

**Petition
Before the Washington State Board of Health**

April 6, 2026

**Requesting Rulemaking to Require Research Facilities to Report Notifiable Conditions in
Nonhuman Primates to the Washington State Department of Health**

Submitted on Behalf of

Northwest Animal Rights Network
1037 NE 65th, #174, Seattle, Washington 98115

People for the Ethical Treatment of Animals
501 Front Street, Norfolk, Virginia 23510

Physicians Committee for Responsible Medicine
5100 Wisconsin Ave., NW, Suite 400
Washington, DC 20016

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I. INTRODUCTION

Northwest Animal Rights Network (NARN), People for the Ethical Treatment of Animals (PETA), and the Physicians Committee for Responsible Medicine (PCRM) (collectively “Petitioners”) submit this petition pursuant to the State Administrative Procedure Act, Wash. Rev. Code § 34.05.330(1) (providing that “[a]ny person may petition an agency requesting the adoption, amendment, or repeal of any rule”¹). The Petitioners request that the Washington State Board of Health (BOH or “Board”) commence rulemaking proceedings to amend the Notifiable Conditions rule, Wash. Admin. Code §§ 246-101-005 to -810, to require research facilities to report all notifiable conditions in nonhuman primates in their custody to the Washington State Department of Health (DOH or “Department”). All authorities cited in this petition are incorporated by reference; hard copies will be provided upon request.

Through the Notifiable Conditions rule, the Board establishes, and the Department implements, notification requirements and standards for conditions that pose a threat to public health for the purpose of describing disease trends, identifying and controlling the sources of infection, preventing disease, and educating the public, policymakers, and health care planners so they can make informed decisions. *Id.* § 246-101-005; *Notifiable Conditions*, DOH, <https://doh.wa.gov/public-health-provider-resources/notifiable-conditions>. But these objectives cannot be met when zoonotic notifiable conditions in nonhuman primates—animals who are in routine contact with workers and housed in facilities physically connected to a major medical center—fall outside the reporting framework. The exposure is underscored in reports from the Washington National Primate Research Center (WaNPRC) in Seattle that documented dozens of open cases of zoonotic diseases in nonhuman primates that went unreported to the DOH.² To fulfill its own public health mandate, the Board must amend the Washington Administrative Code (WAC or “Code”) to require mandatory reporting of notifiable conditions detected in nonhuman primates in research facilities.

II. DESCRIPTION OF PETITIONERS

NARN is a Seattle-based 501(c)(3) non-profit animal protection organization that has been dedicated since 1986 to ending the exploitation of animals by raising awareness of animal suffering in the food, entertainment, experimentation, and fashion industries. NARN’s efforts include outreach, demonstrations, litigation, and educational events.

PETA is a Virginia non-stock corporation and a 501(c)(3) animal protection charity dedicated to protecting animals from neglect, abuse, and all forms of cruelty. PETA U.S. is the largest animal rights organization in the world. PETA entities have more than 10.4 million members and supporters globally, including over 137,000 in Washington. PETA works through public

¹ “Person” means “any individual, partnership, corporation, association, governmental subdivision or unit thereof, or public or private organization or entity of any character, and includes another agency.” Wash. Rev. Code § 34.05.010.

² In February 2026, the WaNPRC changed its name to the Washington National Biomedical Research Center.

education, investigative newsgathering and reporting, research, animal rescue, legislation, special events, celebrity involvement, and protest campaigns.

PCRM is a national 501(c)(3) non-profit organization that advocates for preventive medicine, supports higher ethical standards in research, and conducts clinical research. PCRM’s membership includes more than one million supporters, including more than 16,000 in Washington. For more than four decades, PCRM has worked to improve public health.

III. LEGAL FRAMEWORK

To protect public health, the state board of health is required to “[a]dopt rules for the prevention and control of infectious and noninfectious diseases.” Wash. Rev. Code § 43.20.050(2)(f). The Code defines a notifiable condition as

a condition identified in Table HC-1 of WAC 246-101-101, Table Lab-1 of WAC 246-101-201, or Table Agriculture-1 of WAC 246-101-805, a case of which requires notification to public health authorities under this chapter; or a condition designated by the local health officer as notifiable within their jurisdiction under WAC 246-101-505 (4)(d). Notifiable condition does not include provisional conditions as defined under WAC 246-101-015.

Wash. Admin. Code 246-101-010(30). The Code’s Notifiable Conditions rule (Chapter 246-101) stipulates the information that healthcare providers, healthcare facilities, laboratories, and others (e.g., veterinarians, food establishments, child care facilities, schools, and the general public) must report to help public health officials track diseases and protect public health in Washington.³ The rule does not require research facilities that detect zoonotic notifiable conditions in nonhuman primates to report the conditions to a public health authority.

IV. ARGUMENTS IN SUPPORT OF REQUESTED ACTION

A. The Absence of Reporting Requirements for Zoonotic Notifiable Conditions Present in Nonhuman Primates in Research Facilities Is a Critical Oversight That Endangers Public Health.

The DOH’s current reporting requirements leave a dangerous gap—and humans exposed—when notifiable conditions are present in nonhuman primates in research facilities. For example, Campylobacteriosis, Cryptosporidiosis, Giardiasis, and Shigellosis are highly contagious infectious conditions in nonhuman primates that, when transmitted to humans, can cause severe

³ “Laboratory” means “any facility licensed as a test site or medical test site [(i.e., any facility or site, public or private, which analyzes materials derived from the human body for the purposes of health care, treatment, or screening)] under chapter 70.42 RCW and chapter 246-338 WAC.” Wash. Admin. Code §§ 246-101-010(23), 246-338-010(25); Wash. Rev. Code § 70.42.010(9).

bacterial or parasitic infections accompanied by diarrhea, vomiting, fever, and/or stomach pain. Mucosal exposure to even a microscopic speck of contaminated feces can spread infection to an otherwise healthy individual. The DOH requires that these conditions be reported when detected in humans but not animals. *See* Wash. Admin. Code §§ 246-101-101(B), -201(3); Ex. 1 (DOH E-mail, Oct. 10, 2025 (explaining that the DOH does not keep records related to nonhuman primates who have tested positive for *Shigella* species, *Campylobacter* species, *Cryptosporidium*, and/or *Giardia* as these diseases are not reportable in animals). Likewise, none of these are included in Table Agriculture-1, which lists conditions notifiable to the DOH by the Department of Agriculture (DOA). *See* Wash. Admin. Code § 246-101-805. Nor does the DOA require veterinarians or veterinary laboratories to report these conditions in nonhuman primates to the state veterinarian. *See* Wash. Admin. Code § 16-70-020.

The DOH maintains that these conditions are reported to the DOA. *See* Ex. 2 (DOH E-mail, Jan. 15, 2025) (responding to a public records request for reports of nonhuman primates who have tested positive for *Shigella* species, *Campylobacter* species, *E. coli*, and/or *Giardia* submitted by the University of Washington (UW) with the remark: “reports of this nature are submitted to WSDA”). Yet the DOA insists that *Campylobacteriosis*, *Shigellosis*, *Cryptosporidiosis*, and *Giardiasis*, when detected in nonhuman primates, “would need to be reported to the Department of Health.” Ex. 3 (DOA E-mail, Dec. 9, 2025). Both agencies apparently agree that reporting zoonotic conditions in nonhuman primates is necessary, as does the WaNPRC. In clinical records, the WaNPRC stated that its findings of *Campylobacter* in a nonhuman primate constituted a notifiable condition. Ex. 4 (Clinical Records, Aug. 2024). But there is currently no regulation requiring research facilities to report notifiable conditions in nonhuman primates to the DOH. Consequently, the DOH remains in the dark, and the public is left exposed. This omission thwarts efforts to reduce the transmission of these pathogens from nonhuman primates to humans by, inter alia, failing to identify and control the source of these infectious agents.

