

Office of Animal Resources
OAR

COMPASSION FOR ANIMALS. PASSION FOR SCIENCE.

Animal Inventory Control

Animal Inventory Control

- Internal Auditors conducted a review of OAR in spring 2013
- Findings included animal inventory discrepancies

Why are Transaction Slips Necessary?

- Accurate animal inventory
- Track inventory changes
- Financial impact
 - Per Diem charge/s
 - Transaction slip = money
- Regulatory impact
 - Animal numbers approved on Animal Protocol (AP)

Action Plan

- Track inventory adjustments each month
- Improve our counting methods
- Verify discrepancies during count
- Redesign transaction slips – one to multiple
- Pilot new Mouse transaction slips in one facility –
March 2015

Redesign Mouse Transaction Slips

- Separate slip for each “transaction”
- Obtain only information needed for specific transaction to process in OAR Inventory system
- Importance of accurate completion & timely submission of transaction slips
- Providing training

Removal
of Cage



Mouse Cage: Addition / Removal / Transfer

Species: Mouse Date: 2/1/15

Check one Box:

Removal of cage(s)

Wean Mice

Divide existing cage (non wean)

Transfer Mice (lab must label cages)

Euthanasia Requested(lab must label cages)

DIP (for OAR use only)

Comments: _____

Investigator:

Name	Hawk ID	Acct #
<u>DOE</u>	<u>jdoe</u>	<u>1 EXT</u>
<u>4223355</u>	<u>22005</u>	<u>2705</u>
Protocol#	Order #	OAR Bldg/rm#

Mice: _____ # Cages (add/remove): 3

Signature/Contact Name: Jane Cabey

Contact Phone#: 58200

-----For Transfers Only-----

"To" Investigator:

Name	Hawk ID	Acct #
Protocol#	Order #	OAR Bldg/rm#

Mice: _____ # Cages (add): _____

Signature/Contact Name: _____

Contact Phone#: _____

REMOVAL OF CAGE

OFFICE OF ANIMAL RESOURCES (OAR)

Species MOUSE

DATE 1/15/15

PI Name DOE

PI Hawk ID jdoe

Account # 1 EXT

OAR Building / Room 2762

Quantity CAGES removed 22

Person completing slip Jane Cabey
(PRINT first and last name)

Contact Phone # 58200

Old Version

New Version

Wean



Mouse Cage: Addition / Removal / Transfer

Species: Mouse Date: 2/1/15

Check one Box:

Removal of cage(s)

Wean Mice

Divide existing cage (non wean)

Transfer Mice (lab must label cages)

Euthanasia Requested (lab must label cages)

DIP (for OAR use only)

Comments: _____

Investigator:

DOE	jdoe	1 EXT
Name	Hawk ID	Acct #
4223355	22005	2705
Protocol#	Order #	OAR Bldg/rm#

Mice: 15 # Cages (add/remove): 3

Signature/Contact Name: Jane Cabey

Contact Phone#: 58200

For Transfers Only

"To" Investigator:

Name	Hawk ID	Acct #
Protocol#	Order #	OAR Bldg/rm#

Mice: _____ # Cages (add): _____

Signature/Contact Name: _____

Contact Phone#: _____

WEAN

OFFICE OF ANIMAL RESOURCES (OAR)

Species MOUSE

DATE 1/15/15

PI Name DOE

PI Hawk ID jdoe

Account # 1 EXT

Protocol # 4012367

OAR Building / Room 2762

Quantity of **CAGES** added 12

Quantity of **MICE** 50

Contact Name Jane Cabey
(on cage card) (PRINT first and last name)

LAB Phone # 58200
(on cage card)


24 HOUR Phone # 030-555-2552
(on cage card)

Person completing slip _____
(if different than above) (PRINT first and last name)

Contact Phone # _____

if weaned by OAR personnel _____
(initials)
(1/2015)

Divide Existing Cage



Mouse Cage: Addition / Removal / Transfer
 Species: Mouse Date: 2/1/15

Check one Box:
 Removal of cage(s)
 Wean Mice
 Divide existing cage (non wean)
 Transfer Mice (lab must label cages)
 Euthanasia Requested (lab must label cages)
 DIP (for OAR use only)

Comments: _____

Investigator:

<u>DOE</u>	<u>jdoe</u>	<u>1 EXT</u>
Nname	Hawk ID	Acc #
<u>4223355</u>	<u>22005</u>	<u>2705</u>
Protocol#	Order #	OAR Bldg/rm#

Mice: _____ # Cages (add/remove): 3

Signature/Contact Name: Jane Cabey

Contact Phone#: 58200

For Transfers Only

"To" Investigator:

_____	_____	_____
Nname	Hawk ID	Acct #
_____	_____	_____
Protocol#	Order #	OAR Bldg/rm#

Mice: _____ # Cages (add): _____

Signature/Contact Name: _____

Contact Phone#: _____

DIVIDE EXISTING CAGE
(not weaning)

