

**Institutional Animal Care & Use Committee**

HMA Standing Committee on Animals

Campus Mail: 180 Longwood Ave, Suite 113, Boston, MA-02115

**MEMORANDUM OF UNDERSTANDING**

**FOR ANIMAL CARE AND USE OVERSIGHT**

**BETWEEN COLLABORATING PHS-ASSURED INSTITUTIONS**

**(When Harvard Medical School is the Primary Grantee)**

**Voice:** 617.432.3192

 **FAX:** 617.432.3169

**Email:**IACUC@hms.harvard.edu

**Web:**http://hms.harvard.edu/departments/hma-standing-committee-animals

This is a Memorandum of Understanding (MOU) between Harvard Medical School and the collaborator noted below for the performance of animal research, testing, or teaching; where both institutions have a current and active PHS Assurance, and may (or may not) have a USDA registration and/or AAALAC accreditation. This MOU is entered into by both institutions’ programs of animal care & use, and sets forth the agreed terms and conditions in accordance with which both institutions shall collaborate on an animal care & use activity.

**Applicability:** Please check one:

[ ]  This MOU applies to all animal care and use protocols between Harvard Medical School and the collaborator identified below.

[ ]  This MOU applies only to the protocols specifically listed below.

 **ADMINISTRATIVE INFO- HARVARD MEDICAL SCHOOL:**

 **USDA REGISTRATION NUMBER(s): 14-R-0019 (HMS); 14-R-0092 (BWH)**

 **PHS ASSURANCE: A3431-01; AAALAC ACCREDITATION DATE: 06/12/13**

PI Name:

Protocol Number:

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Approval Date:

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Protocol Title: SPONSOR:

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| **ADMINISTRATIVE INFO- COLLABORATOR:** **USDA REGISTRATION NUMBER: PHS ASSURANCE: AAALAC ACCREDITATION**PI Name: (please provide a table if multiple)Protocol Number: (please provide a table if multiple) Approval Date: (please provide a table if multiple)Protocol Title: (please provide a table if multiple) |
| **HMS**  |  | COLLABORATOR |
| **Select the correct response for each statement, then sign below (electronically or hard copy) and return.** |  Yes/No |
| **Yes** | The parties acknowledge that both institutions are independent programs of animal care and use qualified to perform research animal care and use activities in compliance with all applicable federal and state animal welfare laws, regulations and policy.  research animal care and use activities in compliance with all applicable federal and state animal welfare laws, regulations and policy.  |  |  |
| **Yes** | The parties agree that transportation of animals to their respective institutions will comply with the requirements of the Animal Welfare Act, USDA regulations and Guide for the Care and Use of Laboratory Animals, if and when applicable. |  |  |
| **Yes** | The parties acknowledge that ownership of animals engaged in activities associated with this MOU resides with the party in possession of the animals. |  |  |
| **Yes** | The parties acknowledge that each institution is responsible for appropriate care and oversight of animals while in their possession, and the provisions of appropriate husbandry, peri-procedural care, pain management, and methods of disposition, regardless funding source. |  |  |
| **Yes** | The parties acknowledge that the HMA IACUC is ensuring protocol-grant congruency of animal activities associated with this MOU that are supported by subcontracts of PHS funds to the Collaborator. |  |  |
| **Yes** | The parties acknowledge that they are both responsible for reporting incidents of noncompliance to OLAW if and when the non-compliance involves PHS-supported activities associated with this MOU. |  |  |
| **Yes** | The parties acknowledge that HMS is responsible for contacting the Grants Management Officer in the event of significant noncompliance that may necessitate the return of some or all PHS-funds. |  |  |

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|  |  | The Collaborator acknowledges that the collaborator’s IACUC will review and approve all proposed animal research activities and any subsequent modifications to animal activities associated with this MOU prior to the initiation of those activities. |  |  |
|  |  | The Collaborator acknowledges that it will provide a copy of the IACUC-approved protocol and any IACUC-approved amendments and any corresponding IACUC-approval letters to the HMA IACUC as soon as possible after IACUC-approval but no later than 30 days from IACUC approval. |  |  |
|   |  | The Collaborator acknowledges that it is responsible for reporting USDA-regulated species related to animal activities associated with this MOU in the Collaborator's USDA Annual Report (APHIS FORM 7023) including any corresponding IACUC-approved exceptions to the animal welfare standards.  |  |  |
|  |  | The Collaborator acknowledges it has a process for monitoring on-going animal related activities, including established procedures for identifying and reporting adverse events and non-compliance associated with animal care and use at its facility. |  |  |
|  |  | The Collaborator agrees to promptly report to the HMA IACUC, but no later than 30 days of the identification, any unanticipated adverse events that occur during the conduct of the research activities associated with this MOU that directly impact animal welfare or well-being. |  |  |
|  |  | The Collaborator agrees to promptly report to the HMA IACUC, but no later than 30 days of the identification of any incidence of non-compliance with IACUC-approved animal activities associated with this MOU. |  |  |
|  |  | The Collaborator agrees to promptly report to the HMA IACUC, but no later than 30 days of the identification of any identified significant programmatic deficiencies that may impact animal welfare or the animal activities associated with this MOU. |  |  |
|  |  | The Collaborator acknowledges that its IACUC is responsible for reporting to USDA any IACUC suspensions of animal activities and any failures to correct significant deficiencies within the IACUC-established time frame for correction related to animal activities associated with this MOU. |  |  |
|  |  | The Collaborator acknowledges that it will provide to the HMA IACUC, upon request, any regulatory information related to program procedures or activities associated with this MOU to representatives of the HMA animal care & use program. |  |  |

**Signature of Animal Program Representatives (generally IACUC Chair, AV, IACUC Administrator, IO)**

Director, Office of the IACUC

 180 Longwood Ave, Suites 113, Boston, MA-02115

Name:

Signature of Collaborator Representative Date

Phone: 617.432.3192

Email:IACUC@hms.harvard.edu

Title: Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_