Methicillin-resistant *Staphylococcus aureus* (MRSA) is another infectious condition that can infect both nonhuman primates and humans, causing skin infections and other severe problems, including bloodstream infections, pneumonia, and death. This multi-drug-resistant bacteria can persist in the environment for extended periods and spreads through contact with contaminated objects and surfaces. MRSA is not listed as a notifiable condition in Washington State, although hospitals—settings where MRSA is widely known to readily spread—must report infections to the National Healthcare Safety Network as a healthcare-associated infection. *See* Wash. Admin. Code § 246-440-100; *Healthcare Associated Infections*, DOH, <https://doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/healthcare-associated-infections>. Particularly when a research facility is attached to a hospital—as is the case at UW—requiring the reporting of MRSA cases in nonhuman primates to the DOH is a basic and necessary risk management measure to protect public health.

B. The Exposure is Real.

This gap in required reporting is particularly concerning because nonhuman primates in at least one Washington research facility have been documented with notifiable conditions. Public records revealed multiple open cases of Campylobacteriosis, Shigellosis, Cryptosporidiosis, and Giardiasis in 2023 in nonhuman primates at the WaNPRC's Animal Research and Care Facility (ARCF) located on UW's Seattle campus. *See* Ex. 5 (WaNPRC Open Cases, Sept. 1, 2023); Ex. 6 (WaNPRC Open Cases, Oct. 6, 2023). The DOH had no records related to these cases. *See* Ex. 2 (DOH E-mail; Jan. 15, 2025). A 2022 report of open cases in nonhuman primates at the WaNPRC likewise included dozens of entries identifying these conditions. *See* Ex. 7 (WaNPRC Open Cases, July 8, 2022). E-mails between UW personnel in 2020 also confirmed cases of Shigella in nonhuman primates. *See* Ex. 8 (UW E-mail, Jan. 21, 2020). A WaNPRC 2025 necropsy report noted that the emaciated southern pig-tailed macaque, who had been hospitalized for diarrhea and dehydration, likely had Campylobacter, Shigella, Salmonella, and/or Yersinia. *See* Ex. 9 (Necropsy Report, Jan. 7, 2025).

Over the past two decades, the Seattle WaNPRC has experienced outbreaks of diseases in addition to those described above, including, but not limited to, tuberculosis (TB) (a deadly mycobacterial infection that can spread between nonhuman primates and humans through the air and contaminated surfaces), *see* Diane E. Stockinger et al., *Primary Hepatic Mycobacterium Tuberculosis Complex Infection with Terminal Dissemination in a Pig-Tailed Macaque (Macaca Nemestrina)*, 50 J. AM. ASSOC. LAB'Y ANIMAL SCI. 258 (2011) (describing a pig-tailed macaque of Indonesian origin who entered the WaNPRC six years prior to presentation), and MRSA. *See* Olusegun O. Soge et al., *Transmission of MDR MRSA Between Primates, Their Environment and Personnel at a United States Primate Centre*, 71 J. ANTIMICROBIAL CHEMOTHERAPY 2798 (2016) (describing a study involving the WaNPRC—which researchers undertook following an uptick in MRSA cases at the center in 2014, including nine cases of MRSA infection in primates and an animal technician who sustained a bite wound from a MRSA colonized primate (and developed a severe MRSA skin infection)—that reported the following results: “Nasal cultures were performed on 596 primates and 105 (17.6%) were MRSA positive. Two of 79 (2.5%) personnel and two of 56 (3.6%) composite primate environmental facility samples were MRSA positive.”).

Routine high-risk contact with and exposure to nonhuman primates in research facilities has made, and will continue to make, researchers, students, laboratory technicians, and other personnel vulnerable to exposure to infectious agents, infection, and illness. As reflected in a 2022 incident report, a WaNPRC employee experienced gastrointestinal symptoms for over a week, potentially linked to exposure to nonhuman primates in clinical isolation for gastrointestinal pathogens. *See* Ex. 10, at 4 (Minutes, May 10, 2022) (entry 2022-04-050). The institutional Safety Committee's meeting notes on this incident included the following remark: “[V]irtually everyone who works in the units gets ill at some point in their first 6 months, due to meeting staph and shigella for the first time and being around aerosolized fecal matter.” At the Oregon National Primate Research Center, researchers found that toxigenic *Corynebacteria* (which causes diphtheria, a contagious bacterial infection that can be transmitted between

nonhuman primates and humans through close contact) may have been circulating at the center for several decades and “identified up to three potential transmission events among humans who had longitudinal serum samples drawn due to their work involving direct contact with [nonhuman primates (NHP)] or NHP samples.” Archana Thomas et al., *Active Circulation of Corynebacterium Ulcerans Among Nonhuman Primates*, 10 MICROBIOLOGY SPECTRUM 6 (2022). These predictable exposure pathways heighten the need for express reporting requirements in the Code when zoonotic notifiable conditions are present in nonhuman primates.

C. The Location and Movement of Nonhuman Primates on UW’s Seattle Campus Amplify the Public Health Risk.

Nonhuman primates are housed in UW’s Animal Research and Care Facility (ARCF) and the Magnuson Health Sciences Building (HSB) and are routinely moved into, out of, and between these buildings. As discussed above, clinical reports specifically identified open cases of Campylobacteriosis, Shigellosis, Cryptosporidiosis, and Giardiasis in nonhuman primates at ARCF. *See supra* Section IV(B). UW faculty, staff, and students have access to these spaces, and the HSB itself is unlocked and open to the campus community and the public. Critically, the HSB is directly connected via internal hallways to the UW Medical Center–Montlake and its facilities that serve the broader community, including its Emergency Department, Digestive Health Center, Heart Institute, Neurology Clinic, and Maternal Fetal Medicine Clinic. This configuration creates a foreseeable pathway by which zoonotic pathogens harbored by nonhuman primates, or transmitted to exposed workers, could move beyond animal facilities and into clinical spaces serving vulnerable patients and the public. The pathway operates through routine personnel movement through shared hallways, elevators, and stairwells. Pathogen spread can occur via fomite transfer from contaminated hands, clothing, reusable personal protective equipment, carts, and high-touch surfaces—transmission pathways well-recognized in occupational and hospital infection control. In addition, shared air-handling systems can carry airborne pathogens into adjacent clinical and public spaces without any direct animal contact.

V. PROPOSED RULE CHANGES

The Petitioners request that the Board amend the rules related to Notifiable Conditions, Wash. Admin. Code § 246-101, as follows, as well as consider adding methicillin-resistant *Staphylococcus aureus* (MRSA) as a notifiable condition under this section.

❖ Add 246-101-430. Duties – Research facilities.

(1) For purposes of this section:

- (a) “Animal case” means an animal, alive or dead, with a diagnosis or suspected diagnosis of a notifiable condition in Table HC-1 of WAC 246-101-101 made by a veterinarian licensed under chapter 18.92 RCW, veterinary medical facility licensed

under chapter 18.92 RCW, or veterinary laboratory as defined under chapter 16.70 RCW based on clinical criteria, or laboratory criteria, or both.

- (b) “Nonhuman primate” means all nonhuman members of the Order Primates.
- (c) “Research facility” means any school (except an elementary or secondary school), institution, organization, or person that uses or intends to use live animals in research, tests, or experiments in the State of Washington and that
 - i. purchases or transports live animals in commerce, or
 - ii. receives funds under a grant, award, loan, or contract from a department, agency, or instrumentality of the United States for the purpose of carrying out research, tests, or experiments in the State of Washington.

