

Example of Monthly Mortality and Population Report

CONTACT NAME / PHONE #: David White/685 7512

PROTOCOL # : #: 2597-01; 2387-02; and 2114-04

BUILDING / ROOM #(S) : HSB H221

P.I. : David Raible, David Kimelman, Jim Hurley

SPECIES : Danio rerio

TOTAL # OF ANIMALS HELD : 10000

(list multiple species separately)

TOTAL # OF NEW ANIMALS ACQUIRED: 700

SOURCE(S): Colony Breed

OF UNEXPECTED DEATHS : 12

CAUSE OF DEATH : old age/genetic deficiency/unknown

CONTACT NAME / PHONE #: David White/685 7512

PROTOCOL # : #: 2597-01; 2387-02; and 2114-04

BUILDING / ROOM #(S) : HSB J083b

P.I. : David Raible, David Kimelman, Jim Hurley

SPECIES : Danio rerio

TOTAL # OF ANIMALS HELD : 10000

(list multiple species separately)

TOTAL # OF NEW ANIMALS ACQUIRED: 2000

SOURCE(S): Colony Breed

OF UNEXPECTED DEATHS : 18

CAUSE OF DEATH : old age/genetic deficiency/unknown

ANIMAL USE MEDICAL SCREENING FORM

Confidential (In compliance with HIPAA regulations)

Name (Last, First, M.I.):	Social Security Number: (optional last 4 digits) -	Employee/Student ID Number (EID):
Job Title:	Box Number:	Work Phone Number:
Department:	Supervisor/PI:	
IACUC Protocol Number:	Lab location (if applicable):	
Email:	Birthdate:	Today's Date:

If you wish to decline providing answers to the remaining questions you may stop here and sign the declination below. Otherwise please continue with item I.

STATEMENT OF DECLINATION

I, _____ (Print Name), decline to participate in the Animal Care and Use Program medical screening process. I realize that declining could lead to unforeseen medical concerns. I also understand that I can change my mind about participating by contacting the Environmental Health and Safety Occupational Health Nurse at (206) 221-3025 or by email OHNurse@u.washington.edu.

Employee Signature

Date: _____

I. LABORATORY ANIMAL USE Check boxes for all statements that apply to your work situation

- I am involved with veterinary care/animal husbandry (caring for the animals).
- I am not currently working with live animals, animal tissues or human specimens (human cells, tissues, blood, body fluids) in conjunction with animal studies. I am also not working in areas where animals are housed or used. **(If checked, stop here, sign form (on next page) and return.)**
- I am on an approved animal use protocol and will be working with animals in the project.
- I will be working in animal biohazard areas. (ABSL-2, ABSL-3)
- I am working with human specimens (cells, tissue, body fluids, blood) in conjunction with animal studies.
- I have contact with animal tissues/fluids not treated with chemical preservatives.
- I am not handling animals but will be working in areas where animals are housed or used.

II. IMMUNIZATION HISTORY

1. Have you had a tetanus booster in the past 10 years?
 ___Yes ___No If yes, in what calendar year? _____
2. Have you had the Hepatitis B Vaccine series?
 ___Yes ___No If yes, in what calendar year series completed? _____

III. ALLERGIES

1. Have you experienced shortness of breath, coughing and/or wheezing while working with or around animals?
 ___Yes ___No

2. Have you experienced itchy or watery eyes and/or runny or stuffy nose while working with or around animals?

Yes No

3. Do you have any known allergies to any animal (s)?

Yes No If yes, list animals

4. Do you have any other known allergies?

Yes No If yes,

what? _____

5. Do you have asthma?

Yes No

If yes, are your asthma symptoms aggravated when working with animals?

Yes No

6. Do you have any skin problems related to work (rashes, reactions to latex)?

Yes No

IV. MEDICAL HISTORY

1. Do you have a chronic medical condition that requires medication?

Yes No

2. Have you been told by your physician that you have an immune compromising medical condition?

Yes No

3. Are you taking medications that impair your immune system (steroids, immunosuppressive drugs or chemotherapy)?

Yes No

4. Do you have or has your physician told you that you have valvular or congenital heart disease?

Yes No

5. Do you have a history of problems with your spleen or absence of your spleen?

Yes No

V. ADDITIONAL HEALTH CONCERNS

1. Do you have any health or workplace concerns not covered by the questionnaire that you feel may affect your occupational health and would like to confidentially discuss with the Employee Health Clinic?

