

CGU IACUC 實驗室動物實驗查核表 Laboratory Animal Experiment Inspection Checklist

實驗室主持人 PI :

聯絡人 Contact person/TEL :

實驗室位置 Lab. location :

日期 Date :

1. 動物實驗類型 Type of Animal Experiment :	
1-1	手術操作類型 Type of Surgical Procedure : <input type="checkbox"/> 無手術操作(動物在手術採集組織或樣本前被安樂死) Non-Surgical Procedure (the animal is euthanized prior to surgical collection of tissues or samples) <input type="checkbox"/> 非存活性手術操作(動物在麻醉狀態復原前即被處以安樂死) Non-Survival Surgical Procedure (the animal is euthanized before recovering from anesthesia) <input type="checkbox"/> 存活性手術操作(動物允許自手術麻醉狀態中甦醒恢復) Survival Surgical Procedure (the animal is allowed to recover from surgical anesthesia)
1-2	麻醉方式 Anesthesia Method : <input type="checkbox"/> 無使用 None <input type="checkbox"/> 氣體麻醉 Inhalation Anesthesia () <input type="checkbox"/> 液體麻醉 Injectable Anesthesia ()
1-3	進行福馬林灌注實驗 Formalin Perfusion Experiment : <input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes

項次 No.	檢查內容 Inspection Item	符合 Compliant	不符合 Non-compliant	不適用 Not applicable
2. 動物運輸與動物實驗區域 Animal Transportation and Animal Experiment Area :				
2-1	動物運輸路線(LAC→Lab.)及樓名、樓層、方位(例如：貨梯位置)等標示 Animal transport route (LAC→Lab.), including building name, floor, and orientation (e.g., cargo elevator location), etc.			
2-2	動物實驗區域之實驗室平面簡圖(包括動物實驗區域標示、方位及動線)，如位於共同實驗室須加註 PI 姓名 A schematic floor plan of the laboratory's animal experiment area (including the animal experiment zone, orientation, and movement routes). If located in a shared laboratory, the PI's name must be indicated.			
2-3	動物實驗區域應有「動物實驗專區」標示與區隔，如位於共同實驗室須加註 PI 姓名 The animal experiment area must be labeled as 「Animal Experiment Zone」 and separated from other experimental areas. If located in a shared laboratory, the PI's name must be indicated.			
2-4	不應放置與動物實驗無關之儀器設備 Equipment unrelated to animal experiments should not be placed in this area.			
3. 動物實驗相關 Related to Animal Experiments :				
3-1	個人防護用具(口罩、手套、帽套、實驗衣或罩袍等)並且集中放置 Personal protective equipment (e.g., masks, gloves, head covers, lab coats or gowns, etc.) should be provided and stored in a designated, centralized location.			
3-2	已滅菌之外科手術器具：須有滅菌貼紙及滅菌年/月/日標示，超過三個月即應重新滅菌，且應有專門的存放位置 Sterilized surgical instruments: Must have a sterilization indicator label and be marked with the sterilization date (year/month/day). If more than three months have passed, they must be re-sterilized, and a designated storage area must be provided.			