(2) A research facility shall:

- (a) Notify the Washington State Department of Health of individual animal cases, outbreaks, and suspected outbreaks in nonhuman primates of notifiable conditions in Table HC-1 of WAC 246-101-101 that may be associated with the research facility, in the time frames established in Table HC-1 and using secure electronic data transmission.
- (b) Provide the following information for each animal case required under this section:
 - Research facility name;
 - Contact name;
 - Contact address;
 - Contact telephone number;
 - Animal species;
 - Diagnosis or suspected diagnosis of the condition;
 - Pertinent laboratory data, if available.
- (c) Cooperate with public health authorities in their investigation and control of animal cases, outbreaks, and suspected outbreaks in nonhuman primates of a notifiable condition in that may be associated with the research facility.

(3) Both the local health officer and the state health officer may request additional information of epidemiological or public health value when conducting an animal case investigation or otherwise for prevention and control of a specific notifiable condition in a nonhuman primate.

Exhibit 1

Message History (4)

On 10/10/2025 2:44:22 PM, WA State DOH Records Center wrote:

Subject: DOH Public Records Center :: N011902-091525

Body:

Reference # N011902-091525

Dear Lisa Estelle Jones-Engel,

The Department of Health received a Public Records Request from you on September 15, 2025, for the following records:

"For the period September 1, 2024 to September 15, 2025 all records as defined by the public records act that document reports submitted by the University of Washington of nonhuman primates (NHPs, monkey, macaque, rhesus macaque) who have tested positive for: Shigella species, Campylobacter species, Cryptosporidium, and/or Giardia."

The Department of Health has conducted a search and there are no records responsive to your request. Furthermore, The Department of Health does not keep such records, as these diseases are not reportable in animals.

Your request is now closed, and this is our final response. The Department of Health does not intend to further address the request, and the Public Records Act's one-year statute of limitations to seek judicial review has started to run as of the date of this communication.

Please contact me within 30 days 11/9/2025 9:07:28 AM, by e-mail at publicdisclosure@doh.wa.gov or by postal mail at: Public Records Officer, Washington State Department of Health, P.O. Box 47808, Olympia, WA 98504-7808, if you have any questions.

Under RCW 42.56.520 you may appeal the decision to withhold information contained in the records via a request for review by the Department of Health's Public Records Officer. When filing an appeal for Public Records, please include your Public Records Request reference number so the correct request can be reviewed. The request must be submitted in writing by one of the following methods:

Mailing Address:
Public Records Officer
Washington State Department of Health
P.O. Box 47808
Olympia, WA 98504-7808

Email Address:
PRRappeals@doh.wa.gov

Sincerely,

APRIL AMUNDSON
Public Disclosure Office
Washington State Department of Health

www.doh.wa.gov

On 9/16/2025 7:51:18 AM, WA State DOH Records Center wrote:

Subject: DOH Public Records Center :: N011902-091525

Body:

Reference # [N011902-091525](#)

Dear Lisa Estelle Jones-Engel,

The Department of Health received your public records request on September 15, 2025 for the following records:

"For the period September 1, 2024 to September 15, 2025 all records as defined by the public records act that document reports submitted by the University of Washington of nonhuman primates (NHPs, monkey, macaque, rhesus macaque) who have tested positive for: Shigella species, Campylobacter species, Cryptosporidium, and/or Giardia."

The Department of Health is in the process of identifying, gathering, and reviewing the records responsive to your request. We anticipate providing records responsive to this request on or before 03/16/2026. Our estimated time is based on the number of requests in the queue prior to your request and the availability of staff to search for and produce records.

WAC 246-08-990 (RCW 42.56.120) authorizes the Department of Health to collect fees for providing copies either electronically or in paper format. After we have determined the number of records responsive to your request, we will give you a cost estimate for production of the records. Here is a link to the public records [fee schedule](#).

If you wish to limit your request, or if you have any questions, please feel free to respond directly to this email.

Sincerely,

TANA-SHAY ROMERO
Public Disclosure Office
Washington State Department of Health
www.doh.wa.gov

On 9/15/2025 3:29:58 PM, WA State DOH Records Center wrote:



Dear Lisa Estelle Jones-Engel:

Thank you for submitting a public records request to the Washington State Department of Health. Your request has been received and is being processed in accordance with the State of Washington Public Records Act, Chapter 42.56 RCW. Your request was received in this office on 9/15/2025 and given the reference number [N011902-091525](#) for tracking purposes. You will receive an official acknowledgement letter within 5 business days from this date.

Not all public documents are available in electronic format. If the document(s) requested are not available electronically, we will make them available for inspection or by paper copy in accordance with the Public Records Act, Chapter 42.56 RCW.

Sincerely,

Washington State Department of Health

Public Records Request

Public Records

To monitor the progress or update this request please log into the [DOH Online Public Records Center](#)



Track the issue status and respond at:

https://washingtondoh.govqa.us/WEBAPP/_rs/RequestEdit.aspx?rid=162999

On 9/15/2025 3:29:57 PM, Lisa Estelle Jones-Engel wrote:

Request Created on Public Portal

Exhibit 2

Message History (4)

On 1/15/2025 5:22:16 AM, WA State DOH Records Center wrote:

Subject: DOH Public Records Center :: N006873-112124

Body:

Reference # N006873-112124

Dear Lisa Estelle Jones-Engel,

The Department of Health received a Public Records Request from you on November 21, 2024, for the following records:

"For the period May 1, 2023 to August 31, 2023 all records as defined by the public records act that document reports submitted by the University of Washington of nonhuman primates (NHPs, monkey, macaque, rhesus macaque) who have tested positive for: Shigella species, Campylobacter species, E. coli, and/or Giardia"

The Department of Health has conducted a search and there are no records responsive to your request. Your request is now closed, and this is our final response. Department of Health does not intend to further address the request, and the PRA's one-year statute of limitations to seek judicial review has started to run as of the date of this communication.

Program staff noted reports of this nature are submitted to WSDA; you may want to reach out to them for more information: [Contact Us | Washington State Department of Agriculture](#).

Please contact me within 30 days 2/14/2025 7:02:59 AM, by e-mail at publicdisclosure@doh.wa.gov or by postal mail at: Public Records Officer, Washington State Department of Health, P.O. Box 47808, Olympia, WA 98504-7808, if you have any questions.

Under RCW 42.56.520 you may appeal the decision to withhold information contained in the records via a request for review by the Department of Health's Public Records Officer. When filing an appeal for Public Records, please include your Public Records Request reference number so the correct request can be reviewed. The request must be submitted in writing by one of the following methods:

Mailing Address:	Email Address:
Public Records Officer	PRRappeals@doh.wa.gov
Washington State Department of Health	
P.O. Box 47808	
Olympia, WA 98504-7808	

Sincerely,

MELISSA SCHEIBE
Public Disclosure Office
Washington State Department of Health
www.doh.wa.gov

On 11/21/2024 3:46:21 PM, WA State DOH Records Center wrote:

Subject: DOH Public Records Center :: N006873-112124

Body:

Reference # [N006873-112124](#)

Dear Lisa Estelle Jones-Engel,

The Department of Health received your public records request on November 21, 2024 for the following records:

"For the period May 1, 2023 to August 31, 2023 all records as defined by the public records act that document reports submitted by the University of Washington of nonhuman primates (NHPs, monkey, macaque, rhesus macaque) who have tested positive for: Shigella species, Campylobacter species, E. coli, and/or Giardia"

The Department of Health is in the process of identifying, gathering, and reviewing the records responsive to your request. We anticipate providing records responsive to this request on or before 05/22/2025. Our estimated time is based on the number of requests in the queue prior to your request and the availability of staff to search for and produce records.

WAC 246-08-990 (RCW 42.56.120) authorizes the Department of Health to collect fees for providing copies either electronically or in paper format. After we have determined the number of records responsive to your request, we will give you a cost estimate for production of the records. Here is a link to the public records [fee schedule](#).

If you wish to limit your request, or if you have any questions, please feel free to respond directly to this email.

