UNIVERSITY OF COLORADO DENVER
ANIMAL CARE & USE PROGRAM
ABSL VACCINIA 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. OLAR staff will not open these cages for any reason, when animals are in the cage while the flag is on the cage.**
- **Contact information will be clearly labeled on each DND cage flag and including an after-hours phone number upon placement of flag.**
- **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. 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 ABSL 2 space**
- **The potential of being reported to the IACUC Office for non-compliance.**

For Vaccinia virus

- **Prior to inoculation a Full set up cage change is performed**
- **Flag is placed after inoculation and a Dose date must be written**
- **At day 7, the cage is changed and the card is placed on dirty cages for disposal**
- **If the cage is emptied prior to day 7, the cage is placed and stays on the rack for 7 days until safe for OLAR staff to break down the cage.**

Comments/Notes about study:

_____

_____

PI Name_____ **Date**_____

Contact information:

Name	Phone # (cell and/or extension)	Signature