**Guests in Attendance:** AB (EHSO Representative), CY (DCM 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

Inspection Date: 01/12/2022

OUHSC IACUC Semiannual Inspection

Rooms: [REDACTED]

Satellite Facility

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: Lab Manager	Date: 01/12/2022
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IACUC inspection team:

Name: C3	Name: W1	
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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

**Facility Inspection Report:** [REDACTED]**Inspection Date:** 12/08/2021**Members in Attendance:** B2, D1**Guests in Attendance:** CY, DM (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

√ - repeatable deficiency



**Facility Inspection Report:** [REDACTED]**Inspection Date:** 12/08/2021**Members in Attendance:** B2, D1**Guests in Attendance:** CY, DM (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

√ - repeatable deficiency

**Facility Inspection Report:** [REDACTED]**Inspection Date:** 12/08/2021**Members in Attendance:** G3, W1**Guests in Attendance:** AB (EHSO Representative)

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
M		[REDACTED]	<b>Deficiency:</b> Failure to adhere to cleanliness and sanitation standards for animal procedure and surgical areas <b>Plan for Correction:</b> <ul style="list-style-type: none"> <li>• Label all chemicals, drugs, and agents at minimum with substance name, expiry or use-by date, and initials/name of responsible party</li> <li>• Clean and re-autoclave all surgical materials last autoclaved over one year ago</li> <li>• Clean and disinfect all surfaces and materials where animal use occurs</li> <li>• Discard or sanitize soiled towels following animal use activities</li> </ul>	Principal Investigator	Complete all Actions by 01/12/2022	12/15/2021

\*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

Inspection Date: 02/16/2022

## OUHSC IACUC Semiannual Inspection

Rooms:

Satellite Facility

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: 02/16/2022
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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)

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

## OUHSC IACUC Semiannual Inspection

Inspection Date: 02/16/2022

Rooms: [REDACTED]

Satellite Facility

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: 02/16/2022
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## IACUC inspection team:

Name: B2	Name: D1	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), TM (OAWA Representative) JP (DCM Representative)

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

**Facility Inspection Report:****Inspection Date:** 02/09/2022**Members in Attendance:** B2, H2, W1**Guests in Attendance:** AB (EHSO Representative), CY (DCM 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

**Facility Inspection Report:** [REDACTED]**Inspection Date:** 03/16/2022**Members in Attendance:** C3, H3, W1**Guests in Attendance:** TL & DM (DCM Representative), 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

Inspection Date: 01/19/2022

OUHSC IACUC Semiannual Inspection

Rooms: [REDACTED]

Satellite Facility

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: L2	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: None

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

Inspection Date: 01/19/2022

OUHSC IACUC Semiannual Inspection

Rooms: [REDACTED]

Satellite Facility

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: C2	Name: H3	
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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



Inspection Date: 01/19/2022

## OUHSC IACUC Semiannual Inspection

Rooms: [REDACTED]

Satellite Facility &amp; Shared Procedure Area

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: C2	Name: H3	
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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

**Facility Inspection Report:** [REDACTED]**Inspection Date:** 04/20/2022**Members in Attendance:** B2, L3, C1, W1

Guests in Attendance: TS, JP (DCM Representatives), 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:** 03/09/2022**Members in Attendance:** B2, C4**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

Inspection Date: 03/09/2022

## OUHSC IACUC Semiannual Laboratory Inspection

Rooms: [REDACTED]

Satellite Facility &amp; Shared Procedure Area)

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: 03/09/2022
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## IACUC inspection team:

Name: W1	Name: L3	
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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