This guideline describes the IACUC’s expectations specific to the management of study or protocol-associated disease, disability, or other adverse events. Furthermore, it describes the mechanism for reporting unanticipated protocol complications to the IACUC.

The *Guide for the Care and Use of Laboratory Animals* states that: “An adequate veterinary care program consists of assessment of animal well-being and effective management of:

- animal procurement and transportation
- preventative medicine (including quarantine, animal biosecurity, and surveillance)
- clinical disease, disability, or related health issues
- protocol-associated disease, disability, or other sequelae
- surgery and perioperative care
- pain and distress
- anesthesia and analgesia
- euthanasia.”

In addition, the USDA Animal Welfare Act Regulations (2.33(b)(4) and (5)) require:

- “Guidance to principal investigators and other personnel involved in the care and use of animals regarding handling, immobilization, anesthesia, analgesia, tranquilization, euthanasia”
- “Adequate pre-procedural and post-procedural care in accordance with current established veterinary medical and nursing procedures”

To ensure compliance with these Federal regulations research personnel are required to consult with the Attending Veterinarian and/or notify the IACUC under the following circumstances.
1. The Attending Veterinarian should be consulted when creating or amending any animal research protocol that will involve protocol-associated disease, disability, or other adverse events. The Attending Veterinarian should assist the Principal Investigator to identify procedural guidelines, and training, as appropriate, relating to veterinary involvement / oversight in new or on-going experimental procedures.

2. The Attending Veterinarian should be consulted for guidance regarding immobilization, anesthesia, analgesia, tranquilization, and euthanasia of laboratory animals.

3. The Attending Veterinarian should be notified in a timely manner if during or following an experimental procedure an animal manifests unexpected or untoward behavior or clinical signs, or dies unexpectedly. Reportable clinical signs may include, but are not limited to, bleeding, open wounds, difficulty breathing, inability to ambulate or difficulty moving, unusual postures at rest, and abnormal neurological signs (head tilt, circling, ataxia).
   a. The Attending Veterinarian can be notified in any of the following ways:
      i. By phone – 893-7344, or 451-5931 (cell phone)
      ii. By email – manuel.garcia@ucsb.edu
      iii. By calling the Animal Resource Center (ARC) – 893-2333
      iv. By submitting a Clinical Call Record (available in the animal facility) to ARC personnel
   b. In the event of an emergency, the Attending Veterinarian, or trained ARC staff under the direction of the Attending Veterinarian, may euthanize animals in severe pain or distress without consultation with the investigative group.
   c. Protocol personnel or the PI must respond to requests (written or verbal) for treatment or euthanasia made by the Attending Veterinarian, or by the ARC staff under the direction of the Attending Veterinarian, within 24 hours to ensure timely resolution of clinical problems. After 24 hours, treatment or euthanasia may be initiated without consultation from the investigative group.

4. The IACUC should be notified of any adverse effects or unanticipated problems encountered while conducting work on an approved animal protocol, and if needed, the animal protocol should be amended. The notice should be submitted to the IACUC either using the provided template (Adverse Event/Unanticipated Complication Notification), an informative e-mail notification, or as part of the annual protocol renewal notification.
   a. Examples of unanticipated problems or complications include, but are not limited to:
      i. Complications during surgery or anesthesia at a frequency higher than expected or described in the approved protocol. A review of the surgical and postoperative records should be conducted at regular intervals (e.g. annually) to facilitate the identification of surgical complications at a higher than expected rate.
      ii. Unanticipated animal morbidity or mortality.
      iii. Euthanasia that did not result in the humane death of the animal.

Reference: