

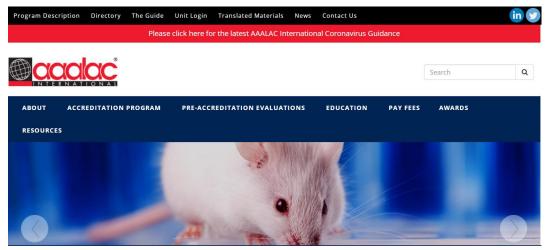
獸醫師及IACUC於AAALAC認證 之角色及經驗分享

NTUCM LAC Y.T. Tsai 2022.05.27





- 國際實驗動物管理評鑑及認證協會:
 Association for Assessment and Accreditation of Laboratory Animal Care, International (AAALACi)
- 非政府、非營利國際實驗動物設施認證機構





Accredited organizations

- 農業科技研究院
- 樂斯科生物科技
- 長庚大學
- 基隆長庚紀念醫院
- 林口長庚紀念醫院
- 高雄長庚紀念醫院
- 嘉義長庚紀念醫院
- 工業技術研究院
- 高雄醫學大學
- 豬博士動物科技股份有限公司
- 國立屏東科技大學

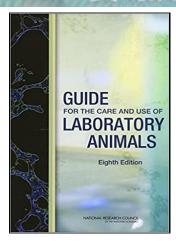
- 進階生物科技股份有限公司
- 行政院農業委員會畜產試驗所 臺東種畜繁殖場
- 國家實驗研究院國家實驗動物中心
- 國家實驗動物中心南部設施
- 國立成功大學醫學院
- 國防醫學院
- 國家衛生研究院
- 台大醫學院
- 合一生技股份有限公司
- 汎球藥理科技股份有限公司
- 昌達生化科技股份有限公司



AAALAC international standards

實驗動物中心

- Guide for the Care and Use of **Laboratory Animals**
- Guide for the Care and Use of Agricultural Animals in Research and **Teaching**
- European Convention for the Protection of Vertebrate Animals Used for Experimental and Other Scientific **Purposes**
- **FAQs** (https://www.aaalac.org/accreditation -program/fags/)



Guide for the Care and Use of Agricultural Animals in Research and Teaching









Fourth edition





Guide for the Care and Use of Laboratory Animals (Veterinary Care)

Y.T. Tsai





Medical Management

- There should be a timely and accurate method for communication of any abnormalities in or concerns about animal health, behavior, and well-being to the veterinarian or the veterinarian's designee.
- Reports should be triaged to ensure that animals most in need receive priority attention, and the veterinarian or veterinarian's designee should perform an objective assessment of the animal(s) to determine an appropriate course of action.
- ▶ 動物異常處理紀錄表
- ▶ 動物死亡處理紀錄表

年.

								追蹤			联醫師簽名
日期	籠號 PI	出生日期 品系/性別	異常狀況	填寫人	診斷 處置/結論	安樂死	死亡	分龍	持續觀察	痊癒	秋 雷叫 发力

年

								處	E-		¥
日期	籠號 PI	IACUC NO.	胡笳	性別	數量	填寫人	清運處理	通知 user	轉送病理	病理結果	机 菌中放力



 Accession number:
 Pathological number:
 105033
 Pathologist
 Vi-Ting Tsai

 Received date:
 105/10/13
 Specimen:
 Species:
 Mice
 Age:
 5-month-old

 Strain:
 FVB/N
 Sex:
 Female
 Alive/Dead:
 Alive
 Owner:
 Small animal holding division

History:

In the health surveillance program, the sentinel mouse presented neurological symptoms, such as limb clasping, limb grasping and trunk curling (Fig. 1).



Fig. 1

2. Gross findings:

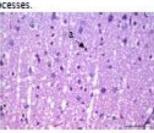
No significant difference was noted.

Histopathological examination:

The cerebral cortex (Fig. 2-3) and hippocampus (Fig. 4-5) presented neuronal necrosis (arrow a). The liver showed multiple coagulative necrosis (arrow b, Fig. 6-7).

Immunohistochemical staining for NeuN presented neuronal cell loss of cerebral cortex (Fig. 8) and hippocampus (Fig. 9). The TUNEL assay revealed neuronal apoptosis of cerebral cortex (Fig. 10) and hippocampus (Fig. 11). Immunohistochemical staining for GFAP indicated reactive astrogliosis of cerebral cortex (Fig. 12) and hippocampus (Fig. 13). The reactive astrocytes were hypertrophied, with enlarged cell bodies and GFAP-positive thickened, branched processes.