Yes No

2. Do you have any reproductive concerns that you would like to confidentially discuss with the Employee Health Clinic?

Yes No

I have answered the questions truthfully and to the best of my recollection.

Date: _____

Employee Signature

**RETURN THE COMPLETED FORM IN A SEALED ENVELOPE MARKED
CONFIDENTIAL TO:**

EHS OCCUPATIONAL HEALTH NURSE (OHN), BOX 354400

EHC use only

Evaluated (date and initials): _____

Letter Given: ___ **To Clinic (instructed to make appointment)** ___ **Clearance (no further action required)**

Entered into Database (date and initials): _____

INSTRUCTIONS

ADDITION OF NEW PERSONNEL TO IACUC PROTOCOLS

1. Make sure the new person has completed the Laws and Regulations training within the last 5 years. If they have not completed this training, please have them complete the web-based course and exam (contact [Maggie de Hoyos](#) for information). List their most recent completion date on the New Personnel Form. **This requirement must be met prior to submittal of this form to the IACUC. Do not list future dates.**

Enrollment in Occupational Health: If the new person is not already enrolled, please have them complete the [Medical Screening Form](#) and per instructions on the form, return it directly to the Occupational Health nurse (DO NOT submit the Medical Screening Form to the IACUC). The form needs to be submitted but the new person does not need a reply from the Occupational Health Nurse to apply to the IACUC.

If you have questions or concerns about filling out and submitting the form, please contact the Occupational Health nurse directly at (206) 221-3025. Please do not send personal medical or health information via e-mail.

2. Complete the [New Personnel Form](#) being sure to provide all requested information and especially:
 - Make sure to provide complete information regarding duties to be performed and the person's training for those duties/procedures and/or how they will obtain training if they do not already have appropriate expertise. For example, if the individual will perform a surgery that they have no experience performing, indicate how they will be trained (for example, the PI or possibly another lab member with expertise will train them).
 - PI's signature (or their designee's signature - this can be anyone already authorized on the protocol) is in top box.
 - New person's signature and printed name is in the lower box entitled "Animal Use Personnel Certification Statement". Make sure the person reads and understands the Project Review form that was approved by the IACUC. They will be held responsible for knowing what the IACUC has approved.

Submittal of form:

- via campus mail to: IACUC, Box 357190
- via FAX to: (206) 616-5664
- via US mail to: IACUC Office Department of Comparative Medicine
University of Washington
Box 357190
Seattle, WA 98195-7190

Request for Addition of New Personnel to Animal Use Protocol

*** Please type - handwritten forms will be returned ***

IACUC Protocol

PI: _____

IACUC Protocol Title: _____

I authorize the IACUC to add the personnel listed below to the referenced IACUC protocol.
PI Signature (other protocol personnel can sign if PI is unavailable):

Date: _____

Required information for each person to be added (use additional pages as needed):

Name: _____ **CampusPhone(if available):** _____

E-mail (if available): _____ **Box # (if available): 357420**

Position: Feeder

Years of experience with proposed species: 0

List your duties for this IACUC protocol: feeding fish tanks

Laws & Regulations: *latest class or video date:* _____ **OR** *latest web course date:* _____

Other AUTS (list classes, such as "Mouse Lab"):

Other relevant training/experience, especially training for duties/procedures listed above:

Animal Use Personnel Certification Statement
(New Personnel being added via this form must sign prior to submittal of form)

I certify that I have read the Project Review Form and that I will only perform procedures that have been approved by the IACUC. I understand that any Significant Changes in procedures must be approved by the IACUC prior to implementation.

Printed Name & Signature:		Printed	Name	&
Signature:	_____	_____	_____	_____

(ANIMAL CARE COMMITTEE USE ONLY - DO NOT WRITE BELOW THIS LINE)

Comments: _____

Laws and Regulations training is up to date: Enrollment in Occupational Health
verified:

Initial Reviewer: _____ Review Date: _____ New Personnel Approval Date:

(Approval date of the animal use protocol does not change as a result of adding new personnel)

PRF Revised 20

