**\*\* Request for PI Managed** [**Satellite Housing Facility**](#SFdefinition) **\*\***

**IACUC Animal Use Protocol Addendum**

**PI Name:** Click here to enter text. **IACUC #:** Click here to enter text.

**AUP Title:** Click here to enter text.

**Species:** Click here to enter text.

1. **Identify the proposed location** (Building / Room):Click or tap here to enter text.
2. **Justify the need to designate this location as a** [**satellite housing facility**](#SFdefinition)**.**

*Designating a lab as a satellite facility should not be requested as a matter of convenience and must clearly define the reasons why research cannot be carried out within the animal facilities.*

Click or tap here to enter text.

1. **Provide a summary of the procedures to be conducted in this location.**

Click or tap here to enter text.

1. **Indicate the type of animal holding or housing for this location.**

Continual (expectation that one or more animals will be present at any given time).

Frequent (one or more animals often present, but with periods of no animal presence).

Sporadic (one or more animals infrequently present, e.g., 3-4 days/month, with long periods of no animal presence).

1. **Specify the maximum number of animals to be maintained in this location at any one time.**

Click or tap here to enter text.

Animals will be:  Group housed [insert # / cage]

Single housed

1. **Indicate the maximum duration of time animals will be maintained in this location.**

Click or tap here to enter text.

1. **Describe the animal husbandry to be performed.** 
   1. Daily health checks including feeding and water provision will be performed and documented by:  Laboratory Staff

Veterinary Resources Staff

* 1. Cage changes will be required for animals being maintained in the lab.  Yes  No

*\*Details to cage changes and waste disposal are outlined in the attached Husbandry SOP.*

Identify the group responsible for changing cages:  Laboratory Staff

Veterinary Resources Staff

* 1. Husbandry and care for animals over the weekend and on holidays will be provided by:

Laboratory Staff

Veterinary Resources Staff

1. **State the approximate area *(ft2 or m2)* devoted to animal holding / housing**. Click or tap here to enter text.
2. **This satellite facility request has been developed in collaboration with, and approved by, a VR Veterinarian** ([mterzi@som.umaryland.edu](mailto:mterzi@som.umaryland.edu) or 443-970-8686)**.**

Please indicate the date of consult: Click or tap to enter a date.

A copy of the husbandry SOP and log developed in consultation with Veterinary Resources is attached.

**The clearances listed below will be required before the IACUC will approve the holding or housing of animals in the above location.**

|  |  |  |
| --- | --- | --- |
| **Clearance** | **Date Completed\*** | **Notes** |
| HVAC, Lighting, Construction Features & Finishes, Access & Security Assessment |  | Please contact Dr. Matt Terzi in Veterinary Resources to initiate the Physical Plant Assessment. |
| IACUC Inspection |  | Please contact the OAWA ([iacuc@umaryland.edu](mailto:iacuc@umaryland.edu)) to schedule an IACUC Inspection. |
| EHS Safety Audit |  | Will be coordinated as part of the IACUC Inspection. |
| PI-Managed Satellite Housing Training |  | Submit a Training Request Form on the [Veterinary Resources Training Website](https://www.medschool.umaryland.edu/vetmedicine/Animal-Use-Training/). |

*\*Completed by OAWA Office*

**Facility Contact Information**

|  |  |  |
| --- | --- | --- |
| **Facility Contact**  *(list a primary & secondary contact)* | **Email** | **Emergency Contact Number**  *(generally, a cell phone or pager)* |
|  |  |  |
|  |  |  |

I confirm that animals will be housed and cared for as outlined in this addendum and husbandry SOP.

The monthly husbandry log will be posted in this location and completed daily.  Past month logs will be maintained in the lab for the duration of approval and will be available for inspection upon request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter a date.

Principal Investigator Signature Date

*\*no signature is required if submitted via the PI's UMB e-mail address*

**DO NOT SUBMIT THIS PAGE – PLEASE REMOVE / DELETE.**

**Animals cannot be maintained outside the animal facility for extended periods of time exceeding 12-24 hours without prior IACUC approval. If Veterinary Resources cannot accommodate a request and deems it necessary to maintain the animals in a lab, they will work with the investigator to develop Standard Operating Procedures (SOP) for husbandry and care of animals. Once the SOP is developed in collaboration with, and approved by, Veterinary Resources; the following form accompanied by the SOP and husbandry log should be submitted to the IACUC for final review and approval.**

**Rodents – cannot be maintained outside the animal facility for periods of time exceeding 24 hours.**

**USDA Covered Species – cannot be maintained outside the animal facility for periods of time exceeding 12 hours.**