Sincerely,

RONNIE BRIDGES
Public Disclosure Office
Washington State Department of Health
www.doh.wa.gov

On 11/21/2024 12:24:04 PM, WA State DOH Records Center wrote:



Dear Lisa Estelle Jones-Engel:

Thank you for submitting a public records request to the Washington State Department of Health. Your request has been received and is being processed in accordance with the State of Washington Public Records Act, Chapter 42.56 RCW. Your request was received in this office on 11/21/2024 and given the reference number [N006873-112124](#) for tracking purposes. You will receive an official acknowledgement letter within 5 business days from this date.

Not all public documents are available in electronic format. If the document(s) requested are not available electronically, we will make them available for inspection or by paper copy in accordance with the Public Records Act, Chapter 42.56 RCW.

Sincerely,

Washington State Department of Health

Public Records Request

Public Records

To monitor the progress or update this request please log into the [DOH Online Public Records Center](#)



Track the issue status and respond at:

<https://washingtondoh.govqa.us/WEBAPP//rs/RequestEdit.aspx?rid=151031>

On 11/21/2024 12:24:03 PM, Lisa Estelle Jones-Engel wrote:

Request Created on Public Portal

Exhibit 3

10:40



From: Amanda Elyse <aelyse@seattleu.edu>

Sent: Tuesday, December 9, 2025 10:41 AM

To: Burkhart, Rachel (AGR)

<Rachel.Burkhart@agr.wa.gov>

Subject: Re: reporting question

External Email

Hi, good morning. What happens then when conditions such as Campylobacteriosis, Shigellosis, Cryptosporidiosis, Giardiasis show up in non-human primates in the state? These conditions aren't on the animal list, but they are on the human list and are zoonotic.

Additionally, at primate research facilities where these conditions have appeared, humans are in close contact with the primates. One such facility is attached to a hospital.

Amanda L. Elyse (she/her/hers)

Visiting Assistant Professor

SEATTLE UNIVERSITY SCHOOL OF LAW

10:41



RE: reporting question

External



Burkhart, Rachel (AGR)

Rachel.Burkhart@agr.wa.gov



To: You aelyse@seattleu.edu

Tuesday, December 9, 2025, 10:44 AM



They would need to be reported to the Department of Health.

Rachel Burkhart | Animal Health Program

Assistant

Animal Services Division

360-902-1878 | agr.wa.gov



From: Amanda Elyse <aelyse@seattleu.edu>

Sent: Tuesday, December 9, 2025 10:41 AM

To: Burkhart, Rachel (AGR)

<Rachel.Burkhart@agr.wa.gov>

Subject: Re: reporting question

Exhibit 4



CLINICAL HISTORY

Ran on 16/Aug/2024 at 11:36 am

Animal:	A21140	Age:	3.04	Project:	AL 05 06
Sx:	M	Weight:	5.9 on 13/Aug/24	Title:	Lieber-Gates Adeno Subaward
Spc:	MM	Location:	B276A-A2	IACUC:	3108-04

UW Microbiology

. CAMPYLOBACTER PCR test positive (Methodology: Multiplex PCR) - For inpatients, isolate using contact enteric precautions per institutional policy. Contact Infection Control if you have any questions. - This result is a Washington state Notifiable condition. Contact public health authorities in acco ... SHIGELLA OR ENTEROINVASIVE E.COLI (EIEC) PCR test positive (Methodology: Multiplex PCR) - For inpatients, isolate using contact enteric precautions per institutional policy. Contact Infection Control if you have any questions. - This result is a Washington state Notifiable condition. Contact public ... GIARDIA PCR test positive (Methodology: Multiplex PCR) - This result is a Washington state Notifiable condition. Contact public health authorities in accordance with WAC 246-101. <http://www.doh.wa.gov/Portals/1/Documents/5100/210-001-Poster-HCP.pdf> Comment: See link for detailed information about pathogens detected by this assay: <https://menu.labmed.uw.edu/search/STOEPM> Called to Primate center voicemail 06/25/2023. 2+ Campylobacter jejuni - This result is a Washington state Notifiable condition. Contact public health authorities in accordance with WAC 246-101. <http://www.doh.wa.gov/Portals/1/Documents/5100/210-001-Poster-HCP.pdf>. Providers, see link for important guidelines regarding the interpretation of susceptibility reports: <https://testguide.labmed.uw.edu/guideline/abx>. This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine and Pathology. It has not been cleared or approved by the US Food and Drug Administration. This laboratory is certified under the Clinical Laboratory Improvement A
No Shigella isolated

Procedure	Drug	Start	End	Dose	Unit	Rt	Freq	Administered By
Administration of medication	Bismuth Subsalicylate (Pepto Bismol) tablet	26/Jun/23	6/30/23	1	Tab	PO	SID	JB
Administration of medication	BPF Cube (Banatrol, Probiotic, and Fiber Bite)	26/Jun/23	8/9/23	1	Unit	PO	SID	JB
Administration of medication	Cerenia (maropitant citrate)	26/Jun/23	6/26/23	4	mg	SQ	ONC E	SH
Administration of medication	Drug, NOS	11/Jul/23	7/13/23	190	mg	PO	SID	JB
Administration of medication	Enrofloxacin (Baytril)	25/Jun/23	7/1/23	38.5	mg	IM	SID	MM
Administration of medication	Metronidazole (Flagyl)	26/Jun/23	7/2/23	96.25	mg	PO	BID	MM

20/Jun/23		Information	Comments					
Administration of medication	VN							
Jacket or vest removed	VN		[via WF]					
Protocol Monitoring								
Tether removed	VN		[via WF]					
Procedure	Drug	Start	End	Dose	Unit	Rt	Freq	Administered By
Administration of medication	Ketamine HCl	20/Jun/23		40	mg	IM		VN

16/Jun/23		Information	Comments
Behavioral Monitoring			

13/Jun/23		Information	Comments					
Administration of medication	VN							
Jacket change	VN		[via WF]					
Protocol Monitoring								
Tether applied	VN		[via WF]					
Procedure	Drug	Start	End	Dose	Unit	Rt	Freq	Administered By
Administration of medication	Ketamine HCl	13/Jun/23		40	mg	IM		VN

05/Jun/23		Information	Comments					
Administration of medication	SH							
Jacket or vest applied	SH		[via WF]					
Protocol Monitoring								
Procedure	Drug	Start	End	Dose	Unit	Rt	Freq	Administered By

Exhibit 5

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

ARCF

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A17212		B275-A2	28/Feb/19		[via WF]
		B275-A2	08/Mar/23	Bone/Muscle/Joint Abnormality	On tx - OA hips
		B275-A2	21/Sep/23	Obese	MFP - 10
A18025		B275-C2	01/May/22	Bone/Muscle/Joint Abnormality	On tx - OA spine, hips, stifles
		B275-C2	01/May/22		[via WF]
		B275-C2	01/Apr/23	Obese	MFP - 13
A18038		B275-E2	06/Feb/23	Weight loss/Thin	On tx + MFP - 26
		B275-E2	06/Feb/23		
		B275-E2	27/Sep/23	Semi-Annual Healthcare	
A18019		B275-G2	18/Aug/22		[via WF]
		B275-G2	19/May/23	Obese	MFP - 10
		B275-G2	27/Sep/23	Semi-Annual Healthcare	
A21189		B275-G2	31/May/23	Prophylactic Treatment	MPA for birth control
		B275-G2	31/May/23		[via WF]
		B275-G2	25/Aug/23	Semi-Annual Healthcare	
A18037		B275-I2	27/Jun/23	Weight loss/Thin	MFP - 20
		B275-I2	27/Jun/23		[via WF]
		B275-I2	27/Sep/23	Semi-Annual Healthcare	
A18040		B275-K2	19/Jan/23	Obese	MFP - 13
		B275-K2	19/Jan/23		[via WF]
		B275-K2	04/Oct/23	Bone/Muscle/Joint Abnormality	On tx - OA hips
A20030		B275-M2	24/Aug/23	Diarrhea Acute	On tx - campy, EPEC, Entamoeba, Giardia + 9/8
		B275-M2	24/Aug/23		[via WF]
		B275-M2	05/Oct/23	Post-surgical/Post procedure Monitoring	Apheresis

