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Written by:	<i>12/2020</i>	<i>J. Villano</i>
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	<i>May 2024</i>	<i>J. Villano</i>
	<i>Mar 2025</i>	<i>J. Villano</i>
Distribution	<i>All</i>	

GP– 15: SOP for the Conduct of Special Treatments or Procedures (SToP) for Rodents

PURPOSE: This SOP outlines the procedures for animal studies requiring Special Treatments or Procedures (SToP) on rodents.

SCOPE: Rodents housed in all JHU facilities, including central vivaria and satellite facilities.

GUIDELINES:

There are two categories of Special Treatment or Procedures:

1. Those requiring ACUC approval – Generally those that require exemptions to the provisions of rules and regulations like the *Animal Welfare Act*, *PHS Policy*, *Guide for the Care and Use of Laboratory Animals*, and/or JHU ACUC policies and guidelines, including but not limited to:

- Delayed weaning
- Food and/or water manipulation
- Food and/or water restriction
- Housing outside normal light:dark cycle or temperature ranges
- Wire bottom caging
- Single-housing (as part of experimental design)
- Withholding of environmental enrichment
- Cage changing less frequently than stipulated by the *Guide*

2. Those requiring RAR approval – Those that require exemptions to RAR policies and SOPs, including but not limited to:

- Feeding on the cage floor
- Except for satellite facilities for which ACUC approval is needed, lab to provide any or all aspects of husbandry care (e.g. food, water, cage change) to specific cages, or on certain days
- Cage changing more frequently than performed by RAR husbandry
- Use of specific bedding/substrate

Approval

1. The SToP form covers treatments/procedures described in current, approved ACUC animal protocols and amendments.
2. The approval period for the SToP form is for the duration of the ACUC approved protocol (i.e., 3 years).

3. New forms must be submitted to RAR following approval of new or 3-year renewal protocols.

Procedures

1. SToP Form submission, review, approval, and posting
 - a. Lab personnel will submit a completed SToP form (located in the RAR website) to relevant facility supervisors.
 - i. Ensure all information is up-to-date and correct, and sign the form. *Description* must entail a brief overview of the special treatments and/or procedures. The scientific justification must be elaborated in *Rationale*. See **Appendix A** for an example of a submitted form. Submit the completed form to the RAR supervisors.
 - ii. A separate form should be submitted for each special procedure or modification approved in the protocol.
 - b. Supervisor for the area will respond to the email submission to acknowledge receipt of the submitted form. Supervisor will file the completed form in the I drive > SToP folder.
 - c. **The lab is to post the SToP form and the accompanying monitoring sheet in the applicable room/s.**
2. Conduct of treatments and procedures
 - a. The following table describes common examples of special treatments and procedures that DO require the use of a monthly monitoring sheet (located in the RAR website).
 - i. Lab will place pre-printed stickers on cage cards of animals receiving the treatment or procedure.
 - ii. **The lab will maintain the sheet in the animal room, filling it out based on a frequency detailed below, or as otherwise approved in the ACUC protocol.** See **Appendix B** for an example of a sheet that has been filled out. *Note that the same monitoring sheet can be used for multiple cages and cohorts but would require the same treatment/s and/or procedure/s. Please use a different monitoring sheet otherwise and/or to delineate various primary responsible lab members.
 - iii. The lab is responsible for transferring SToP monitoring forms to new facilities if their animals are transferred.
3. Husbandry staff covering the area will check that lab is filling out monitoring forms as described in the SToP Request and Monitoring form.

Treatment/procedure	Lab responsibilities (including frequency of provision/monitoring*)
<i>Do not disturb.</i>	Check the animals <u>daily</u> . Provide feed and/or water daily.
<i>Feed restriction</i>	

breeding, or “V” for veterinary decision), or posting a sticky tab or writing on the cage card the appropriate letter designation, or using a paper cutout.

- b. RAR can provide assistance as a fee-for-service. Requests must be submitted in advance to the facility supervisor.
- c. Lab will remove the sticker at the end of treatment/procedure.

