**IACUC Veterinary Verification & Consultation (VVC) Form**

At a convened meeting on October 8, 2014, a quorum of the IACUC reviewed and approved a Veterinary Verification and Consultation (VVC) method for administrative handling of select significant protocol changes in accordance with [NOT-OD-14-126](https://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-126.html). If VVC is used, the veterinarian is serving as a subject matter expert to verify compliance with IACUC reviewed and approved procedures. Please update and submit a dated copy of your IACUC Protocol Form (using track changes) along with this form to Attending Veterinarian Dr. Peter Gasper: gasperp@uwosh.edu and copy: IACUC@uwosh.edu using your UW Oshkosh email account for user verification. This form will be included as part of the protocol file. Please do not implement any changes prior to notification that it is okay to proceed from the veterinarian.

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| **Date Submitted:** |       |
| **Protocol Number:** |       |
| **Protocol Title:** |       |
| **Principal Investigator:** |       |
| **Species:** |       |

**Note:** VVC may be used for the following changes below provided that the changes do not: 1) result in greater pain or distress, 2) involve change in procedure from non-survival to survival surgery, 3) alter housing location to an area not previously approved by IACUC as part of the animal program, or 4) modify species, study objectives, Principal Investigator/Co-Principal Investigator, or have an impact on safety. **If adding a new procedure to your protocol, please complete a Modification Request Form for formal IACUC review.**

**I would like to request a VVC for the following change(s) to my protocol: (check all that apply):**

[ ] Change in anesthesia

[ ] Change in analgesia

[ ] Change in sedation

[ ] Change in experimental substance

[ ] Change in euthanasia method (must remain within current AVMA Guidelines for VVC to be used)

[ ] Change in diet, including food and/or fluid restriction

[ ] Change in duration, frequency, type, and/or number of procedures to be performed on animal as long as those procedures are either approved in the current protocol or an IACUC reviewed and approved SOP standard.

In the space below, compare and contrast the originally approved procedure(s) with change(s) requested above. Include clear justification for requesting each change. Include why the requested change WILL NOT increase pain, distress, or invasiveness.

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**Signature:** An electronic signature or typing your signature is acceptable when submitting to IACUC@uwosh.edu. Submit form using your UW Oshkosh email account for user verification.

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| **Signature Principal Investigator:** |       | **Date:** |       |

**Veterinarian Use Only Below**

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**Veterinary Verification and Consultation (VVC) Criteria for Approval**

The Attending Veterinarian (AV) will determine if a requested change meets the criteria described below for VVC review. If so, the requested change to an IACUC approved protocol may be reviewed and approved by the AV. The AV is not conducting DMR, but is rather serving as a subject matter expert to verify compliance with IACUC reviewed and approved procedures. The AV will retain the discretion to send any requested change to formal IACUC review (Designated Member Review or Full Committee Review). All changes verified through VVC will be reported to the IACUC at the next convened meeting.

Allowable changes under UWO VVC policy include changes to anesthesia, analgesia, sedation, experimental substance, euthanasia within current AVMA guidelines, diet including food and/or fluid restriction, duration/frequency/type, or number of procedures performed if approved in current protocol or an IACUC approved SOP standard.

**Part I.** **Please verify that the following criteria for VVC are met:**

[ ] Changes are limited to allowable changes under UWO VVC procedure

[ ] Change does not result in greater pain or distress

[ ] Change does not involve a change from non-survival to survival surgery

[ ] Change does not alter housing location to an area not previously approved by the IACUC as part of the program

[ ] Change does not modify species

[ ] Change does not modify study objectives

[ ] Change does not modify PI/Co-PI on study

[ ] Change does not have an impact on safety

[ ] Change does not involve change in euthanasia to a method not approved in AVMA Guidelines

[ ] Change does not involve adding a new procedure to the protocol

**If all of the criteria listed above are met, VVC may be used (continue to Part II). If all of the criteria for VVC above have not been met, please indicate that formal IACUC review is necessary for review of the change under Part III.**

**Part II. Guidelines and/or SOPs utilized by AV for reviewing changes:**

[ ]  [AVMA Guidelines for the Euthanasia of Animals](https://www.avma.org/KB/Policies/Documents/euthanasia.pdf)

[ ] AAALAC Int. Reference document: [A Good Practice Guide to the Administration of Substance and Removal of Blood, Including Routes and Volumes](https://www.aaalac.org/accreditation/RefResources/BloodRemoval.pdf)

[IACUC Approved Standard Operating Procedures](https://drive.google.com/drive/folders/0BxCh-O0ThdfdTWtNU29RbHQxelE?usp=sharing) at UW Oshkosh:

[ ] SOP#5: Analgesia

[ ] SOP#11: Anesthesia Monitoring for Small Animals

[ ] SOP#13: Guidelines for Euthanasia of Laboratory Animals

[ ] SOP#33: Guidelines for Rodent Feed Restriction and Limiting

[ ] SOP#34: Surgery Requirements

[ ] SOP#44: Guidelines for Rodent Blood Collection

**Part III. Veterinarian Determination:**

[ ] Change meets VVC evaluation criteria and is approved

[ ] Referred back to PI for conversion to a Protocol Modification Request Form for formal IACUC review (DMR or FCR).

 **Veterinarian Comments:**

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| **Signature Campus Veterinarian:** |  | **Date:** |       |  |