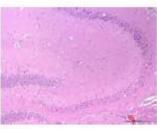


Fig. 2

Fig. 3

Fig. 4



Medical Management

- For animals on research <u>protocols</u>, the veterinarian or veterinarian's designee should make every effort to discuss any problems with the principal investigator or project director to jointly determine the most appropriate course of treatment or action.
- ▶ 於「動物實驗計畫」申請時進行審查
- Recurrent or significant problems involving experimental animal health should be communicated to the IACUC, and all treatments and outcomes should be documented (USDA 1997).



Emergency Care

- Procedures must be in place to provide for emergency veterinary care both during and outside of regularly scheduled hours.
- In the case of a pressing health problem, if the responsible person is not available, the veterinarian must have the authority, delegated by senior administration and the IACUC, to treat the animal, remove it from the experiment, institute appropriate measures to relieve severe pain or distress, or perform euthanasia if necessary.
- ▶動物房於工作時間及假日均有人輪班,在緊急狀況時,即便 難以聯絡到PI,獸醫師基於人道考量,可先進行醫療處置或犧 牲動物。



Recordkeeping

- A veterinarian should be involved in establishing, reviewing, and overseeing medical and animal use records.
- All those involved in animal care and use must comply with federal <u>laws</u> and regulations regarding human and veterinary drugs and treatments.
- <u>Drug records and storage procedures</u> should be reviewed during facility inspections.
- ▶ 由獸醫師負責醫療及動物使用紀錄之建立及監督
- > 符合動物保護法,並受實驗動物照護及使用委員會監督



Surgery

- <u>Surgical outcomes</u> should be continually and thoroughly assessed to ensure that appropriate procedures are followed and timely corrective changes are instituted.
- ▶ 手術紀錄PI自行紀錄於實驗紀錄簿中,需填寫手術紀錄表









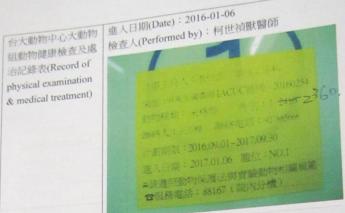
實 驗 室:_____

主 持 人:_____

研究人員:____

號:____

治記錄表(Record of physical examination & medical treatment)





動物持有人

科別:牙科(Owner):

王政揚

電話:0927885668,

動物種別(Species): beagle

動物來源(Original):

屏東生巖行

動物編號(ID): 900250000272615, 耳標: 2360,

研究主題:新穎電漿熔射法製備金屬混摻氫氧基磷灰石複

合材料於牙科植體之應用

IACUC:20160254

性別(Sex); ■雄 □雌 年齡(Age): 20150213,

動物健康檢查原因:
New arrival Illness End of quarantine Exportation

體溫(Temperature): 食慾(Appetite):正常

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Training

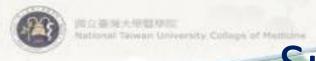
- Researchers conducting surgical procedures must have appropriate training to ensure that good surgical technique is practiced.
- The IACUC, together with the AV, is responsible for <u>determining</u> that personnel performing surgical procedures are appropriately qualified and trained in the procedures.
- > 實驗動物管理與使用課程
- > 實驗動物操作技術訓練課程
- > 實驗動物手術訓練課程



Presurgical Planning

- The surgical plan should identify <u>personnel</u>, their roles and training needs, and <u>equipment</u> and supplies required for the procedures planned; the <u>location</u> and nature of the facilities in which the procedures will be conducted; and <u>perioperative animal health</u> assessment and care.
- A veterinarian should be involved in discussions of the selection of anesthetic agents and doses as well as the plan for perioperative analgesic use.
- Presurgical planning should specify the requirements for postsurgical monitoring, care, and recordkeeping, including the personnel who will perform these duties.
- ▶於「動物實驗計畫」申請時進行審查

