**SPAN STANDARD OPERATING PROCEDURE**

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

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| **Procedure Title** | | | | **Spontaneously Hypertensive Rat (SHR)** |
| **Originators** | | | | **SPAN Coordinating Center** |
| **Creation/Revision Date** | | | | **3/5/21** |
| |  |  | | --- | --- | | **SOP: 54**  **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 study sites. | | | | |
| **#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  SHR: Spontaneously Hypertensive Rat | | | | |
| **#9** | **TRAINING REQUIREMENTS** | | | |
| **General Training:**  Site animal handling training   |  |  | | --- | --- | | **Location Where Records Maintained:** | Site | | | | | |
| **#10** | | | **SPECIFIC PROCEDURES** | |
| |  |  | | --- | --- | |  | **Notes** | | 1. Order animals from the closest vendor site. | **See SPAN SOP 2 Animal Acquisition**  Note: Brief anesthesia may be required for RapID ear tag placement. | | 1. Use strain/species specified in Experimental Protocol | **See Experimental protocol** for Stage specific details for vendor site/strain/species. | | 1. Animals should be 15-17 weeks at surgery. |  | | 1. Blood pressure will be tested on a subset of Rats.   ☐ Sites to document Mean Arterial Pressure (MAP) in the enrollment form in REDCap database for the **first 10 animals.**  ☐ **Optional:** On the End of Study form, a field for MAP will be available for sites who choose to measure intra-arterial line pressure at sacrifice. | **See Experimental protocol** for Stage specific details for vendor site/strain/species. |  |  |  | | --- | --- | | **Post-Operative Care** | **Notes** | | 1. Administer subcutaneous injections of 0.9% sodium chloride or LRS 3 ml twice a day for the first 2 days and as needed to Day 7. | **Note:** Post-op fluids will need to be adjusted for IP injection. | | 1. Provide animals with wet chow in their cages. |  | | 1. Record Body weight for the first 2 days in REDCap database. |  | | **Animal Handling** | **Notes** | | SHRs tend to be aggressive and vessels are fragile. |  | | | | | |

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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)* | |