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A22177		B275-M2	24/Aug/23		[via WF]
		B275-M2	15/Sep/23	Weight loss/Thin	On tx
A21138	V-N	B276A-A2	10/Aug/23		
	V-N	B276A-A2	17/Aug/23	Semi-Annual Healthcare	
	V-N	B276A-A2	14/Sep/23	Post-surgical/Post procedure Monitoring	Tether
A21050		B276A-B1	12/Jun/23		
		B276A-B1	06/Sep/23	Bloodwork Abnormality	On tx - anemia
A21036		B276A-B2	29/Aug/22		[via WF]
		B276A-B2	09/Sep/22	Weight loss/Thin	Monitor
		B276A-B2	11/Oct/23	Post-surgical/Post procedure Monitoring	Lap sx
A21046		B276A-B2	03/Oct/23	Alopecia	Animal referred for Alopecia Severity 4. Recently completed (Aug) tether phase, no history of overgrooming behavior. See Procedures - Social and Extra Enrichment implemented. BMS will quantitatively assess behavior.
A21045		B276A-D2	29/Sep/23	Post-surgical/Post procedure Monitoring	Lap sx
		B276A-D2	29/Sep/23		
A21047		B276A-E2	07/Aug/23		
		B276A-E2	04/Oct/23	Bloodwork Abnormality	[via WF] Neutropenia
		B276A-E2	11/Oct/23	Post-surgical/Post procedure Monitoring	Ln, BAL
A21049		B276A-F2	17/Jul/23		
		B276A-F2	01/Aug/23	Post-surgical/Post procedure Monitoring	Aph + tether
		B276A-F2	03/Oct/23	Semi-Annual Healthcare	[via WF] Tb exempt, Virology 10/3/23
A21137	V-M	B276A-G2	13/Jul/23		
	V-M	B276A-G2	21/Jul/23	Post-surgical/Post procedure Monitoring	Tether, repair 9/28

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A21140	V-P	B276A-H2	25/Jun/23		[via WF]
	V-P	B276A-H2	22/Aug/23	Post-surgical/Post procedure Monitoring	Tether
Z16051	Z-G	B276B-A2	26/Sep/23	Semi-Annual Healthcare	
	Z-G	B276B-A2	26/Sep/23		[via WF]
Z16052	Z-H	B276B-B2	19/Sep/23		[via WF]
	Z-H	B276B-B2	20/Sep/23	Weight loss/Thin	On tx
	Z-H	B276B-B2	26/Sep/23	Post-surgical/Post procedure Monitoring	Aph + tether
	Z-H	B276B-B2	06/Oct/23	Post-surgical/Post procedure Monitoring	[via WF] Tail amp
Z21095	U-U	B276B-C2	04/Oct/23	Post-surgical/Post procedure Monitoring	EMKA removal
	U-U	B276B-C2	04/Oct/23		
Z21103	V-B	B276B-C2	01/Aug/23	Diarrhea Acute	On tx
	V-B	B276B-C2	01/Aug/23		[via WF]
Z14024		B276B-E2	02/Dec/22		
		B276B-E2	19/Dec/22	Weight loss/Thin	MFP - 24
Z16066	Z-R	B276B-E2	05/Sep/23	Diarrhea Acute	On tx - Campy, EPEC + 9/28
	Z-R	B276B-E2	05/Sep/23		[via WF]
	Z-R	B276B-E2	26/Sep/23	Semi-Annual Healthcare	
Z18045		B276B-G1	12/Oct/23	Post-surgical/Post procedure Monitoring	[via WF] Bone Marrow,
		B276B-G1	12/Oct/23		
Z16196		B276B-G2	31/Mar/23		
		B276B-G2	14/Sep/23	Psychological abnormality/ Psychotropic Rx	Aggression, difficult social pairing

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z19063		B276B-G2	28/Sep/22		[via WF]
		B276B-G2	12/Jun/23	Bloodwork Abnormality	On tx - anemia
		B276B-G2	12/Jun/23	Diarrhea Chronic	On tx
		B276B-G2	11/Oct/23	Post-surgical/Post procedure Monitoring	[via WF] Bone Marrow,
Z17083	E-S	B276B-H1	10/Dec/20		[via WF]
	E-S	B276B-H1	22/Sep/22	Weight loss/Thin	Monitor
Z17066	E-I	B276B-J2	22/Jul/19	Training - Lixit Check	TR2019-0016// Animal prolapsed at lixit check, request for training to self check lixit.
	E-I	B276B-J2	14/Aug/23		[via WF]
	E-I	B276B-J2	18/Aug/23	Bloodwork Abnormality	On tx - anemia
	E-I	B276B-J2	29/Aug/23	Diarrhea Repeat	On tx
Z21148	V-W	B276B-K2	10/Oct/23	Post-surgical/Post procedure Monitoring	[via WF] Lymph Node,
	V-W	B276B-K2	10/Oct/23		
Z21116	V-G	B276B-L2	28/Aug/23	Post-surgical/Post procedure Monitoring	Tether + EMKA
	V-G	B276B-L2	28/Aug/23		
A11225		B277-A2	04/Nov/20		[via WF]
		B277-A2	17/Mar/23	Bone/Muscle/Joint Abnormality	On tx - OA hips, stifles
		B277-A2	08/Aug/23	Modified Feed	20 BID
Z13195		B277-B2	10/Jun/21	Training - Present Body Part	TR2021-0018// Train for procedure cage and presentation of inguinal area for cleaning
		B277-B2	31/Aug/22		[via WF]
		B277-B2	08/Sep/22	Dermatologic Abnormality	On tx - Inguinal dermatitis
Z16318		B277-C2	17/Jun/20	Training - Blood Draw	TR2020-0004// Training for skin prick blood draw from leg
		B277-C2	08/Nov/21		[via WF]
		B277-C2	05/May/22	Training - Lixit Check	TR2022-0021// Lixit check

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z16318		B277-C2	02/Nov/22	Diarrhea Chronic	On tx
		B277-C2	01/Aug/23	Obese	MFP - 18
Z16343	D-F	B277-D2	29/Sep/23	Semi-Annual Healthcare	
	D-F	B277-D2	29/Sep/23		
Z16353	D-K	B277-E2	19/Oct/19		[via WF]
	D-K	B277-E2	19/Nov/20	Weight loss/Thin	On tx + MFP - 32
	D-K	B277-E2	12/Oct/23	Post-surgical/Post procedure Monitoring	[via WF] Bone Marrow,
Z14300		B277-G2	28/Aug/23	Diarrhea Repeat	On tx - EPEC, norovirus, giardia + 9/22
		B277-G2	28/Aug/23		[via WF]
Z16284	C-F	B277-H2	14/Dec/20		[via WF]
	C-F	B277-H2	28/Jan/21	Diarrhea Chronic	On tx - partner giardia +
	C-F	B277-H2	08/Sep/22	Weight loss/Thin	On tx + MFP - 30
Z17085	E-T	B277-I2	02/Feb/22	Training - Blood Draw	TR2022-0006\\ voluntary blood draw (saphenous)
Z17184	G-I	B277-I2	02/Oct/23	Diarrhea Repeat	On tx
	G-I	B277-I2	02/Oct/23		[via WF]
L10197		B278A-A2	02/Aug/21		[via WF]
		B278A-A2	03/Aug/21	Obese	MFP - 7
		B278A-A2	13/Mar/23	Bone/Muscle/Joint Abnormality	On tx - OA hips, spine
		B278A-A2	20/Apr/23	Prophylactic Treatment	MPA for birth control
Z15377	X-W	B278A-C1	17/Jun/20	Training - Blood Draw	TR2020-0004// Training for skin prick blood draw from leg
Z19040	L-N	B278A-C2	02/Aug/23	Training - TTRD	TR2023-0032\\ TTRD for Shears study \\
Z14335	J-D	B278A-D1	06/Mar/23	Swelling, nodule, or mass	Hepatomegaly
	J-D	B278A-D1	06/Mar/23		[via WF]

