

長庚大學動物實驗核定後監督查核查檢表

Chang Gung University Post-Approval Monitoring (PAM) Checklist

1. 基本資料 Basic Information

IACUC 核准編號 (IACUC No.)		計畫申請人 (PI Name)	
計畫名稱 (Project Title)			
查核委員 (Inspector)		查核日期 (Date)	

2. 計畫執行人員 Experiment Personnel

是 Y	否 N	不適用 N/A	檢查內容 Inspection items	備註 Remarks
			2-1 執行地點是否備有審查通過的動物實驗申請表及審查同意書影本，以便人員查閱？ Are copies of the approved Animal Experiment Application Form and Approval Letter available at the experimental site for inspection?	
			2-2 執行人員是否與申請表中的人員名單相符？ Do the experiment personnel match the list of personnel on the Animal Experiment Application Form?	
			2-3 執行人員是否具備足夠的資格/接受過適當的教育訓練，以執行本計畫？ Do the experiment personnel have sufficient qualifications and have they received appropriate training to carry out this animal experiment project?	

3. 計畫內容 Project Description

是 Y	否 N	不適用 N/A	檢查內容 Inspection items	備註 Remarks
			3-1 執行地點(動物房、實驗室)與通過的申請表內容是否相符？ Does the experimental location (animal facility and/or laboratory) match the information stated in the approved Animal Experiment Application Form?	
			3-2 飼育盒卡上資訊是否標示正確完整？ Is the information on the cage card correctly and completely labeled?	
			3-3 動物種類、品系、數量及來源與通過的申請表內容是否相符？ Do the species, strain, number, and source of animals match the information stated in the approved Animal Experiment Application Form?	
			3-4 若有 Pain & Distress D 或 E 類實驗，其操作與人道終點設定與通過的申請表內容是否相符？ For Pain & Distress Category D or E experiments, do the experimental procedures and humane endpoints comply with the approved Animal Experiment Application Form?	
			3-5 實驗操作的內容與通過的申請表內容是否相符？ Does the experimental procedure match the content of the approved Animal Experiment Application Form?	

是 Y	否 N	不適用 N/A	檢查內容 Inspection items	備註 Remarks
			3-6 執行人員是否依照規定，穿著適當的個人防護具？ Do the experiment personnel wear appropriate personal protective equipment as required?	

4. 動物繁殖 Animal Breeding

是 Y	否 N	不適用 N/A	檢查內容 Inspection items	備註 Remarks
			4-1 動物配種繁殖狀況與通過的申請表內容是否相符？ Does the animal breeding and mating status comply with the content of the approved Animal Experiment Application Form?	
			4-2 動物是否依適當方式飼育(籠內成鼠隻數與仔鼠胎數)？ Are the animals housed and maintained appropriately (number of adult animals per cage and number of litters of pups)?	
			4-3 仔鼠是否在28天內離乳、分籠？Are pups weaned and separated into cages within 28 days?	

5. 麻醉 Anesthesia

是 Y	否 N	不適用 N/A	檢查內容 Inspection items	備註 Remarks
			5-1 麻醉方式與通過的申請表內容是否相符？Does the anesthesia method match the content of the approved Animal Experiment Application Form?	
			5-2 麻醉期間動物是否有適當的觀察及照護？Are the animals appropriately monitored and cared for during anesthesia?	
			5-3 麻醉深度是否適中，以使動物的痛苦降到最低？ Is the depth of anesthesia appropriate to minimize animal suffering?	
			5-4 若使用氣體麻醉，是否有適當的抽風設備或廢氣回收裝置？If inhalation anesthesia is used, are appropriate ventilation systems or waste gas scavenging devices installed?	
			5-5 麻醉的機器是否有定期保養校正？Is the gas anesthesia machine regularly maintained and calibrated?	