1.手術分類	i 存活手術								
手術名稱	經黏膜下軟組織微創骨重建術								
是否為批次手術	一批隻數 5								
■ ■目素引 ■ 2.動物品種	t								
3.手術內容描述									
4.執行場所	所 本院動物中心								
本院動物中心棲層	8樓								
5.手術執行人員									
6.請描述麻醉藥物名稱、劑量(mg/kg) 或氣體麻醉濃度(%)、投予方式與頻率	舒振 20mg/kg 若朋 0.05mg/100g								
	7.若執行恢復手術,請描述器械與儀器消毒方法、動物手術部位消毒方法。								
器械與儀器消毒	高陸滅菌								
批問器械消毒	熱珠滅菌器								
動物手術部位消毒	Povidone-Iodine, Chlorhexidine								
8.請描述手術前使用的輔助藥物(例如止痛藥,抗生囊等), 投予方式與損率,以及手術過程中使用的動物生理監測設備。									
9.請描述手術後使用的輔助藥物 (例如止痛藥,抗生素,輸液治療等),投予方式與損率。	大鼠:Meloxicam(商品名Mobic,鼠用) 0.025g/100g.口服三天,抗生秦藥實0.05mg/100g塗抹縫合盧								
10.什麼方式評估麻醉程度? (What criteria(s) will be used to assess level of anesthesia?) ●	呼吸頻率(Respiration rate),肌肉鬆弛(Muscular relaxation)								
11.請描述動物手術後觀察頻率和照護作業。	麻醉與手術當日確認動物甦醒。,投予止痛藥,投予抗生素								



Surgical Facilities

實驗動物中心

 Unless an exception is specifically justified as an essential component of the research protocol and approved by the IACUC, aseptic surgery should be conducted in <u>dedicated facilities</u> or spaces.

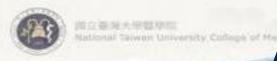
▶ Major survival surgeries需於手術房中進行





Surgical Procedures

- Surgical procedures are categorized as major or minor and, in the laboratory setting, can be further divided into survival and nonsurvival.
- Major survival surgery (e.g., laparotomy, thoracotomy, joint replacement, and limb amputation) penetrates and exposes a body cavity, produces substantial impairment of physical or physiologic functions, or involves extensive tissue dissection or transection.
- Minor survival surgery does not expose a body cavity and causes little or no physical impairment; this category includes wound suturing and percutaneous biopsy.



Aseptic Technique

- General principles of aseptic technique should be followed for all survival surgical procedures.
- Specific <u>sterilization methods</u> should be selected on the basis of the physical characteristics of the materials to be sterilized and <u>sterilization indicators</u> should be used to validate that materials have been properly sterilized.
- ▶動物術區需剃毛、刷洗並消毒,手術人員需著無菌手術衣、 戴頭套、口罩及無菌手套。
- ▶以高壓蒸氣滅菌鍋(autoclave)滅菌,並以滅菌指示帶(autoclave tape)識別滅菌狀態



Postoperative Care

- During this period, animals should be in a clean, dry, and comfortable area where they can be observed frequently by trained personnel.
- Particular attention should be given to thermoregulation, cardiovascular and respiratory function, electrolyte and fluid balance, and management of postoperative pain or discomfort.
- Appropriate medical records should also be maintained.
- ▶ 手術人員需密切觀察動物術後恢復情形,填寫疼痛評估紀錄 表及術後觀察表

台大醫學院實驗動物中心實驗動物疼痛評估記錄表 IACUC NO: 手術日期: 手術人員: 動物編號: 動物籬位: 動物性別: 日期 分數 評估項目 第一天 第二天 第三天 第四天 第六天 第五 天 第七天 正常 AMAMAMAMAMAMAM0 何料未吃完 食慾 PM PMPMPM PM PM PM 未進食 2 AMAMAMAMAMAM正常 0 AM1 皮膚外觀改變(豎毛) 2 步態改變或姿勢異常 外觀/態度 反應遲鈍、姿勢身體動作僵硬、不願走 PM 3 PMPMPM PMPM PM 人接進時,尖叫並企圖逃跑,疼痛會使 其反應更劇烈或甚至具有攻擊性 正常 0 AMAMAMAMAMAMAM排便量減少 1 排便 PMPMPM PM PM PM PM2 無排便 0 AMAMAM AMAMAMAM正常 間歇性呼吸異常 呼吸 PM PM PM PM PMPM PM2 持續性呼吸困難 正常 0 AMAMAMAMAMAMAM輕微透明滲出液紅色血液 1 傷口狀況 PMPMPM PM PM PMPM不透明渗出液或暗褐色血液 2 濃樣分泌物 3 第一級:按壓或觸診手術部位時,動物 AMAMAMAMAMAMAM無太大反應 第二級:按壓或觸診手術部位時,會引 起周圍組織反應,動物對觸診反應尚可 疼痛分數 第三級:按壓或觸診手術部位時,會引 PM PMPM起周圍組織反應,動物對觸診反應無法 第例級:按壓或觸診手術部位時,會引 起周圍組織反應,動物對觸診反應激烈 並推制,具攻擊行為 0 - 20總分 藥名 劑量 頻率 最少三日須給藥 是否投與藥 是□ 是□ 是□ 是 是□ 是 物?