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A12245		B278A-D2	29/Oct/21		[via WF]
		B278A-D2	10/Mar/22	Bone/Muscle/Joint Abnormality	On tx - Thoracolumbar kyphosis, OA hips
Z18203		B278A-E1	22/May/23	Training - TTRD	TR2023-0028\\ TTRD and blood sampling for Shears
Z19046		B278A-E1	28/Apr/22		[via WF]
		B278A-E1	12/Jun/23	Diarrhea Chronic	On tx
A09092		B278A-E2	11/Aug/21		[via WF]
		B278A-E2	03/Jan/22	Training - Lixit Check	TR2022-0004// Lixit training
		B278A-E2	30/Aug/22	Cardiovascular abnormality	Monitor - Grade III-IV/VI murmur
		B278A-E2	22/May/23	Training - TTRD	TR2023-0028\\ TTRD and blood sampling for Shears
Z20172	R-U	B278A-G1	01/Aug/23		[via WF]
	R-U	B278A-G1	08/Aug/23	Diarrhea Repeat	On tx - culture neg 10/2
Z20091	O-M	B278A-G2	14/Feb/23		[via WF]
	O-M	B278A-G2	07/Apr/23	Diarrhea Chronic	On tx
	O-M	B278A-G2	21/Sep/23	Weight loss/Thin	On tx
Z20088	O-K	B278A-I1	18/Aug/23	Diarrhea Acute	On tx - campy, EPEC + 9/22
	O-K	B278A-I1	18/Aug/23		[via WF]
	O-K	B278A-I1	11/Sep/23	Alopecia	Animal referred for Alopecia Severity 4. See Procedures- Social and Extra Enrichment therapy implemented. BMS will quantitatively assess behavior. 9/28/23- BMS assessment in progress.
	O-K	B278A-I1	21/Sep/23	Dental Disease or Rx	[via WF] Fractured mand premolar
L08144		B278A-M2	02/Aug/23	Training - TTRD	TR2023-0032 \\ TTRD for Shears study. \\
		B278A-M2	04/Oct/23	Diarrhea Repeat	On tx
		B278A-M2	04/Oct/23		[via WF]
A20063		B278B-A2	23/Feb/23	Reproductive Tract Abnormality	Enlarged uterus/cervix, ovaries
		B278B-A2	23/Feb/23		[via WF]

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A20071		B278B-C1	15/Feb/22		[via WF]
		B278B-C1	11/Apr/22	Training - Present Body Part	TR2022-0019\ Body presentation - inguinal area
		B278B-C1	16/Feb/23	Obese	MFP - 6
A20056		B278B-C2	08/Jun/21		
		B278B-C2	03/Mar/23	Modified Feed	MFP - 7
A20066		B278B-C2	11/Apr/22	Training - Present Body Part	TR2022-0019\ Body presentation - inguinal area
A20060		B278B-E2	19/Sep/23		[via WF]
		B278B-E2	27/Sep/23	Weight loss/Thin	On tx
A20065		B278B-G1	19/Sep/23		[via WF]
		B278B-G1	27/Sep/23	Weight loss/Thin	On tx
		B278B-G1	05/Oct/23	Trauma	[via WF] L dorsal shoulder laceration
A20068		B278B-G2	11/Sep/23		[via WF]
		B278B-G2	02/Oct/23	Trauma	Tail amp
A20067		B278B-I2	23/Mar/22	Training - Present Body Part	TR2022-0016\ Body presentation - inguinal area
A20069		B278B-K2	15/Feb/23		[via WF]
		B278B-K2	03/Mar/23	Obese	MFP - 11
A22059		B281-A2	17/Aug/23	Alopecia	Animal referred for Alopecia Severity 4. Had been flagged for alopecia since March. See procedures- Social and Extra Enrichment therapies implemented. BMS will quantitatively assess behavior. 9/28/23- Shifted from upper to lower level this week; BMS assessment in progress.
A21042		B281-I2	14/Aug/23		[via WF]
		B281-I2	29/Aug/23	Obese	MFP - 15
A22090		B281-K1	23/May/23		[via WF]
		B281-K1	09/Jun/23	Diarrhea Acute	On tx

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z16289	C-K	B282A-A1	16/Aug/23	Prophylactic Treatment	MPA for birth control
	C-K	B282A-A1	16/Aug/23		[via WF]
	C-K	B282A-A1	06/Sep/23	Weight loss/Thin	MFP - 20
Z17172		B282A-A1	25/Aug/23	Alopecia	Animal referred for Alopecia Severity 4. See Procedures- Extra Enrichment therapies implemented. BMS will quantitatively assess behavior. 9/6/23- Social contact (grooming-contact) therapy with female implemented. BMS will continue to assess. 9/28/23- Social contact upped to full contact 926; hair filling in, assessment in progress.
Z17333		B282A-A2	10/Mar/23		[via WF]
		B282A-A2	01/Apr/23	Weight loss/Thin	MFP - 24
		B282A-A2	25/Aug/23	Alopecia	Animal referred for Alopecia Severity 4. Had been flagged for Alo 3 since Jan. See Procedures- Extra Enrichment therapies implemented. BMS will quantitatively assess behavior. 9/28/23- Social contact therapy (grooming-contact) implemented 9/6, switched to full contact 9/26; BMS assessment in progress.
Z18101		B282A-A2	16/Aug/23	Prophylactic Treatment	MPA for birth control
		B282A-A2	16/Aug/23		[via WF]
Z16248	B-P	B282A-C1	16/Aug/23	Prophylactic Treatment	MPA for birth control
	B-P	B282A-C1	16/Aug/23		[via WF]
	B-P	B282A-C1	06/Sep/23	Weight loss/Thin	On tx + MFP - 20
Z18046		B282A-C2	25/Aug/22		
		B282A-C2	09/Sep/22	Weight loss/Thin	On tx + MFP - 24
Z18080		B282A-C2	16/Aug/23	Prophylactic Treatment	MPA for birth control
		B282A-C2	16/Aug/23		[via WF]
Z18136	J-E	B282A-I1	24/Aug/23		[via WF]
	J-E	B282A-I1	06/Sep/23	Weight loss/Thin	On tx + MFP - 20
Z18061		B282A-K2	25/Aug/23		[via WF]
		B282A-K2	06/Sep/23	Weight loss/Thin	MFP - 20
Z18081		B282A-K2	10/Mar/23		[via WF]
		B282A-K2	01/Apr/23	Weight loss/Thin	MFP - 24