OFFICE OF ANIMAL RESOURCES (OAR)

Species MOUSE

DATE 1/15/15

PI Name DOE

PI Hawk ID jdoe

Account # 1 EXT

OAR Building / Room 2762

Quantity of **CAGES** added 10

Contact Name Jane Cabey
 (on cage card) (PRINT first and last name)

LAB Phone # 58200
 (on cage card)

24 HOUR Phone # 030-555-2552
 (on cage card)

Person completing slip _____
 (if different than above) (PRINT first and last name)

Contact Phone # _____

if divided by OAR personnel _____
 (initials)
 (1/2015)

Old Version

Transfer-
Room to
Room

Or

Building to
Building



Mouse Cage: Addition / Removal / Transfer

Species: Mouse Date: 2/1/15

Check one Box:

Removal of cage(s)

Wean Mice

Divide existing cage (non wean)

Transfer Mice (lab must label cages)

Euthanasia Requested(lab must label cages)

DIP (for OAR use only)

Comments: _____

Investigator:

<u>DOE</u>	<u>jdoe</u>	<u>1 EXT</u>
Name	Hawk ID	Acct #
<u>4223355</u>	<u>22005</u>	<u>2705</u>
Protocol#	Order #	OAR Bldg/rm#

Mice: 15 # Cages (add/remove): 3

Signature/Contact Name: Jane Cabey

Contact Phone#: 58200

-----For Transfers Only-----

"To" Investigator:

<u>WILSHIRE</u>	<u>bwilshire</u>	<u>4</u>
Name	Hawk ID	Acct #
<u>4113355</u>	<u>2705</u>	
Protocol#	Order #	OAR Bldg/rm#

Mice: 15 # Cages (add/remove): 3

Signature/Contact Name: Bert Bird

Contact Phone#: 49666

New Version

TRANSFER

(room to room / building to building)

OFFICE OF ANIMAL RESOURCES (OAR)

Species: MOUSE

*****SEE BACK OF SLIP FOR INSTRUCTIONS*****

DATE 1/15/15

OAR verified "**Current**" housing info: _____
(initials)

OAR verified "**Transfer To**" housing info: _____
(initials)

"Current" Housing Info:

PI name DOE

PI Hawk ID jdoe

Account # 1 EXT

OAR Building / Room 2762

Quantity of Cages removed 5

=====

"Transfer To" Housing Info:

OAR Building / Room 2760

Quantity of Cages added 5

Person completing slip Jane Cabey
(PRINT first and last name)

Contact Phone # 58200

(1/2015)

TRANSFER INSTRUCTIONS

(room to room / building to building)

Backside

Room to
Room

Or

Building to
Building

- * **Lab personnel must label cages to be transferred** with a **PURPLE "Transfer"** card.
- * Lab personnel must place this completed slip **behind** the **PURPLE "Transfer"** card on **ONE** of the cages labeled.
- * **If need cages moved immediately**, talk to OAR area Supervisor or caretaker of current room for verification, then take this verified slip to main OAR office (L350 PBDB) for processing.
- * **If move cages when OAR personnel not available (after hours)** lab personnel must place this completed slip **behind** the **PURPLE "Transfer"** card on one of the cages labeled.

** Transfer to a **different OAR building** **requires approval** from "Transfer To" OAR area Supervisor before lab personnel label cages with **PURPLE "Transfer"** cards and the "Transfer" slip is completed.

PLEASE NOTE THE FOLLOWING:

- *** Requests to / from **PSYCHOLOGY, BIOLOGY or IREH** **require OAR veterinarian approval**, then request is to be called (by lab personnel) to main OAR office **one full working day** before requested transfer date.
- **** Requests from **MTF** require an email to the OAR area shared emails of both buildings involved (see OAR website for addresses).
 - The "transfer" slip will be completed by OAR personnel.

(**PURPLE "Transfer"** cards to be **removed only by OAR staff**)

Please check with OAR area supervisor of current housing area for instructions or questions.

Old Version

New Version

Transfer-
PI to PI
Or
Protocol
to
Protocol



Mouse Cage: Addition / Removal / Transfer

Species: Mouse Date: 2/1/15

Check one Box:

Removal of cage(s)

Wean Mice

Divide existing cage (non wean)

Transfer Mice (lab must label cages)

Euthanasia Requested(lab must label cages)

DIP (for OAR use only)

Comments: _____

Investigator:

<u>DOE</u>	<u>jdoe</u>	<u>1 EXT</u>
Name	Hawk ID	Acct #
<u>4223355</u>	<u>22005</u>	<u>2705</u>
Protocol#	Order #	OAR Bldg/rm#

Mice: 15 # Cages (add/remove): 3

Signature/Contact Name: Jane Cabey

Contact Phone#: 58200

-----For Transfers Only-----

"To" Investigator:

<u>WILSHIRE</u>	<u>bwilshire</u>	<u>4</u>
Name	Hawk ID	Acct #
<u>4113355</u>	<u>2705</u>	<u>2705</u>
Protocol#	Order #	OAR Bldg/rm#

Mice: 15 # Cages (add/remove): 3

Signature/Contact Name: Bert Bird

Contact Phone#: 49666

TRANSFER

(PI to PI or Animal Protocol/Acct to Animal Protocol/Acct)

OFFICE OF ANIMAL RESOURCES (OAR)

Species MOUSE

***** SEE BACK OF SLIP FOR INSTRUCTIONS*****

DATE _____

OAR verified "Current" housing Info: _____ (initials)

Have the animals been used in a previous study Yes _____ No X

"Current" PI Info:

PI name DOE

PI Hawk ID jdoe

Account # 1 EXT

Protocol # 4012367

OAR Building / Room 2762

Quantity of CAGES removed 3

Quantity of MICE 15

Contact Name Jane Cabey
(PRINT first and last name)

Contact Phone # 58200

=====

"Transfer To" PI Info:

PI name Wilshire

PI Hawk ID bwilshire

Account # 4

Protocol # 4129899

OAR Building / Room 2762

Quantity of CAGES added 3

Quantity of MICE 15

Contact Name Bert Bird
(for cage card) (PRINT first and last name)

LAB Phone # 49666
(for cage card)

24 HOUR Phone # 319-555-7755
(for cage card)

Person completing slip Manny Mann
(if different than above) (PRINT first and last name)

Contact Phone # 55552

(1/2015)

TRANSFER INSTRUCTIONS

(PI to PI or Animal Protocol/Acct to Animal Protocol/Acct)

Backside

PI to PI

Or

Protocol to
Protocol

- * **Lab personnel must label cages to be transferred** with a **PURPLE "Transfer"** card.
- * Lab personnel must place this completed slip ***behind*** the **PURPLE "Transfer"** card on **ONE** of the cages labeled.
- * ***Mice may not be used until "Transfer To" PI*** (and / or lab personnel) receives email notification of completed transfer.
- * **If need transfer handled immediately**, talk to OAR area Supervisor or caretaker of current room for verification, then take this verified slip to main OAR office (L350 PBDB) for processing.
- * ***Transfer to a different OAR room / building*** is to be requested **AFTER "Transfer to" PI** (and/or lab personnel) has received the email notification of change of PI or Protocol / Account.

Please check with OAR area supervisor of current housing area for instructions or questions.

(PURPLE "Transfer" cards to be removed only by OAR staff)

Old Version

New Version

Euthanasia Requested



Mouse Cage: Addition / Removal / Transfer
 Species: Mouse Date: 2/1/15

Check one Box:
 Removal of cage(s)
 Wean Mice
 Divide existing cage (non wean)
 Transfer Mice (lab must label cages)
 Euthanasia Requested (lab must label cages)
 DIP (for OAR use only)

Comments: _____

Investigator:

<u>DOE</u>	<u>jdoe</u>	<u>1 EXT</u>
Name	Hawk ID	Acct #
<u>4223355</u>	<u>22005</u>	<u>2705</u>
Protocol#	Order #	OAR Bldg/rm#

Mice: 15 # Cages (add/remove): 3

Signature/Contact Name: Jane Cabey
 Contact Phone#: 58200

-----For Transfers Only-----
 "To" Investigator:

_____	_____	_____
Name	Hawk ID	Acct #
_____	_____	_____
Protocol#	Order #	OAR Bldg/rm#

Mice: _____ # Cages (add): _____
 Signature/Contact Name: _____
 Contact Phone#: _____

EUTHANASIA REQUESTED
(a fee will be charged)

OFFICE OF ANIMAL RESOURCES (OAR)
 Species MOUSE

1) Lab personnel must label each cage with a BROWN "Euthanize" card.
 2) Lab personnel must place this completed slip **behind** the BROWN "Euthanize" card on one of the cages labeled. DATE 1/15/15

REQUESTED BY (check one option below):
 Lab X
 OAR Vet Staff _____

PI name DOE
 PI Hawk ID jdoe
 Account # 1 EXT
 OAR Building / Room 2762
 Quantity of Cages removed 1
 Quantity of Mice 1
 Person completing slip Doris Day
 (PRINT first and last name)
 Contact Phone # 53900

Mouse information (for OAR to complete)
 Strain _____
 Sex _____
 ID # _____
 DOB _____
 Additional Information _____

By OAR personnel _____
 (initials)
 (1/2015)

Pilot Study

- Starts March in BSB
- Duration of several months
- Review impact on inventory accuracy
- Important to gather feedback
 - User friendly slips?
 - What worked well?
 - Suggested changes?

Moving forward

- We appreciate your cooperation
- We value your feedback
- Thank you for coming
- Any questions