獸醫師 管理員 管理員 分級及建議處治方式 (輕度以上疼痛等級第2級,需通知計劃人員處治)
正常:0-5分,疼痛等級第1級,可不給止痛藥觀察

輕度疼痛:6-10分,疼痛等級第2級,給予非鴉片類止痛藥中度疼痛:11-15分,疼痛等級第3級,每8-12給予鴉片類止痛藥

重度疼痛:16-20分,疼痛等級第4級,每8-12給予鴉片類止痛藥且考慮合併藥或人道犧牲

否

否

否

否

否

否□

否

LD05-02-D

(POST OPERATIVE EVALUATION) IACUC No. _______ 計畫主持人姓名_______ 動物品種____ 品系_____ 連絡人姓名 _________ 連絡電話 _________ 拆線拔釘日期 ____年 ____月 ____日 施術日期起迄七天 是□ 是「 是 是 是「 是 是「 呼吸/步伐/姿勢 是否正常? 否 否 否 否 否 否 否 是 是 是 是 是 是 是 進食/飲水排異/排尿 是否正常? 否 否 否 否 否 否 否 是 是 是厂 是□ 是□ 是 是 維合處是否乾淨 (是)/滲血(否)? 香门 香 否 否 否 否 否 疼痛評估得分(0至4分) 是否投與藥物? 藥名/劑量/頻率 使用者簽名 歌醫師簽名

囓齒類動物術後觀察表

疼痛評估:0-正常normal behavior and physiology · 1-行為生理中度異常-mild behavior and physiological changes (decreased food/water consumption, slightly depressed, minor guarding of incision site) · 2-中度疼痛moderate pain (1 plus swelling/redness/discharge at surgical site, reluctance to move, guarding with vocalization or aggression) · 3-重度疼痛severe pain/distress (1 and 2 plus, immobility, dehiscence of incision, profound dehydration/weight loss) · 4-濒死狀態Moribund/comatose ·



Pain and Distress

實驗動物中心

Certain species-specific behavioral manifestations are used as indicators of pain or distress—for example, vocalization (dogs), depression (all), anorexia (all), rapid or labored respiration (rodents, birds, fish), lack of grooming (mammals and birds), increased aggression (mammals and birds), periocular and nasal porphyrin discharge (rodents), abnormal appearance or posture (all), and immobility (all).



http://aibolita.com/eye-diseases



Anaesthesia and Analgesia

- The selection of appropriate analgesics and anesthetics should reflect professional veterinary judgment.
- Animals should be closely monitored during and after painful procedures and should receive additional drugs.
- Antinociception occurs at a surgical plane of anesthesia and must be ascertained before surgery.
- ▶ 止痛及麻醉於「動物實驗計畫」申請時進行審查
- > 術後用藥紀錄於疼痛評估紀錄表及術後觀察表



Anaesthesia and Analgesia

- <u>Guidelines</u> for the selection and proper use of analgesic and anesthetic drugs should be developed and periodically reviewed and updated as standards and techniques are refined.
- Agents that provide anesthesia and analgesia must be used before their <u>expiration dates</u> and should be acquired, stored, their use recorded, and disposed of legally and safely.
- > 可參考台大醫學院實驗動物麻醉止痛使用指引



Euthanasia

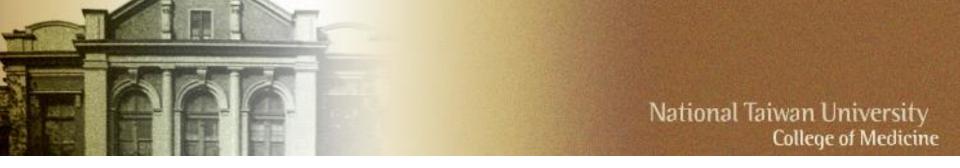
- Unless a deviation is justified for scientific or medical reasons, methods should be consistent with the <u>AVMA Guidelines on Euthanasia</u>.
- Standardized methods of euthanasia that are predictable and controllable should be developed and approved by the AV and IACUC.
- Euthanasia should be carried out in a manner that <u>avoids animal</u> distress.
- Special consideration should be given to euthanasia of <u>fetuses</u> and larval life forms depending on species and gestational age.



