



<b>ACUP ID number:</b> <i>GP-15</i>		
<b>Approval date:</b>	<i>12/2020</i>	<i>GPS</i>
<b>Written by:</b>	<i>12/2020</i>	<i>J. Villano</i>
<b>Revision by: (numbered accordingly)</b>	<i>Nov 2023 May 2024</i>	<i>** J. Villano</i>
<b>Distribution</b>	<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 is integrated within the current ACUC approval mechanism for 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, and approval
  - a. Lab personnel will submit a completed SToP form (located in the RAR website) to relevant facility supervisors. Ensure all information is up-to-date and correct. *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.
  - b. Supervisors and/or the rodent resident will review the form and associated protocol/amendment. The rodent resident will maintain the database compiling the SToP forms.
  - c. Supervisors and/or rodent resident will inform the investigator of SToP form approval and will post a copy of the approved SToP form in the room.
  
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.

<b>Treatment/procedure</b>	<b>Lab responsibilities (including frequency of provision/monitoring*)</b>
<i>Do not disturb.</i>	Check the animals <u>daily</u> . Provide feed and/or water daily.  NOTE: RAR will open cages for animal welfare and clinical reasons (e.g., clinical cases, cage flooding).
<i>Feed restriction</i>	
<i>Water restriction</i>	
<i>Special feed/water</i>	Check the level/s of feed and/or water <u>at least every other day</u> .
<i>Lab to change cage.</i>	Check the cage <u>daily</u> for any indication that the cage needs to be changed. Otherwise, frequency of cage changing is

	<p><u>every week</u> for static microisolators and <u>every two weeks</u> for individually ventilated cages.</p> <p>NOTE: RAR will change the cage for animal welfare reasons (e.g., severely dirty cage, cage flooding).</p>
<i>Wire-mesh floor</i>	Check animals for signs of pododermatitis <u>at least weekly</u> .

\*Frequency of monitoring reflects routine practices, or as otherwise approved in the ACUC protocol.

- b. The following table lists common special treatments/procedures that DO NOT require the monthly monitoring sheet.
  - i. The completed SToP form, posted in the room, describes the nature and rationale for the treatment/procedure. If ALL study animals in the protocol undergo the same treatment /procedure, there is no need to place pre-printed stickers on each cage. Otherwise, pre-printed stickers need to be placed on individual cages.

<b>Treatment/procedure</b>	<b>Lab responsibilities</b>
<i>No enrichment*</i>	None. If and when applicable, provide enrichment at end of study.
_____ (blank, lab to fill out)	Discontinue cage manipulation if and when applicable, at end of study, or for animal welfare/clinical reasons.
<i>Single-housing**</i>	Discontinue single housing if and when applicable, or at end of study. Write “E” on pre-printed sticker to indicate <i>experiment</i> as justification.

\*Applicable for CRB.

\*\*Animals that are singly-housed because of attrition (as determined by lab personnel), breeding (e.g., stud males, ordered timed-pregnant females as determined by the lab), or because of a veterinary decision (like fighting) do not fall under the SToP category. However, such cages should be flagged with the reason for single housing. Flagging mechanisms include marking the cage card with a letter sticker (“A” for *attrition*, “B” for *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.

- c. RAR can provide assistance as a fee-for-service. Requests must be submitted in advance to the facility supervisor.
- d. 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	<a href="mailto:janedoe@jhmi.edu">janedoe@jhmi.edu</a>	123-456-7890
Secondary	Jane Doe	<a href="mailto:janedoe@jhmi.edu">janedoe@jhmi.edu</a>	111-777-999
Add rows as needed			

### RAR AUTHORIZATION

Name: Jason Villano	Date: 12.25.2020
Signature: Jason Villano	

## Appendix B

SToP Monitoring Sheet: Month Nov Year 2020

PI: <u>John Doe</u>		ACUC PROTOCOL #(S): <u>MoroMoor</u>	
PRIMARY RESPONSIBLE PERSON: (please list additional on back) <u>John Doe</u>		EMERGENCY #: <u>723-456-7890</u>	
<b>TREATMENT:</b>		<b>FREQUENCY (of provision or monitoring):</b>	
<b>DURATION:</b>			
1.	<u>Do not feed.</u>	<u>Daily</u>	<u>7 day</u>
2.	<u>Special water.</u>	<u>Daily</u>	<u>Entire experimental period</u>
3.	<u>Wire-mesh flooring.</u>	<u>At least weekly</u>	<u>4 weeks</u>
<b>DATE:</b>	<b>TREATMENT #</b>	<b>COMMENTS:</b>	<b>INITIAL:</b>
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	2,3	No signs of pododermatitis.	JD
23	2		JD
24	2		JD
25	2		JD
26	2		JD
27	2		JD
28	2,3	No signs of pododermatitis.	JD
29	2		JD
30	2		JD
31	2		JD

LAB MEMBERS RESPONSIBLE FOR TREATMENTS	
NAME:	EMERGENCY #:
<i>Jason V.</i>	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