6. 手術 Surgery

是 Y	否 N	不適用 N/A	檢查內容 Inspection items	備註 Remarks
			6-1 手術地點與通過的申請表是否相符？ Does the surgical location match the approved Animal Experiment Application Form?	
			6-2 若為存活性手術，手術器械是否消毒滅菌，且執行人員均穿戴手套、口罩、帽套、無塵衣/罩袍/實驗衣，以無菌方式進行？For survival surgery, are surgical instruments	

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			sterilized, and do all personnel wear gloves, face masks, hat cover, and clean clothe (dust-free)/surgical gown/lab coat, and perform the procedure using aseptic techniques?	
			6-3 手術進行時，是否使用保溫墊等用品，以維持動物體溫？During surgery, are warming pads or other devices used to maintain the animal's body temperature?	
			6-4 手術傷口是否有正確縫合？ Are surgical wounds properly sutured?	
			6-5 每隻動物是否只進行一次主要手術(除非事先已由 IACUC 核准)？進行過手術的動物，其飼育盒外是否有適當的標示？Is each animal subjected to only one major survival surgery (unless pre-approved by the IACUC)? For animals that have undergone surgery, are the cages appropriately labeled?	

7.術後照顧 Postoperative Care

是 Y	否 N	不適用 N/A	檢查內容 Inspection items	備註 Remarks
			7-1 術後復原地點是否恰當，並與通過的申請表內容相符？ Is the postoperative recovery location appropriate and consistent with the approved Animal Experiment Application Form?	
			7-2 止痛藥的使用(劑量、頻率、次數)與通過的申請表內容是否相符？Does the use of analgesics (dose, frequency, and number of administrations) comply with the approved Animal Experiment Application Form?	
			7-3 若術後動物情況不佳，是否有通報獸醫？ If the animal's postoperative condition is poor, has a veterinarian been notified?	

8.安樂死 Euthanasia

是 Y	否 N	不適用 N/A	檢查內容 Inspection items	備註 Remarks
			8-1 安樂死方式與通過的申請表內容是否相符？ Does the euthanasia method comply with the approved Animal Experiment Application Form?	
			8-2 是否設定適當的人道終點，並確實實施？Are appropriate humane endpoints established and properly implemented?	
			8-3 屍體處理方式與通過的申請表內容是否相符？ Does the method of carcass disposal comply with the approved Animal Experiment Application Form?	

9. 紀錄 Records

是 Y	否 N	不適用 N/A	檢查內容 Inspection items	備註 Remarks
			9-1 動物辨識的方式是否恰當? Is the method of animal identification appropriate?	
			9-2 手術/動物操作的日誌是否完備? Are the surgery/animal procedure records complete?	
			9-3 動物醫療/術後照顧的紀錄是否完備? Are the animal medical/postoperative care records complete?	
			9-4 動物用藥/麻醉/止痛的紀錄是否完備? Are the animal medication/anesthesia/analgesia records complete?	
			9-5 動物注射/抽血/體液收集的紀錄是否完備? Are the animal injection/blood sampling/body fluid collection records complete?	

10. 實驗室 Laboratory

是 Y	否 N	不適用 N/A	檢查內容 Inspection items	備註 Remarks
			10-1 動物實驗是否有在實驗室滯留超過24小時? Have the animals remained in the laboratory for more than 24 hours?	
			10-2 藥品、縫線等用品是否在保存期限內? Are drugs, sutures, and other supplies within their expiration dates?	
			10-3 麻醉藥品及致癌藥品是否妥善保管、存放於可上鎖的抽屜或櫃子內? Are anesthetic drugs and carcinogenic agents properly stored and kept in lockable drawers or cabinets?	
			10-4 手術用品(針、刀片、剪刀、鑷子等)是否妥當收拾? Are surgical supplies (needles, blades, scissors, forceps, etc.) properly stored?	

11. 查核結果 Inspection Results :

查核意見 Inspection comments :

通過。Pass.

限期改善，應以書面資料回覆，複審通過後，方可繼續計畫之執行。Required to make corrections within a specified period and submit a written report. The project may only continue after re-review and approval.

嚴重違規，立即停止執行計畫。Serious violation: immediately suspend the implementation of the project.

其他建議 Other suggestions :

計畫申請人簽名：
(Signature of Principal Investigator/ PI)

日期：
(Date)

計畫執行人員簽名：
(Signature of Experiment Personnel)

日期：
(Date)

查核委員簽名：
(Signature of Inspector)

日期：
(Date)

IACUC 召集人簽名：
(Signature of IACUC Chairperson)

日期：
(Date)