**SPAN STANDARD OPERATING PROCEDURE**

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| **#1** | **INFORMATION** |

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| **Procedure Title** | | | | **Aging Model** |
| **Originators** | | | | **SPAN Coordinating Center** |
| **Creation/Revision Date** | | | | **2/16/21** |
| |  |  | | --- | --- | | **SOP: 53**  **Version No: 1.0**  **Effective Date: TBD** | **Supersedes**  **Document:**  **Effective Date:** | | | | | |
| **#2** | **POLICY** | | | |
| SPAN seeks to reduce variation among study sites. All sites will use the same procedures to induce comorbidities in research models. | | | | |
| **#3** | **SCOPE** | | | |
| This procedure applies to all Sites and the Coordinating Center. | | | | |
| **#4** | | **ROLES AND RESPONSIBILITIES** | | |
| Coordinating Center: draft all SOPs  Study Site Principal Investigator: read and distribute all SOPs to relevant study team members and assure compliance | | | | |
| **#5** | **APPLICABLE REGULATIONS AND GUIDELINES** | | | |
| <https://olaw.nih.gov/sites/default/files/Guide-for-the-Care-and-Use-of-Laboratory-Animals.pdf> | | | | |
| **#6** | **REFERENCES TO OTHER APPLICABLE SOPS** | | | |
| SPAN SOP 2 Animal Acquisition | | | | |
| **#7** | **ATTACHMENTS AND REFERENCES** | | | |
| None | | | | |
| **#8** | **TERMS AND ABBREVIATIONS** | | | |
| SOP: standard operating procedure  NINDS: National Institutes for Neurological Disorders and Stroke  SPAN: Stroke Preclinical Assessment Network  CC: Coordinating Center | | | | |
| **#9** | **TRAINING REQUIREMENTS** | | | |
| **General Training:**  Site animal handling training   |  |  | | --- | --- | | **Location Where Records Maintained:** | Site | | | | | |
| **#10** | | | **SPECIFIC PROCEDURES** | |
| This procedure outlines two methods for acquiring aged mice. The first is in-house aging, the second is ordering through NIA   |  |  | | --- | --- | | **In House Aging/Vendor Order** | **Notes** | | 1. Order animals from the closest vendor site. | **See SPAN SOP 2 Animal Acquisition** | | 1. Use strain/species specified in Experimental Protocol | **See Experimental Protocol** for Stage specific details for vendor site/strain/species. | | 1. Quantity of animals to be ordered will be determined based on NIA supply. Coordinating Center will communicate with site regarding anticipated numbers |  |  |  |  | | --- | --- | | **NIA Ordering** | **Notes** | | 1. Site PI to register Grant at [https://ros.nia.nih.gov/](https://urldefense.com/v3/__https:/ros.nia.nih.gov/__;!!LIr3w8kk_Xxm!8ZVhgpi6vl5Qp-aCGuphCEsyrLjX1OV6fxls7L7OtP33hm51CR9YvemO50sSaw$) | Note: Site PI must note in registration that grant is part of SPAN. | | 1. Site will coordinate surgery dates with the CC. |  | | 1. Site will coordinate with own institution to determine the procedures for importing mice from NIA. |  | | 1. CC to send animal order plan (covering the entire project) to NIA. CC to provide NIA with quarterly updates that include number of animals to be sent to each site in the upcoming 3 months. |  |  |  |  | | --- | --- | | **Aging Stroke Model** | **Notes** | | 1. Animals should be 18-20 months old on Surgery day. |  | | | | | |

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| **#11** | **REVIEWED AND APPROVED BY** |
| *Patrick Lyden, Principal Investigator*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(Printed Name/Title) (Signature)*  *Jessica Lamb, SPAN Manager*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(Printed Name/Title) (Signature)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(Printed Name/Title) (Signature)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(Printed Name/Title) (Signature)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(Printed Name/Title) (Signature)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(Printed Name/Title) (Signature)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(Printed Name/Title) (Signature)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(Printed Name/Title) (Signature)* | |