**Satellite Facility Location Housing Standard Operating Procedures**

***Aquatic and Semi-Aquatic Species Housing SOP***

|  |  |  |  |
| --- | --- | --- | --- |
| **Principal investigator:** |  | **Protocol number(s):** |  |
| **Location (building and room):** |  | **Species:** |  |
| **Maximum days in this location:** |  | **Date approved:** |  |
| **Individuals responsible for care:** |  | | |

**Procedures for Quarantine:** *If species are obtained with uncertain health status (i.e., from the wild), describe how they will be housed (i.e., separate cages, duration of separate housing) and monitored to ensure that the newly acquired animals will not transmit diseases to animals already in the PI lab. If no quarantine is necessary, write “No quarantine required”.*

**Transportation:** *Describe how the animals will be transported (i.e., from UAC or from the field) to the satellite location. i.e. Fish embryos or larvae up to X days post-fertilization (dpf) will be transported to the satellite location in media or conditioned water within a container by hand from UAC or via overnight courier to the building.*

**Personal Protective Equipment (PPE):** *Describe any PPE that must be used when handling the animals. If no PPE is necessary, write “No PPE required”.*

**Description of Housing**: *Briefly, provide a description of the housing in the satellite facility location. Type and size of housing (tank, raceway, pond)? Land areas? Method of identification? Water source? Include how chlorine and chloramines will be removed if using municipal water. Min and max animals per enclosure? Min and max water temperatures and water quality parameters (conductivity (salinity), pH, oxygenation and levels of NH4 and NO2)? Water filter and frequency of cleaning? Min and max light-dark cycles? Type, source (vendor) and storage of feed? Amount of feed per animal and frequency of feeding for all life stages? Enrichment? Assurance that electrical barriers have been minimized.*

**Age of animals:** *Please list the age and life cycle of the animals being housed in the satellite facility location.*

**Notification Prior to Housing in Satellite Facility:** For new satellite facilities or satellite facilities where animals are housed only periodically, the PI or their designee will notify UAC and the AWP **prior** to housing new animals.

* Notification to UAC via email: [UAC-Vets@email.arizona.edu](mailto:UAC-Vets@email.arizona.edu) and AWP via email: [ORCR-IACUC@email.arizona.edu](mailto:ORCR-IACUC@email.arizona.edu).

**Description of Daily Monitoring (includes weekends and holidays):**

|  |  |
| --- | --- |
| **Daily Monitoring** *(Initial next to each requirement that will be performed)* | |
|  | Check and record water temperature. |
|  | Record the time room lights are turned on and off. |
|  | Observe all animals for sing of illness or distress and indicate/record health status. |
|  | Record feeding. |
|  | Record any treatments given. |
|  | Check that the water and tank are clean and the water level is sufficient. |
|  | Check that the tank is not damaged and clean the area around the tank, if necessary. |
|  | Record all readings and activities above on the “Daily Animal Care Assessment Log”. Initial and date the log. |

**Exceptions or changes to the daily monitoring requirements listed above:** Click or tap here to enter text.

**Description of Further Monitoring:**

|  |  |
| --- | --- |
| **Weekly** *(Initial next to each requirement that will be performed. Put N/A if not applicable.)* | |
|  | Clean tops of tanks to remove of food debris. |
|  | Dust tables and benches located in the satellite facility location. |
|  | Sweep floors. |
|  | Check light timer for appropriate function (if a timer is being used). |
|  | Record all activities above on the “Daily Animal Care Assessment Log”. Initial and date the log. |

**Exceptions or changes to the weekly monitoring requirements listed above:** Click or tap here to enter text.

**Describe other monitoring and activities (weekly, monthly, biannually, yearly as appropriate):**

* Methods and frequency for gravel or substrate cleaning (syphoning)
* Methods and frequency for assessing water quality including conductivity, pH and levels of NH4 and NO2; include calibration of pH and conductivity meters
* Methods for restoring water quality to specified parameters
* Methods and frequency of water replenishment (include percentage of total volume; how chlorine and chloramines will be removed)
* Methods and frequency of tank cleaning (algae removal)
* Methods and frequency of tank disinfection
* Other, if any

**Health Monitoring and Veterinary Care Plan:**

Contact:

* + UAC veterinary support can be contacted at [UAC-VeterinaryServices@email.arizona.edu](mailto:UAC-VeterinaryServices@email.arizona.edu) or [UAC-Vets@email.arizona.edu](mailto:UAC-Vets@email.arizona.edu) during business hours.
  + Contact the on‐call veterinarian as listed on the Weekend and Emergency Contact list. This should be posted in a prominent location within the satellite facility each week.

**Criteria for Moribundity:**

* Animals will be euthanized when the following clinical signs occur:
  + *Insert protocol criteria here*

**Methods of Euthanasia and Carcass Disposal:**

* Animals will be euthanized by:
  + *Insert protocol method(s) here*
* Carcasses will be disposed of by:
  + *Insert method(s) here*

**Disaster/Contingency Plan:**

* In the event of power failure or other system failure/event that jeopardizes the health and well-being of the animals, UAC must be immediately contacted so that animals can be moved. During work hours on weekdays, contact AHSC UAC: 626-6702. On weekends, holidays, or after hours contact the on-call veterinarian. If the veterinarian cannot be contacted, contact the on-call supervisor for assistance. If neither can be reached, put the animals back into the appropriate housing room. Call and leave a message at 626-6702 telling UAC of the incident and where the animals are. If an animal has been injured by the event, call the UAC veterinarian on call or perform immediate euthanasia and inform UAC of the event. Additionally, an Reportable New Information (RNI) form (<https://research.arizona.edu/compliance/IACUC/animal-welfare-concerns-reportable-new-information>) must be submitted to the AWP ([orcr-iacuc@email.arizona.edu](mailto:orcr-iacuc@email.arizona.edu)).
* If a catastrophic event incapacitates UAC facilities, the UAC Emergency Plan will be enacted.
* Assure that individuals who are responsible for the care of the animals are aware of these plans.
* Animals that must be euthanized due to emergency situations will be euthanized as described above.

**Principal Investigator Date**

**Approval signatures:**

**UAC Director or Designee Date**

**IACUC or AWP Designee Date**

# Copies of the Housing SOP will be maintained in the Satellite Facility, by University Animal Care, and attached to the approved IACUC protocol in the electronic protocol system.

***Satellite Housing will be reviewed every three years.***