Euthanasia

- Because neonatal rodents are resistant to the hypoxia-inducing effects of CO₂ and require longer exposure times to the agent, alternative methods should be considered (e.g., injection with chemical agents, cervical dislocation, or decapitation).
- <u>Death must</u> be confirmed by personnel trained to recognize cessation of vital signs in the species being euthanized.
- A secondary method of euthanasia (e.g., thoracotomy or exsanguination) can be also used to ensure death.
- ▶ 可參考安樂死規範,動物安樂死方法於「動物實驗計畫」申請時進行審查。需確認動物死亡後才能將屍體移入冰櫃







http://www.aburicomposites.com/qa/

E. VETERINARY MEDICAL CARE

1. Calibrating anesthetic equipment

We have a technician come to our facility to calibrate our anesthetic vaporizers on a regular basis. Does this meet AAALAC's expectations for calibration and maintenance of our anesthetic machines? There is a difference between an on-site calibration and having the vaporizer sent to the manufacturer for preventive maintenance. The services performed in each of these instances can be significantly different. During most on-site calibrations, the vaporizer is checked to ensure it is delivering the amount of anesthetic as reflected by the setting. When vaporizers are sent in for preventive maintenance, the vaporizer is broken down and a detailed maintenance is performed that includes cleaning and replacement of worn gaskets and

所在地校正與將氣體麻醉機送回原廠定期維修不太一樣,校正主要確保實際輸出之麻醉氣體與設定值一致;維修則為清理保養並替換磨損零件。 氣體麻醉機需定期監控是否洩漏或損壞,廠商需提供合適校正及維修間隔時間及其服務。

Workers Guidelines/Chap5) states that all anesthetic equipment must be regularly monitored for leakage, improper design, or defects. This includes the anesthesia machine as well as the vaporizer since anesthetic machines can develop improperly functioning components such as flutter valves, gaskets, and scavenging equipment. AAALAC International expects that anesthetic machines and vaporizers are evaluated for safe and effective operation on an established schedule, consistent with the the manufacturers recommendations. The manufacturer of your vaporizer should have recommended intervals for both on-site calibration and for maintenance that requires sending the vaporizer in to them, as well as recommended maintenance intervals for the rest of the anesthetic machine.

e

2. Aseptic surgery and alcohol as a disinfectant

A researcher at our institution plans to use isopropyl alcohol to disinfect the surgical instruments she uses for a survival rodent surgical procedure. Will this be acceptable to AAALAC?

In 2001, AAALAC International published guidance on the use of alcohol as a skin disinfectant and for instrument sterilization

(http://www.aaalac.org/publications/Connection/Using Alcohol Disinfectant.pdf). At

2001年,AAALAC認為酒精可用於術區皮膚消毒,但不可用於手術器械消毒;但最近研究指出,延長手術器械浸泡於酒精之時間,或是特殊狀況時可使用酒精作為手術器械消毒。

IACUC需依個案不同謹慎評估。

are used (Huerkamp 2002) or for limited numbers of serial rodent surgeries under specific conditions (Keen et al. 2010). The IACUC (or comparable oversight body) must evaluate the use of alcohol on a case-by-case basis with due consideration for animal welfare and scientific outcomes based on a review of current relevant literature, and consistent with expected surgical outcomes.

3. Intraoperative monitoring

On page 128 of the Guide for the Care and Use of Laboratory Animals (NRC 2011), there is a new section which describes the importance of intraoperative monitoring during surgical procedures. The description includes evaluation of parameters such as anesthetic depth, body temperature, cardiac and respiratory rates and pattern as well as blood pressure. Will AAALAC now require that these parameters be monitored and recorded for all surgical procedures?

Site visitors will often evaluate protocols, standard operating procedures and surgical records to assess the appropriateness of anesthesia, analgesia, intraoperative surgical monitoring, post-operative care and outcome. As stated in the 1996 *Guide* and detailed more specifically in the 2011 *Guide*, the overall goal of surgical monitoring is to

術中監控目的為增加手術成功率,其監控項目可因物種差異、麻醉方式、手術侵犯程度、複雜度及手術持續時間而有所調整;不管任何物種,愈複雜、持續時間愈久之手術均需要更詳細密集之術中監控。 非存活性手術也需合適術中監控。

the need for detailed, intensive intraoperative monitoring. The Council expects that the level of intraoperative monitoring and recordkeeping will be based on these factors. For example, the level of intra-operative monitoring might be minimal for short, minor procedures on rodents. In contrast, extensive intraoperative monitoring would likely be required for long, complex, major procedures regardless of the species involved. Appropriate intraoperative monitoring for non-survival surgical procedures is also expected, using the above criteria. As always, the Council will evaluate the adequacy of intraoperative monitoring using a performance based approach which assesses whether procedures meet the goals and provide a successful outcome.

