UNIVERSITY OF COLORADO DENVER
ANIMAL CARE & USE PROGRAM
RC1 ABSL3 DO NOT DISTURB CARD AGREEMENT

By signing this form and taking ABSL Do Not Disturb (DND) cards for room _____, I agree to the following:

- **I have received training from OLAR management on the proper usage of ABSL Do Not Disturb flags and my responsibilities while flags are in use. I was provided a copy of and have read the pertinent section of the Do Not Disturb Policy. <u>OLAR staff will not open these cages for any reason.</u>**
- **Contact information will be clearly labeled on each DND cage flag, including an after-hours phone number, at the time the cage is moved into the room.**
- **Cages flagged with the ABSL DND card will be monitored daily by the lab staff.**
- **The contacts listed will respond to inquiries about the cages within the timeframes noted in the DND SOP. Emergencies such as wet cages, no food/water will require immediate in-person response by the lab contact.**
- **Health problems with the animals in the flagged cages will be reported to the veterinary staff.**
- **Lab staff will change these cages according to OLAR's husbandry SOP's appropriate for the species and type of cage.**

Failure to comply with the agreed upon terms above may result in:

- **Fees assessed per cage out of compliance, in accordance with the DND SOP**
- **The loss of my access to the ABSL3 space**
- **The potential of being reported to the IACUC Office for non-compliance**

Comments/Notes about study:

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PI Name_____ **Date**_____

Contact information:

Name	Phone # (cell and/or extension)	Signature