

Accredited Unit Annual Report

Report Year: 2018

Accredited Unit: University of North Texas Health Science Center

Parent Organization: University of North Texas Health Science Center

Unit Number: 000622

**Date Completed:
February 1, 2019**

Unit Reporting Period

From (MM/YY): 10/17

To (MM/YY): 9/18

Please submit following the end of the unit reporting period.

Units are encouraged to submit Annual Reports in accord with the unit's reporting period, (i.e., calendar or fiscal year, or USDA reporting period). If you change your reporting period, please be sure that there are no gaps from previous report.

In sections 1-4, please make corrections to reflect current contact information. In sections 5-16, enter the information for your Unit's reporting period.

1. AAALAC International Unit Contact

Label	Current Information	Changed Information
Name	Egeenee Q. Daniels, D.V.M.	
Job Title	Attending Veterinarian and Director	
Department	Department Laboratory Animal Medicine	
Organization	University of North Texas Health Science Center	
Address		
Street Address Line 1	3500 Camp Bowie Boulevard	
Street Address Line 2		
City	Fort Worth	
State/Province	TX	
Zip Code	76107	
Country		
Telephone	817/735-2017	
Fax	817/735-2406	
Email	egeenee.daniels@unthsc.edu	

2. Responsible Institutional Official

Label	Current Information	Changed Information
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Name Anuja Ghorpade, Ph.D.
 Job Title Vice President for Research
 Department
 Organization University of North Texas Health Science Center
 Address
 Street Address Line 1 3500 Camp Bowie Boulevard
 Street Address Line 2
 City Fort Worth
 State/Province TX
 Zip Code 76107
 Country
 Telephone 817/735-2017
 Fax 817/735-2406
 Email Anuja.Ghorpade@unthsc.edu

3. Attending Veterinarian

Label	Current Information	Changed Information
Name	Egeenee Q. Daniels, D.V.M.	
Job Title	Attending Veterinarian and Director	
Department	Department Laboratory Animal Medicine	
Organization	University of North Texas Health Science Center	
Address		
Street Address Line 1	3500 Camp Bowie Boulevard	
Street Address Line 2		
City	Fort Worth	
State/Province	TX	
Zip Code	76107	
Country		
Telephone	817/735-2017	
Fax	817/735-2406	
Email	egeenee.daniels@unthsc.edu	

4. IACUC/ACC/EC (if applicable) Chairperson

Label	Current Information	Changed Information
Name	Nathalie Sumien, Ph.D.	
Job Title	Professor, Pharmacology and Neuroscience	
Department		
Organization	University of North Texas Health Science Center	
Address		
Street Address Line 1	3500 Camp Bowie Boulevard	
Street Address Line 2		
City	Fort Worth	
State/Province	TX	
Zip Code	76107	
Country		
Telephone	817/735-2017	
Fax	817/735-2406	
Email	Nathalie.Sumien@unthsc.edu	

5. Please verify the information provided regarding the physical areas supporting your animal care and use program. If this information differs from what was provided in your most recent Program Description or last annual report (whichever is most current), please note and explain:

Label	Current Information	Change to Information
Number of buildings	2	
Outdoor pens/pastures	0	
Total square footage	23500	
Number of sites	1	

6. Note addition or deletion of animal rooms, laboratories, units, or buildings:

7. The Council on Accreditation notes that there is no obligation for institutions to make program changes based on suggestions for improvement identified during a site visit and described in the subsequent letter from Council. However, if your institution implemented program modifications in response to those suggestions, you may take this opportunity to summarize the actions taken:

8. State and describe changes in organizational structure of the program:

9. Were any research, testing, or teaching protocols suspended during this reporting period for animal welfare related reasons?

Yes

If yes, provide details regarding suspension(s):

On July 31, 2018, a post approval monitoring of a surgical procedure was conducted by an IACUC subcommittee. During this visit, it was discovered that procedural asepsis was not being performed during major survival surgical procedures on rats in the investigator's laboratory. This is a repeated incident of non-compliance. In order to conform to Guide recommendations, survival surgery on rodents does not require a special facility but should be performed using appropriate surgical attire, sterile instruments, surgical gloves, and aseptic procedures that minimize the introduction of microorganisms and prevent infections. Post-operative infections can and do occur in rodents. Such infections may not be apparent and cause undue distress to animals and confound research results. All surgical practices must conform to the Guide. In this incident, instruments for survival surgery on rodents were disinfected by spraying with ethanol. Disinfectants, such as alcohol are not effective sterilants for preparation of instruments for survival surgical procedures. Appropriate sterilization procedures should be used to prepare surgical instruments for aseptic surgical procedures. On August 28, 2018, the IACUC discussed the incident and agreed to the corrective actions: 1. The IACUC Chair sent a written notification to the PI on August 28, 2018, informing the PI of the suspension of all animal activities under all of the PI's protocols involving survival surgery. 2. A letter was sent to the PI from the IACUC, indicating the importance of maintaining compliance, and a plan to move forward. 3. The PI will be provided with extensive re-training on aseptic techniques. 4. The PI will be placed on probation for no less than one year during which all survival surgeries will only be allowed in the animal facility, where the PI and staff can be monitored by DLAM personnel and IACUC members. 5. The PI will be subject to unannounced audits performed by the IACUC once the PI regains access to the laboratory for survival surgeries. 6. The IACUC will review its oversight of the training program and make recommendations to prevent this type of non-compliance.

10. AAALAC's Rules of Accreditation (Section 2.f) require accredited units to promptly report adverse events relating to their animal care and use programs, including investigations by national oversight bodies (e.g., USDA, OLAW, Home Office, CCAC) and other serious incidents or concerns that negatively impact animal well-being. If you were unaware of this requirement and have not previously reported the incident(s):

a) Were any major problems identified or deficiencies noted by animal welfare oversight authorities/bodies/agencies during this reporting period?

No

If yes, provide explanatory documentation:

b) Did you self-identify any serious deviations from your institutional animal care and use program requirements or policies?

No

If yes, provide details of the deviations:

11. Using the drop-down menu to select the animal species, please enter the approximate annual usage for the above stated reporting period (for U.S. units, USDA Annual Report figures may be used for regulated species):

a)

Animal Type	Annual Animal Usage	Other Description
Mice	21075	
Hamsters	699	
Swine	6	

Rabbits	17
Guinea Pigs	60
Rats	2661

12. List key personnel changes since last reporting period:

<u>Name/Degree</u>	<u>Position</u>	<u>Year of Addition</u>	<u>Year of Deletion</u>
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13. Would you like your unit name to appear on AAALAC International's listing of accredited units in the AAALAC International Directory and on the AAALAC International website?

Yes

14. Please describe your experiences with the service you received from AAALAC International this year (e.g., site visit, office contacts, etc.). Any suggestions you might have for improving our service are welcome.

15. Please identify any special expertise you would like to have on your next site visit team.

16. Any additional information (to include changes in the name of the accredited unit or parent organization):