

# DEPARTMENT OF VETERINARY RESOURCES

## Request for Access to the Laboratory Animal Services Facilities

I, \_\_\_\_\_ (**print name**), request permission to have access to the Department of Veterinary Resources (DVR) to perform the studies described in the following protocols (the “Protocols”):

**Protocol Number:**

**Principal Investigator:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

By signing this agreement, I certify that I will follow the policies and procedures of the DVR, the Institutional Animal Care and Use Committee (IACUC) and the Hospital, as well as applicable requirements of the Office of Laboratory Animal Welfare (OLAW), the United States Department of Agriculture (USDA), and other applicable legal requirements. I certify that I will conduct my laboratory research activities in accordance to applicable Protocols and DVR rules, including but not limited to those for travel between animal facilities and introduction of unapproved animals, as set forth in more detail below.

### Adherence to Protocols

1. I have been provided with copies of the Protocols and applicable amendments, which I have read.
2. I will follow the Protocols without deviation.
3. I will ask the Principal Investigator, the Attending Veterinarian, Clinical Veterinarian, Veterinary Technicians or a member of the DVR staff if I have any questions about how to perform the procedures set forth in the Protocols.
4. If changes to procedures in a Protocol are necessary, even minor changes (e.g. how a wound is closed or allowing an animal to survive after surgery for a different time than is described in the Protocol), I will work with the Principal Investigator to identify those changes so that he or she can take the steps necessary to amend the Protocol. I understand that the IACUC must approve any Protocol changes in advance.
5. I will document the research activities in accordance with the requirements of the Protocols. I will keep surgical records for all surgical procedures and will, at a minimum, include in those records the date, name of procedure, drugs administered, dosage, route of administration, and documentation of the animal’s well being.
6. For USDA-covered species, I will keep surgical records using approved DVR-generated forms, which are kept in the DVR office.
7. I will administer analgesia in accordance with the Protocol and document its use in the medical record maintained in the animal holding room.
8. If any of the animals involved in a study on which I am working appear to be experiencing unanticipated pain or distress, I will immediately discuss potential opportunities to relieve this pain with the Attending Veterinarian, Clinical Veterinarian, Veterinary Technician or a member of the DVR staff.
9. I understand that rooms in both the Abramson Research Center (ARC) and Colket Translational Research Building (CTRB) vivariums have been assigned classification levels indicating required footpath. I am not permitted to enter a room that has a lower classification level than the room that I have already entered, unless I first change my clothes, including my shoes, and shower. (For example, I cannot enter a room classified as #1 if I have already entered a room classified as level #3.)

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10. I understand that I cannot enter the ARC vivarium after I have been in a non-CHOP animal facility or after I have been exposed to rodents from another facility or any location where rodents are kept within the same 24-hour period.
11. I understand that I cannot enter the CTRB vivarium or Central Utility Plant (CUP) space after I have entered any area in the Abramson Research Center where animals or animal waste are housed or transported, any other animal facility, or any location where animals are kept (pet stores etc.) within the same 24-hour period.
12. I understand that bringing an animal into the ARC or CTRB vivarium without prior approval from the IACUC is strictly forbidden.
13. I understand that failure to follow these procedures increases the risk of the spread of pathogens to animals in the ARC or CTRB vivarium that could endanger my own animals as well as those of other researchers and affect the reliability of studies using those animals.
14. I understand that I am prohibited from loaning or otherwise giving my identification card to anyone for the purposes of access or entry. If I forget or misplace my identification card, I must contact Security by calling 215-590-5500.

I understand that if I violate these rules (9 through 15 above - Travel Between Animal Facilities and Introducing Unapproved Animals), my access to the DVR will be limited as follows, in addition to any other discipline to which I may be subject in accordance with Hospital policies:

- First Violation:** One-month suspension of DVR access  
**Second Violation:** Six months suspension of DVR access  
**Third Violation:** Permanent suspension of DVR access

*I have read the above conditions to gaining access to the DVR facilities at The Children's Hospital of Philadelphia and I agree to those conditions. I understand that failure to follow any of these conditions may result in suspension of the research activity and/or suspension of my privilege to use animals or to have access to the DVR facilities, and may also result in other discipline consistent with Hospital policies.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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## Request for Access to the Laboratory Animal Services Facilities

### After Hours Access to the Facility

I understand that access to the DVR facilities is limited to daytime working hours. I request after hours/weekend access at the days and times specified below, for the reasons set forth below.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Please have your PI(s) sign below, affirming that your access to the facilities after hours or on the weekend is necessary for the conduct of the studies and/or the care of the animals.

\_\_\_\_\_  
(Principal Investigator's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_

Days	Times
_____	_____
_____	_____
_____	_____