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z18048		B282B-C2	25/Aug/22		
		B282B-C2	09/Sep/22	Weight loss/Thin	Monitor
Z17091	E-V	B282B-D1	20/Jan/21		[via WF]
	E-V	B282B-D1	21/Jan/21	Diarrhea Chronic	On tx
Z17048	D-W	B282B-E2	25/Apr/22		[via WF]
	D-W	B282B-E2	07/Sep/23	Diarrhea Chronic	On tx
Z17168		B282B-E2	22/Aug/23		[via WF]
		B282B-E2	25/Aug/23	Reproductive Tract Abnormality	R sperm granuloma
Z16199		B282B-G1	17/Aug/23		
		B282B-G1	01/Sep/23	Weight loss/Thin	MFP - 30
Z16194	A-Y	B282B-G2	08/Sep/23	Trauma	L forearm, L shoulder, muzzle
	A-Y	B282B-G2	08/Sep/23		[via WF]
	A-Y	B282B-G2	22/Sep/23	Diarrhea Acute	Monitor - campy, EPEC, norovirus + 9/22
Z17160	G-A	B282B-I2	13/Nov/20	Coccidioidomycosis	On tx - titer +
	G-A	B282B-I2	13/Nov/20		[via WF]
A16227		B283-A2	07/Sep/21	Obese	MFP - 6
		B283-A2	07/Sep/21		[via WF]
		B283-A2	14/Mar/23	Bone/Muscle/Joint Abnormality	On tx - OA hips
		B283-A2	29/Aug/23	Semi-Annual Healthcare	
A16255		B283-B2	13/Mar/20		[via WF]
		B283-B2	26/Sep/22	Bone/Muscle/Joint Abnormality	On tx - OA hips, stifles
		B283-B2	20/Mar/23	Modified Feed	MFP - 11
		B283-B2	29/Aug/23	Semi-Annual Healthcare	

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A22175		B283-C1	28/Sep/23	Alopecia	Animal referred for Alopecia Severity 4. See Procedures- Extra Enrichment therapies implemented. BMS will quantitatively assess behavior.
A23049		B283-E2	03/Oct/23	Post-surgical/Post procedure Monitoring	Apheresis
		B283-E2	03/Oct/23		
A22081		B283-F1	07/Sep/23	Semi-Annual Healthcare	
		B283-F1	07/Sep/23		[via WF]
		B283-F1	12/Sep/23	Post-surgical/Post procedure Monitoring	[via WF]
A22061		B283-I2	14/Aug/23		[via WF]
		B283-I2	26/Sep/23	Obese	MFP - 15
A20133	P-R	B283-M1	27/Sep/23	Semi-Annual Healthcare	
	P-R	B283-M1	27/Sep/23		[via WF]
A22075		B283-M1	27/Sep/23	Semi-Annual Healthcare	
		B283-M1	27/Sep/23		[via WF]
Z12403		B287-B1	23/May/22	Coccidioidomycosis	On tx - 1st neg titer
		B287-B1	23/May/22		[via WF]
Z12459		B287-B2	30/Aug/23		[via WF]
		B287-B2	18/Sep/23	Weight loss/Thin	On tx + MFP - 22
Z16031		B287-C1	13/Feb/23		[via WF]
		B287-C1	18/Sep/23	Modified Feed	MFP - 15
Z14187		B287-F2	02/Feb/22	Training - Lixit Check	TR2022-0009\ Lixit check
Z16294	Z-Z	B287-F2	21/Jun/21		[via WF]
	Z-Z	B287-F2	22/Jul/21	Weight loss/Thin	Monitor
A12274		B287-H2	21/Sep/21		[via WF]

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A12274		B287-H2	22/Aug/23	Modified Feed	MFP - 6
Z15079	L-J	B287-J2	28/Jun/22	Training - Lixit Check	TR2022-0031// Lixit check
Z18134	J-C	B289-A1	27/Jun/22	Weight loss/Thin	On tx + MFP - 24
	J-C	B289-A1	27/Jun/22		[via WF]
L11036		B289-A2	18/Aug/20	Weight loss/Thin	On tx + MFP - 30
		B289-A2	18/Aug/20		[via WF]
Z13135		B289-B2	30/Aug/23		[via WF]
		B289-B2	14/Sep/23	Bone/Muscle/Joint Abnormality	Kyphosis, scoliosis
Z14063	F-V	B289-C1	09/Nov/22		[via WF]
	F-V	B289-C1	10/Nov/22	Obese	MFP - 12
Z12326	354	B289-D1	08/Nov/22		[via WF]
	354	B289-D1	12/Dec/22	Coccidioidomycosis	On tx - 1st neg titer
Z09143		B289-D2	14/Jul/23		[via WF]
		B289-D2	21/Sep/23	Bone/Muscle/Joint Abnormality	On tx - OA hips
F09071		B289-E2	07/Apr/20		[via WF]
		B289-E2	02/Dec/22	Reproductive Tract Abnormality	On tx - Adenomyosis
Z13027	C-T	B289-F2	06/Jul/22		[via WF]
	C-T	B289-F2	14/Mar/23	Bone/Muscle/Joint Abnormality	On tx - OA hips, stifles
	C-T	B289-F2	26/Jun/23	Diarrhea Repeat	On tx
Z14095	F-Y	B289-G2	07/Mar/23		[via WF]
	F-Y	B289-G2	14/Mar/23	Weight loss/Thin	On tx + MFP - 24
	F-Y	B289-G2	31/Mar/23	Diarrhea Acute	On tx

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z14095	F-Y	B289-G2	06/Oct/23	Rectal prolapse	[via WF] Sedated for manual correction of ~5cm prolapse.
R08174		B289-I1	09/Nov/22		[via WF]
		B289-I1	11/Nov/22	Weight loss/Thin	MFP - 22
Z19263	N-C	B289-I2	02/Oct/23		[via WF]
	N-C	B289-I2	04/Oct/23	Weight loss/Thin	MFP - 20
L09006		B289-J1	08/Sep/23		[via WF]
		B289-J1	21/Sep/23	Weight loss/Thin	On tx + MFP - 22
Z15198	M-M	B289-K1	29/Aug/20		[via WF]
	M-M	B289-K1	11/Sep/20	Weight loss/Thin	On tx + MFP - 28
Z13196		B289-L1	14/Aug/23	Diarrhea Acute	On tx
		B289-L1	14/Aug/23		[via WF]
		B289-L1	17/Aug/23	Weight loss/Thin	On tx

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

G/H-Wing

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z21060	T-V	G608-E	03/Oct/23	Semi-Annual Healthcare	
	T-V	G608-E	03/Oct/23		[via WF]
Z21063	T-W	G608-E	03/Oct/23	Semi-Annual Healthcare	
	T-W	G608-E	03/Oct/23		[via WF]
Z21072	U-F	G608-E	03/Oct/23	Semi-Annual Healthcare	
	U-F	G608-E	03/Oct/23		[via WF]
Z21097	U-W	G608-E	03/Oct/23	Semi-Annual Healthcare	
	U-W	G608-E	03/Oct/23		[via WF]
Z19163		G608-H	29/Jul/23	Bloodwork Abnormality	September complete: Persistent mild anemia
		G608-H	29/Jul/23		[via WF]
Z21158	W-D	G608-H	08/May/23	Weight loss/Thin	September complete: Not gaining weight
	W-D	G608-H	08/May/23		[via WF]
Z21191	W-U	H610-E	28/Jun/23	Dermatologic Abnormality	Monthly: inguinal
	W-U	H610-E	28/Jun/23		[via WF]
Z22022	Y-P	H610-N1	27/Sep/23	Trauma- minor superficial	Left mandible/teeth
	Y-P	H610-N1	27/Sep/23		[via WF]
	Y-P	H610-N1	04/Oct/23	Dental Disease or Rx	[via WF]