4. Rodent surgery record keeping

What level of monitoring and record-keeping are expected for rodent surgery?

There is clear general consensus in relevant resources (e.g., the Guide for the Care and Use of Laboratory Animals (Guide), NRC 2011; Medical Records for Animals Used in Research, Teaching, and Testing: Public Statement from the American College of Laboratory Animal Medicine, ILAR 2007; Rodents: Laboratory Animal Management, NRC 1996; Research Animal Anesthesia, Analgesia and Surgery, SCAW 2007) that monitoring of rodents during surgery is critical so that animals are maintained under a surgical plane of anesthesia and that therapeutic intervention can be provided should unexpected physiological responses occur. Perioperative assessment of the physiological

為了增加手術成功率,需監控動物生理數值(體溫、呼吸速率、心跳、血壓、 血中氣體濃度、心電圖等)及麻醉深度。

儘管AAALAC未規定手術程序,但有建議術前計畫需考慮術中監控及紀錄保 存,而其監控及紀錄項目可因手術差異及動物健康等而調整。

Therefore, while AAALAC does not have a policy that stipulates the level of documentation for surgical procedures, the Guide does recommend that pre-surgical planning include consideration of record-keeping, and AAALAC would expect that this would occur and that the level of monitoring and record-keeping would be adjusted to the type of procedure, health of the animal, etc. Good record-keeping is also important so the Institutional Animal Care and Use or Oversight Body (IACUC/OB) can track whether or not a specific animal had undergone more than one survival surgical procedure, as multiple survival surgical procedures need to be handled in a specific manner by the IACUC/OB. To summarize, then, there is no "cookie-cutter" approach to monitoring and documentation associated with surgical procedures, but AAALAC site visitors would expect all the factors described to be evaluated by the IACUC/OB for all 36 surgical procedures when making these determinations.

5. Carbon dioxide (CO2) for euthanasia

The Guide for the Care and Use of Laboratory Animals (NRC 2011) notes the ongoing controversy regarding the use of carbon dioxide (CO2) for euthanasia due to its aversive characteristics. The Guide also notes that this is an area of ongoing research and that the suitability of CO2 as a euthanasia agent for small rodents should continue to be evaluated. Because of the controversy surrounding the use of CO2 in small rodent euthanasia, we are unsure of AAALAC International's expectations in this regard. Guidance on this topic would be very valuable as our institution develops a standard operating procedure on the utilization of CO2 as a euthanasia agent in small rodents.

The 2011 Guide states that "Unless a deviation is justified for scientific or medical reasons, methods should be consistent with the AVMA Guidelines on Euthanasia (AVMA 2007 or later editions) " The 2013 AVMA Guidelines for the Euthanasia of Animals and

2013 AVMA Guideline 認為安樂死可以逐漸灌注CO2方式進行,建議氣體替換速率約10%-30% volume/min。

直接將動物放到已灌注100% CO2之動物犧牲箱是不可接受的。

conscious animals are placed directly into a container prefilled with 100% CO2, is unacceptable." Carbon dioxide "must be supplied in a precisely regulated and purified form without contaminants or adulterants, typically from a commercially supplied cylinder or tank." "As gas displacement rate is critical to the humane application of CO2, an appropriate pressure-reducing regulator and flow meter or equivalent equipment with demonstrated capability for generating the recommended displacement rates for the size container being utilized is absolutely necessary."

However, as the Guide notes (page 13), "The body of literature related to animal science and use of animals is constantly evolving, requiring Programs to remain current with the information and best practices." Therefore, the appropriate displacement rate for different rodent species may change as the science regarding CO2 euthanasia develops.

