



**Institutional Animal Care and Use Committee (IACUC)  
Post-Approval Monitoring Document Review Checklist**

<b>Audit Date:</b>	<b>Auditor(s):</b>
<b>Principal Investigator:</b>	<b>No. of Animals Approved:</b>
<b>Protocol #:</b>	<b>No. Animals Used:</b>
<b>Protocol Approval Date:</b>	<b>Laboratory Location:</b>
<b>Emergency Contact:</b>	<b>Updated (if needed):</b>
<b>Secondary Contact:</b>	<b>Updated (if needed):</b>

**1. Documents/Information needed to conduct audit:**

- Current Version of Protocol
- List of Approved Amendments (by date)
- Documents Associated with Protocol, including but not limited to:
  - Flow Chart
  - Vertebrate Animal Section
  - Consultation Forms
  - Breeding Calculations
- Funding Source (if applicable)
- Training Records
- Animal Study Records
- Surgical Logs
- Protocol Status Sheet
- Other Supporting Documents included with Protocol

**2. Protocol and Personnel:**

**2a.** Is the most recent version of IACUC approved protocol available for reference (including any modifications made)?

Yes       No

**2b.** Are all appropriate personnel listed in the protocol?

Yes       No

**2c.** Do the PI and staff have accurate knowledge of the protocol?

Yes       No

**2d.** Have all modifications to the protocol been appropriately submitted to and approved by the IACUC?

Yes       No       N/A

**2e.** Have there been any lapses in protocol approval?

Yes       No

If so, when? \_\_\_\_\_

**2f.** Are all experiments and procedures listed in the protocol, and appropriate justifications in place?

Yes       No

If no, provide details on where any discrepancies are occurring:

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**Auditor Comments:**

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**3. Training Records:**

Have all personnel completed the required training(s)? Use the table below to list all personnel, and mark which trainings are completed and/or still needed.

Yes       No

Verify the training of personnel listed on the protocol, please list missing training requirements below. *Instruct PI to remove any personnel no longer a part of the project through an amendment.*

Name	CITI Training	MHQ	DLAM

**3a.** Do all personnel have updated Medical Health Questionnaires (MHQs) on file?

Yes       No

If No, which personnel do not have an updated MHQ on file?

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**Auditor Comments:**

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**4. Animal Records:**

(For USDA-covered species only) Are animals identified by protocol and individual ID number?

Yes       No

(For non USDA-covered species) Are animals individually identified?

Yes       No

If Yes, what method is used to identify the animals?

- Microchip
- Ear punch
- Ear tag
- Tail mark
- Tail snip
- Other

**4a.** Are additional medications, such as antibiotics, accurately recorded (includes doses, frequency, and routes of administration)?

Yes       No

**4b.** Is there an up-to-date inventory of the number of animals used in the protocol?

Yes       No

4c. Are blood and fluid collections (volume, time of collection) recorded and initialed?

Yes  No

4d. Are the procedures described within the animal records consistent with what is described in the protocol?

Yes  No

4e. Does the animal health record include the following information?

- Protocol number
- Procedure
- Date procedure performed

4f. Animal ID

Yes  No

If No, what information is missing?

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**Auditor Comments:**

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5. **Surgical Records:** *NOTE - If this section is not applicable, check here: N/A*

5a. Is there a surgical log?

Yes  No  N/A

5b. If so, is it up to date?

Yes  No  N/A

5c. Is post-surgical care satisfactorily and adequately documented (includes drug doses, frequency, and routes of administration)?

Yes  No  N/A

**Auditor Comments:**

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**Is there a need for a Close Out Meeting?**

Yes  No

**Additional Questions/Comments:**

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**Initial Comment/Findings from Auditor(s) (if any):**

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\_\_\_\_\_  
**Signature of Auditor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PI/Study Staff Designee (PRINT NAME)**

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**Signature of PI/Study Staff Designee (if meeting)**