**Appendix F: Animal Research**

Responsible Persons: John Durfee [jwd7@case.edu](mailto:jwd7@case.edu), Tami McCourt [txm9@case.edu](mailto:txm9@case.edu)

**Requirements of Departing Personnel to clear the Animal Resource Center**

Background: When faculty depart from CWRU it is their responsibility to ensure that there is a plan of action in place for each animal protocol. Without an approved plan of action for each animal protocol, grants of departing PIs may not be relinquished and transferred to the new institution. Additionally, departments will be responsible for animal care and per diem costs of animals left at CWRU without a plan. Additionally, all outstanding invoices must be paid, all personnel leaving the institution with the faculty member must be taken off animal protocols, any active protocols need to be transferred or closed, and all prescription drugs and controlled substances must be returned to the ARC.

Faculty need to provide the information requested below and work with Dr. Durfee, the ARC staff, and IACUC staff to document a plan of action for animal protocols. The completed and signed form will need to be submitted to the Office of Grants and Contracts for faculty members intending to relinquish and transfer grants to another institution.

**Departing faculty must consider the options below for active animal protocols:**

* **If animals will remain at CWRU (temporary term) you must identify a new on campus PI, Co-I, or vested responsible person for the protocol (via approved amendment)**
* **Transfer animals to another PI’s approved protocol and close your protocol.**
* **Export animals to your new institution and close your protocol.**
* **Close protocols (if no remaining animals)**

1. Complete this table for protocols where the PI will be amended or where the animals will be transferred to another CWRU PI’s protocol. (Please add rows as needed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Protocol Number | Intention | Name of PI (Amended Protocol or Transferred) who will be responsible | New CWRU Protocol Number (if applicable) | List Valid Speedtype responsible for costs of animals remaining in ARC |
|  | \_\_\_\_Identify, new PI, Co-I, or responsible person  \_\_\_\_Transfer to another CWRU PI |  |  |  |

2. Complete this table to document arrangements for closing your active protocols.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Protocol Number | Current Census | Plan for remaining animals | PI will close protocol when census = 0 | Request the IACUC to close protocol | Close Date |
|  |  | \_\_\_Transfer  \_\_\_Export |  |  |  |

3. Complete this table to document arrangements for export of animals to new institution. (Please add rows as needed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Non Standard Vendor Form Submitted  (Y/N) | Location of Animals in ARC | Number of Cages | ARC Cage Location | Export Destination | Anticipated Date of Export |
|  |  |  |  |  |  |

4. Return all controlled drugs to the ARC. All drugs must be returned to ARC even if animals are being transferred to another protocol.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are there any outstanding Controlled Drugs?  (Y/N) | Name of Drugs | Person Returning Drugs to ARC | Person in ARC who received the drugs | Date of Drug Return |
|  |  |  |  |  |

5. If you are funded by non-case/external funding, list and verify your plan to resolve outstanding balance.

|  |  |  |
| --- | --- | --- |
| Outstanding External Account Balance | Describe plan to resolve outstanding balance | Anticipated Date of final payment |
|  |  |  |

By signing below the faculty member, Department Administrator and Chair confirm that all this form has been completed accurately and that plans for animal have been made and agreed to.

Faculty Member Signature: Date:

Department Administrator Name: Date:

Department Administrator Signature:

Department Chair Name: Date:

Department Chair Signature:

By signing this Dr. Durfee (ARC) acknowledges that all protocols are fully compliant.

Dr. John Durfee Date

­­By signing this Tami McCourt (IACUC) acknowledges that all protocols are fully compliant.

Tami McCourt Date

**NOTE: Appendix F must be completed and submitted with Appendix A in order for the Office of Grants and Contracts to take any action on any grant, agreement, subcontract and/or contract including relinquishing/transferring the program.**

Appendix F is to be returned as part of the completed Faculty Member Departure packet.