Based upon these references, the Council on Accreditation developed the following expectations:

- 1. A 10-30% displacement rate of chamber air with CO2 gas/minute must be used when euthanizing¹ small rodents to minimize aversion, pain/distress, and escape behavior. The flow rate should be calculated to ensure the equipment meets required displacement specifications. While flow meters are the preferred method of ensuring flow rate, other methods are available.
- 1. 安樂死應以逐漸灌注CO₂方式進行,建議氣體替換速率約10%-30% volume/min。
- 2. 使用自動化安樂死系統時,需查核氣體替換速率。
- 3. 在安樂死間隔,需先移除殘留CO₂。
- 需由合格人員操作安樂死。
- 5. 需確認動物死亡。
- 6. 安樂死時應將動物放置於原本居住的籠子以減少其緊迫及焦慮, 若需置於其他籠子,則應清潔並減少其緊迫及焦慮。
- 7. 應特別注意CO2安樂死新生囓齒類動物。
- 8. CO2安樂死應用透明箱子。
- 9. 應避免其他的動物聽到安樂死動物之叫聲及聞到氣味。
- 10. 應被IACUC核可。

distress resulting from exposure to the vocalizations and odors of frightened animals.

 The IACUC must review and approve any deviations from the 2013 AVMA Guidelines on CO2 euthanasia using a performance based approach.

¹This also applies to those rare cases when CO2 is used for anesthesia.



Accreditation process

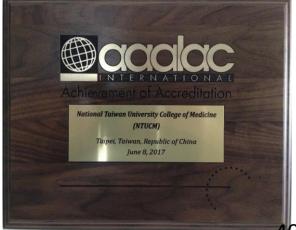
- Program description
- Document submission and fee payment
- Site visit
- Post Site Visit Communication (PSVC)
- After awarded AAALAC International accreditation, the institution will need to submit an "annual report" every year.
- Subsequent site visits are held every three years



NTUCM LAC







10

LAC Director Institutional official:

bears ultimate responsibility for the Program and is responsible for resource planning and ensuring alignment of Program goals with the institution's mission.

The IO, the Chair of the IACUC and the Director of the Laboratory Animal Center meet on a regular basis and maintain an open line of communication regarding all aspects of the animal care and use program.

AV

Attending veterinarian:

health and well-being of

all laboratory animals used at the institution.

responsible for the

Veterinary and Other
Professional Staff Veterinarians

- 首席獸醫師
- 大動物組(8F): 2位獸醫師
- 小動物組(9F): 2位獸醫師
- 繁殖組(10F): 2位獸醫師
- 研發組(10F): 1位獸醫師

IACUC

institutional animal care and use committee

委員22人:主任委員、實驗動物中心主任、獸醫師、牙醫專業學院代表、藥學專業學院代表、公衛學院代表、不使用動物之委員或社會公正人士2人,基礎學科所代表、醫學系臨床學科所代表、其他學所及專業性研究中心代表、校外委員

IACUC responsibilities

- Animal protocol review
- i. Experimental and humane endpoints
- ii. Pain and distress, anesthesia, and analgesia
- iii. Physical restrain
- iv. Multiple survival surgical procedures
- v. Food and fluid regulation
- vi. Use of non-pharmaceutical-grade drugs and other substances
- vii. Animal reuse
- viii. Environmental enrichment
- ix. Animal transportation on campus
- Post approval monitoring, PAM
- Annual supervision report
- Facility inspection
- i. Animal environment, housing and management
- ii. Emergency, weekend and holiday care
- iii. Animal health monitoring, seasonal
- iv. Semiannual facility inspection
- Training program
- Receiving complaint of violation of animal use
- Committee meetings

1. Disaster plan did not mention how to deal with animals.

➤ 動物中心意外暨緊急狀況應變程序: 災害發生後,由首席獸醫師(AV)及其獸醫師團隊裁決依據是否能維持其科學可信度來保留動物以供繼續做實驗。大小鼠為防範災害發生,宜事先凍存胚,大型動物優先保留。繼續動物實驗的科學可信度能維持時,可保留所有或大部分動物;若認為動物科學實驗的可信度不能維持,如缺少人員、缺乏環境控制......等,焦點轉向保留無可取代或高經濟價值的實驗動物,不能免受災害後果或承受疼痛不適者,不能重新安置者,需進行人道安樂死。

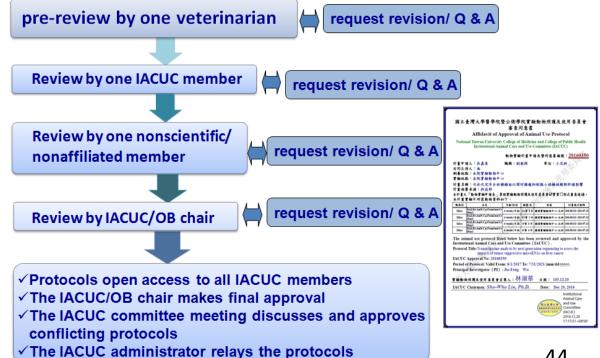


PSVC

驗動物中心

- 2. Non-scientific / non-affiliated member was not involved in the detailed review of each protocol.
- Revised version

