

Approval for the use of OVC HSC Isolation for Research

Project Title			
Principle Investigator		Phone	
		Phone	
Research Technician		Phone	
Graduate Student		Phone	
University of Guelph biosafety approval number:			
AUP Number			

Microorganism	
Animal Species	
Indicate the isolation and barrier precautions that are required for routine management	<input type="checkbox"/> Gloves <input type="checkbox"/> Gown <input type="checkbox"/> Overboots <input type="checkbox"/> Eye Protection <input type="checkbox"/> Respiratory protection (indicate type) _____
Will OVC HSC personnel (technicians, kennel staff/agricultural assistants, students) be involved in patient care?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach training and education plan for in-contact personnel
Will animals be moved out of isolation for any procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach the written plan for where animals may be taken, how they are transported and infection control practices that will be used.
Dogs: will dogs be allowed outside to urinate or defecate?	<input type="checkbox"/> No <input type="checkbox"/> Yes, in the designated high risk dog walking area <input type="checkbox"/> Yes, the normal dog walking area
Small animals: Will other clinical cases be allowed in isolation at the same time if required?	<input type="checkbox"/> No <input type="checkbox"/> Yes, with individual case approval of infection control <input type="checkbox"/> Yes, with individual case approval of infection control and investigator
What practices are required for terminal cleaning and disinfection?	<input type="checkbox"/> Routine isolation practices <input type="checkbox"/> Enhanced practices: specify: _____ <input type="checkbox"/> Enhanced practice plus environmental testing: specify: _____

_____ Associate Dean, Clinical Programs Signature	_____ Date
_____ Chief of Infection Control Signature	_____ Date