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3-3	紗布、空針等用具應於有效期限內使用 Gauze, syringes, and other supplies must be used within their expiration dates.			
3-4	無菌標準程序(存活性手術操作) Aseptic standard operating procedure (Survival Surgical Procedure).			
3-5	執行中實驗之「審查同意書」及「動物實驗申請表」 「Approval letter」 and 「Animal Experiment Application Form」 for ongoing experiments should be provided.			
4. 實驗用藥品相關 Related to Experimental Drugs :				
4-1	藥品應存放於專用且可上鎖的區域(如：櫃子或抽屜)，且鑰匙應有專人保管 Drugs must be stored in a dedicated, lockable area (e.g., cabinet or drawer), and the key must be kept by a designated person .			
4-2	原液及稀釋或配製後藥品須有品名、成分、濃度、有效期限等標示，且於有效期限內使用 <u>Stock solutions and diluted or prepared drug solutions</u> must be labeled with the product name, composition, concentration, expiration date , and other relevant information, and must be used within their validity period .			
4-3	使用 Xylazine 須具備「管制藥品登記證」(液體麻醉) The use of Xylazine requires a 「Controlled Drugs Registration Certificate」 (Injectable Anesthesia).			
4-4	裝設抽氣櫃或抽氣設備(氣體麻醉) Installation of a fume hood or ventilation/exhaust system (Inhalation Anesthesia).			
4-5	配置廢氣回收罐(氣體麻醉) Equipped with waste gas recovery canisters (Inhalation Anesthesia).			
4-6	氣麻機每年定期校正確效(氣體麻醉) The gas anesthesia machine is regularly calibrated and validated annually (Inhalation Anesthesia).			
4-7	福馬林(Formaldehyde)依勞動部「危害性化學品標示及通識規則」進行標示(福馬林灌流實驗) Formaldehyde must be labeled in accordance with the Ministry of Labor's 「Regulations for Labeling and Communication of Hazardous Chemicals」 (Formalin Perfusion Experiment).			
4-8	實驗場所放置福馬林之安全資料表(SDS)(福馬林灌流實驗) A Safety Data Sheet (SDS) for formaldehyde must be available in the laboratory (Formalin Perfusion Experiment).			
4-9	實驗場所放置緊急洩漏處理套件(福馬林灌流實驗) An emergency spill response kit must be available in the laboratory (Formalin Perfusion Experiment).			
4-10	福馬林於化學抽氣櫃內操作(福馬林灌流實驗) Formaldehyde must be handled in a chemical fume hood (Formalin Perfusion Experiment).			

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5. 相關紀錄 Relevant Records :				
5-1	實驗衣清洗紀錄 Lab Coat Cleaning Records.			
5-2	動物實驗紀錄(須依內容逐項確實填寫) Animal Experiment Records (must be completed accurately item by item according to the content).			
5-3	存活性手術後或投藥後之觀察評估表 Observation and Evaluation Form after Survival Surgery or Drug Administration.			
5-4	疼痛評估記錄表(需 PI 簽署) Pain Rating Record Form (PI signature required).			
5-5	藥品使用紀錄，不同藥品須分開表單填寫(需 PI 簽署) Pharmaceutical Usage Record: Different drugs must be recorded on separate forms (PI signature required).			
5-6	實驗動物進出與安樂死紀錄(需 PI 簽署) Records of Laboratory Animal Movement and Euthanasia (PI signature required).			
6. 教育訓練紀錄 Training Records :				
6-1	實驗動物操作技術課程通過證明 Certificate of completion for Basic Laboratory Animal Handling Techniques Training Course.			
6-2	執行特定動物實驗操作程序 SOP 及訓練佐證(含訓練日期) SOP for performing specific animal experimental procedures and training documentation (including training dates).			
7. 動物屍體暫存 Temporary Storage of Animal Carcasses :				
7-1	應有隔離的冰箱區域暫存動物屍體 A segregated refrigerator compartment must be provided for the temporary storage of animal carcasses.			
7-2	動物屍體暫存冰箱外門上的對應位置及內部動物屍體暫存盒應有標示，如位於共同實驗室須加註 PI 姓名 The corresponding location on the outer door of the carcass refrigerator and the internal carcass storage containers must be properly labeled. If located in a shared laboratory, the PI's name must be indicated.			
7-3	動物屍體存放及清運紀錄(需 PI 簽署) Animal Carcass Storage and Disposal Records (PI signature required).			

註：所有紀錄須分開個別 PI 簽署。 **Note: All records must be signed separately by each PI.**

上次查核改善建議 Previous improvement suggestions :

追蹤情形 Follow-up status :

本次改善建議 Current improvement suggestions :

預完日 Expected completion date :

查核委員 Inspector :