Protocol review process



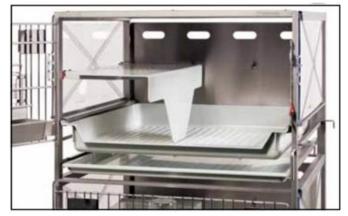


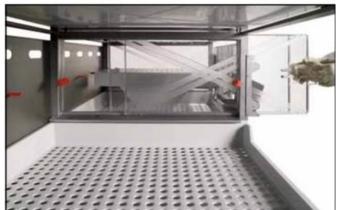
PSVC

- 3. In a number of areas, animals were found to be singly housed.
- ➤ 實驗動物環境豐富化及獨飼規範:群居動物如需獨飼應寫在動物實驗計劃中並經IACUC同意。待部分原因消除後可重回原籠,所有獨飼籠應添加豐富化的物品。獨居飼養之動物需與其同類動物相處一室並可利用視覺、聽覺和嗅覺,隔著柵欄或網片得知同種動物的存在。
- ▶ 如有下述情況或臨床症狀出現,可採取獨居飼養,但須經獸醫師同意:動物具有攻擊或打架的傾向、懷孕母畜、繁殖動物離乳時單一性別只有一隻動物、術後照護(至復原)、動物身上繫有導管、健康狀態不佳。



Figure 1-3: Comparison of the new and old cage. The basal area of new cage is 2,623cm² and old one is 825cm².









- 4. Surgical rooms in satellite units were not adequately designed or maintained to perform aseptic survival surgery.
- ➤ 存活性手術操作及場所規範:存活性手術應在動物中心操作,不在動物中心進行存活性手術,必須於實驗動物計畫中敘明原由及欲進行手術的實驗場所,經IACUC同意其說明後,IACUC將訪視進行存活性手術之實驗場所,若IACUC認為該場所不具備存活性無菌手術之條件,得禁止該實驗場所進行動物存活手術實驗。



- 5. Safety signage
- ➤ Autoclave, rack washer, H₂O₂ fumigation chamber













- IACUC members did not have any opportunity to have medical check which covered animal allergies.
- ➤ IACUC will provide additional annual medical checks to all IACUC members which cover animal allergies.



7. Rusty suspended flooring in pig pens









8. Poor wall maintenance with cracks and peeling paint







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9. Some deficiencies were noted with the HVAC system e.g. the number of air changes per hour in some animal rooms did not meet the minimum requirements as set out by the

guide.

量測送風量:368CMH

量測排風量:117CMH,115CMH

(共232CMH)

量測空間體積:33m3

換氣次數(次/hr):11次/hr(正壓)



- 10. The unit allows to use toe clipping to identify animals up to 3 weeks, as said in the Guide, toe-clipping should be used only when no other individual identification method is feasible.
- ➤ 嚙齒類標識方法規範:優先使用其他標記方法,使用 剪腳趾方式須要寫在動物實驗計畫中提供科學理由, 並經IACUC同意方可執行。只在小於7日齡鼠使用,大 於7日齡鼠操作時需要麻醉。限制每肢最多只能剪二趾。



- 11.Enrichment items were provided to animals, but a enrichment program was only offered to singly-housed rats or mice on studies.
- ➤實驗動物環境豐富化及獨飼規範:巢料、避難區域(例如管子與小屋等)、粗飼料或可供啃咬的物品(例如木棒)及食物、提供玩具、對大小鼠和倉鼠可增加葵瓜子、對天竺鼠及兔子提供青料或生鮮蔬果



Annual report

- AAALAC international unit contact
- Responsible institutional official
- Attending veterinarian
- IACUC/ACC/EC (if applicable) chairperson
- Physical areas
- Note addition or deletion of animal rooms, laboratories, units, or buildings.
- State and describe changes in organizational structure of the program.
- Were any research, testing, or teaching protocols suspended during this reporting period for animal welfare related reasons or impacted due to COVID-19?
- Were any major problems identified or deficiencies noted by animal welfare oversight authorities/bodies/agencies during this reporting period?
- Did you self-identify any serious deviations from your institutional animal care and use program requirements or policies?
- Enter the approximate annual usage for the above stated reporting period.
- List key personnel changes since last reporting period.

Thank you for your attention