Appendix A

Request for Special Treatment or Procedure (SToP) Form

PRINCIPAL INVESTIGATOR Jane Doe

ACUC APPROVED PROTOCOL # M010/M007

PROTOCOL EXPIRATION DATE 01/01/2023

DESCRIPTION OF TREATMENT/PROCEDURE (including frequency and duration, if applicable)

- 1) Animals will not be fed for 18 hrs prior to the MRI procedure.
- 2) Animals will be given medicated water for the entire duration of the study.
- 3) Animals will be housed in cages with wire-mesh flooring for 4 weeks post-surgery.

RATIONALE

- 1) Fasting is needed to be able to limit image artefact.
- 2) Medicated water is to be given to prevent bacterial infection.
- 3) Wire-mesh flooring is needed to prevent bedding consumption, which can impact gut metabolism.

RESPONSIBLE PERSONNEL

Contact	Name	Email	Emergency phone #
Primary	Jane Doe	johndoe@jhmi.edu	123-456-7890
Secondary	Jane Doe	johndoe@jhmi.edu	111-777-999

<i>Add rows as needed</i>			
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By signing below, you certify that these treatments/procedures are approved in your ACUC protocol or protocol amendment:

Name: <i>Jane Doe</i>	Date: <i>12.25.2020</i>
Signature: <i>Jane Doe</i>	

Appendix B

SToP Monitoring Sheet: Month Nov Year 2020

PI: <u>Jane Doe</u>		ACUC PROTOCOL #(S): <u>101-01001</u>	
PRIMARY RESPONSIBLE PERSON: (please list additional on back) <u>John Doe</u>		EMERGENCY #: <u>123-456-7890</u>	
TREATMENT:		FREQUENCY (of provision or monitoring):	DURATION:
1. <u>Do not feed</u>		<u>Daily</u>	<u>1 day</u>
2. <u>Special water</u>		<u>Daily</u>	<u>Entire experimental period</u>
3. <u>Use mesh flooring</u>		<u>At least weekly</u>	<u>4 weeks</u>
DATE:	TREATMENT #	COMMENTS:	INITIAL:
1	<u>1</u>		<u>JD</u>
2	<u>1</u>		<u>JD</u>
3	<u>1</u>		<u>JD</u>
4	<u>2,3</u>	<u>No signs of pododermatitis.</u>	<u>JD</u>
5	<u>2</u>		<u>JD</u>
6	<u>2</u>		<u>JD</u>
7	<u>2</u>		<u>JD</u>
8	<u>2</u>		<u>JD</u>
9	<u>2</u>		<u>JD</u>
10	<u>2,3</u>	<u>No signs of pododermatitis.</u>	<u>JD</u>
11	<u>2</u>		<u>JD</u>
12	<u>2</u>		<u>JD</u>
13	<u>2</u>		<u>JD</u>
14	<u>2</u>		<u>JD</u>
15	<u>2</u>		<u>JD</u>
16	<u>2,3</u>	<u>No signs of pododermatitis.</u>	<u>JD</u>
17	<u>2</u>		<u>JD</u>
18	<u>2</u>		<u>JD</u>
19	<u>2</u>		<u>JD</u>
20	<u>2</u>		<u>JD</u>
21	<u>2</u>		<u>JD</u>

Appendix B

22	23	No signs of toxobornitis.	PD
23	2		PD
24	2		PD
25	2		PD
26	2		PD
27	2		PD
28	23	No signs of toxobornitis.	PD
29	2		PD
30	2		PD
31	2		PD

LAB MEMBERS RESPONSIBLE FOR TREATMENTS	
NAME:	EMERGENCY #:
Jason V.	222-222-2222
ADDITIONAL COMMENTS	
DATE:	COMMENT:

Appendix B

I acknowledge that I have read and understand the JHU Animal Care and Use Program document **“SOP for the Conduct of Special Treatments or Procedures (SToP) for Rodents”** and I will follow this procedure. I agree to bring any deviations in this procedure to the attention of my supervisor/GPS Working Group.

Name (Print)

Date

Signature