



PI Self-Assessment Checklist for IACUC Protocols

PURPOSE

This checklist is designed to help Principal Investigators (PIs):

- Review current animal activities and study documentation.
- Prepare for the PAVE evaluation process.
- Identify records applicable to the digital review

INSTRUCTIONS

Complete the Protocol Information section using the current IACUC-approved protocol.

Because each protocol is different, not every item will apply. For each item, select **Yes**, **No**, **Not Applicable**, or **Unsure**. PAVE will review only the activities, procedures, and records applicable to the approved protocol.

Upload only the records applicable to activities conducted under the approved protocol. If no additional records are available or applicable, upload only the completed self-assessment.

I. PROTOCOL INFORMATION

Principal Investigator:

IACUC Protocol Number:

Study Title:

Species Used:

Approved Animal Goal:
Number Used to Date:

Funding Source: ☐ Federal
☐ Non-federal

Current Study Status:

- | | |
|--|--|
| ☐ Approved, but animal activities have not started | ☐ Data analysis or dissemination is ongoing |
| ☐ Animal activities are ongoing | ☐ All animal activities are complete |
| ☐ Animal procedures have ended, but monitoring or recordkeeping continues | ☐ Other: |

II. IACUC APPROVAL AND STUDY ACTIVITIES

- | | Yes | No | N/A | Unsure |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| • IACUC approval was received before animal activities began. | ☐ | ☐ | ☐ | ☐ |
| • Current animal activities remain aligned with the approved protocol. | ☐ | ☐ | ☐ | ☐ |
| • Changes requiring IACUC review were approved before implementation. | ☐ | ☐ | ☐ | ☐ |
| • Procedures are conducted only in approved locations. | ☐ | ☐ | ☐ | ☐ |

III. STUDY TEAM AND TRAINING

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| • All personnel performing animal activities are listed on the approved protocol. | ☐ | ☐ | ☐ | ☐ |
| • Personnel complete required training before performing animal activities. | ☐ | ☐ | ☐ | ☐ |

IV. ANIMAL USE AND PROCEDURE RECORDS

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| • Animal acquisition, use, breeding, transfer, and disposition records are maintained when applicable. | ☐ | ☐ | ☐ | ☐ |
| • Animal procedures are performed and documented as approved. | ☐ | ☐ | ☐ | ☐ |
| • Unexpected illness, injury, distress, or mortality is documented and reported when required. | ☐ | ☐ | ☐ | ☐ |

V. SURGERY, ANESTHESIA, AND PHARMACEUTICALS

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| • Surgical, anesthetic, analgesic, and post-procedural activities are conducted as approved. | ☐ | ☐ | ☐ | ☐ |
| • Surgical and monitoring records are maintained when required. | ☐ | ☐ | ☐ | ☐ |

Adopted: July 2026

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|---|--------------------------|--------------------------|--------------------------|--------------------------|
| • Drug administration records are complete and current. | ☐ | ☐ | ☐ | ☐ |
| • Pharmaceuticals used in live animals are within their expiration dates unless otherwise approved. | ☐ | ☐ | ☐ | ☐ |
| • Controlled-substance receipt, use, and disposition records are maintained when applicable. | ☐ | ☐ | ☐ | ☐ |

VI. DIGITAL UPLOAD DOCUMENTATION

Please **identify and upload** only the study records that apply to the activities conducted under the approved protocol. These may include:

- | | |
|---|---|
| ☐ Animal use, census, breeding, transfer, or disposition records | ☐ Unexpected outcome, mortality, or protocol-deviation documentation |
| ☐ Procedure, dosing, or substance-administration records | ☐ Training or procedure-qualification records |
| ☐ Surgical, anesthesia, analgesia, or monitoring records | ☐ No additional animal activity records are available or applicable |
| ☐ Controlled substance or pharmaceutical records | ☐ Other: _____ |
| ☐ Veterinary treatment or consultation records | |

VII. PI ACKNOWLEDGEMENT

Principal Investigator Signature: _____