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

I-Wing

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z20195	S-P	I023-A1	12/Sep/23		[via WF]
	S-P	I023-A1	30/Sep/23	GI Disease	Campy, Vibrio, EPEC, Shigella, Entamoeba + 10/2
	S-P	I023-A1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
Z21010	S-V	I023-A1	12/Sep/23		[via WF]
	S-V	I023-A1	30/Sep/23	GI Disease	Campy, Vibrio, EPEC, Shigella, Entamoeba + 10/2
	S-V	I023-A1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
Z21022	T-H	I023-A1	12/Sep/23		[via WF]
	T-H	I023-A1	30/Sep/23	GI Disease	Campy, Vibrio, EPEC, Shigella, Entamoeba + 10/2
	T-H	I023-A1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	T-H	I023-A1	06/Oct/23	Weight loss/Thin	[via WF]
Z20158	R-G	I023-A2	13/Sep/23		[via WF]
	R-G	I023-A2	30/Sep/23	Trauma	Hands
	R-G	I023-A2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	R-G	I023-A2	03/Oct/23	GI Disease	Campy, EPEC, Shigella, Entamoeba, Giardia + 10/2
Z20185	S-H	I023-A2	26/Mar/23		[via WF]
	S-H	I023-A2	21/Jul/23	Diarrhea Chronic	Campy, EPEC, Shigella, Entamoeba, Giardia + 10/2
	S-H	I023-A2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	S-H	I023-A2	02/Oct/23	Alopecia	Animal referred for Alopecia Severity 4. Recent WA arrival. See Procedures- Social and Extra Enrichment therapies implemented. BMS will quantitatively assess behavior.
Z22035	Y-Y	I023-D1	06/Sep/23		[via WF]
	Y-Y	I023-D1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	Y-Y	I023-D1	03/Oct/23	GI Disease	Campy, EPEC, Giardia + 10/2
Z22037	Z-A	I023-D1	15/Apr/23		[via WF]
	Z-A	I023-D1	17/Apr/23	Weight loss/Thin	September complete
	Z-A	I023-D1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	Z-A	I023-D1	03/Oct/23	GI Disease	Campy, EPEC, Giardia + 10/2
Z21091	U-P	I023-D2	10/Sep/23		[via WF]
	U-P	I023-D2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	U-P	I023-D2	03/Oct/23	GI Disease	Campy, EPEC, Shigella + 10/2

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z21186	W-S	I023-D2	10/Sep/23		[via WF]
	W-S	I023-D2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	W-S	I023-D2	03/Oct/23	GI Disease	Campy, EPEC, Shigella + 10/2
Z21093	U-S	I023-F1	06/Sep/23		[via WF]
	U-S	I023-F1	02/Oct/23	New Arrival Healthcare	Campy, EPEC + 10/2
	U-S	I023-F1	06/Oct/23	Weight loss/Thin	[via WF]
Z21226	X-T	I023-F1	06/Sep/23		[via WF]
	X-T	I023-F1	02/Oct/23	New Arrival Healthcare	Campy, EPEC + 10/2
Z21118	V-I	I023-F2	17/Apr/23	Weight loss/Thin	August complete -RtG 7/6
	V-I	I023-F2	17/Apr/23		[via WF]
	V-I	I023-F2	25/Aug/23	Diarrhea Chronic	Campy, EPEC + 10/2
	V-I	I023-F2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
Z21144	V-U	I023-F2	06/Sep/23		[via WF]
	V-U	I023-F2	02/Oct/23	New Arrival Healthcare	Campy, EPEC + 10/2
Z21057	T-P	I023-H1	11/Jul/23		[via WF]
	T-P	I023-H1	25/Aug/23	Diarrhea Chronic	Campy, EPEC, Shigella, Entamoeba + 10/2
	T-P	I023-H1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
Z21198	W-W	I023-H1	10/Sep/23		[via WF]
	W-W	I023-H1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	W-W	I023-H1	06/Oct/23	Diarrhea Acute	Campy, EPEC, Shigella, Entamoeba + 10/2
Z21053	T-M	I023-H2	30/Jan/23	Weight loss/Thin	August complete Pulled to HO 6/21-RtG 7/21
	T-M	I023-H2	30/Jan/23		[via WF]
	T-M	I023-H2	13/Sep/23	Diarrhea Acute	Campy, EPEC, Shigella, Entamoeba + 10/2
	T-M	I023-H2	15/Sep/23	Bloodwork Abnormality	[via WF] Anemic
	T-M	I023-H2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
Z21173	W-H	I023-H2	05/Jul/23	Weight loss/Thin	August complete At least 4th trip to HO in 2023-RtG 7/30

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z21173	W-H	I023-H2	05/Jul/23		[via WF]
	W-H	I023-H2	28/Jul/23	Diarrhea Chronic	Campy, EPEC, Shigella, Entamoeba + 10/2
	W-H	I023-H2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
Z21067	U-A	I023-J1	12/Sep/23		[via WF]
	U-A	I023-J1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	U-A	I023-J1	03/Oct/23	GI Disease	Campy, EPEC, Shigella + 10/2
Z21087	U-M	I023-J1	12/Sep/23		[via WF]
	U-M	I023-J1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	U-M	I023-J1	03/Oct/23	GI Disease	Campy, EPEC, Shigella + 10/2
Z21098	U-X	I023-J2	12/Sep/23		[via WF]
	U-X	I023-J2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	U-X	I023-J2	03/Oct/23	GI Disease	Campy, EPEC, Shigella, Giardia + 10/2
Z21114	V-E	I023-J2	12/Sep/23		[via WF]
	V-E	I023-J2	30/Sep/23	New Arrival Healthcare	[via WF]
	V-E	I023-J2	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	V-E	I023-J2	03/Oct/23	GI Disease	Campy, EPEC, Shigella, Giardia + 10/2
Z20097	O-S	I027-A1	13/Sep/23		[via WF]
	O-S	I027-A1	30/Sep/23	Endocrine/Metabolic/ Fluid Abnormality	[via WF] Dehydrated upon arrival
	O-S	I027-A1	30/Sep/23	Trauma- minor superficial	[via WF] RHD1
	O-S	I027-A1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	O-S	I027-A1	03/Oct/23	GI Disease	Campy, EPEC, Shigella, Entamoeba, Giardia + 10/2
Z20128	P-L	I027-A1	13/Sep/23		[via WF]
	P-L	I027-A1	20/Sep/23	Alopecia	Animal presents w/ all body parts affected with hair loss. Severity Score of 4. Extra Enrichment and Procedures Implemented. Animal shipping next week to Seattle, on 9/16.
	P-L	I027-A1	30/Sep/23	Endocrine/Metabolic/ Fluid Abnormality	[via WF] Dehydrated upon arrival
	P-L	I027-A1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	P-L	I027-A1	03/Oct/23	GI Disease	Campy, EPEC, Shigella, Entamoeba, Giardia + 10/2

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z21216	X-J	I027-C1	13/Sep/23		[via WF]
	X-J	I027-C1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	X-J	I027-C1	03/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Entamoeba, Giardia + 10/2
Z22018	Y-L	I027-C1	13/Sep/23		[via WF]
	Y-L	I027-C1	02/Oct/23	New Arrival Healthcare	TB Lot 454X
	Y-L	I027-C1	03/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Entamoeba, Giardia + 10/2
Z21025	T-K	I027-C2	13/Sep/23		[via WF]
	T-K	I027-C2	02/Oct/23	New Arrival Healthcare	
	T-K	I027-C2	04/Oct/23	GI Disease	Campy, EPEC, Shigella, Entamoeba + 10/2
Z21070	U-D	I027-C2	13/Sep/23		[via WF]
	U-D	I027-C2	02/Oct/23	New Arrival Healthcare	
	U-D	I027-C2	04/Oct/23	GI Disease	Campy, EPEC, Shigella, Entamoeba + 10/2
Z16279	B-Z	I027-E1	25/May/23	Weight loss/Thin	Resolved: Shipping to Seattle
	B-Z	I027-E1	25/May/23		[via WF]
	B-Z	I027-E1	02/Oct/23	New Arrival Healthcare	Campy, EPEC + 10/2
Z16348	D-H	I027-E1	08/Nov/22	Weight loss/Thin	Consider steroids if not improving- shipping to seattle
	D-H	I027-E1	08/Nov/22		[via WF]
	D-H	I027-E1	05/Sep/23	Diarrhea Acute	Campy, EPEC + 10/2
	D-H	I027-E1	02/Oct/23	New Arrival Healthcare	
Z17142	F-R	I027-E2	14/Sep/23		[via WF]
	F-R	I027-E2	17/Sep/23	Diarrhea Acute	Campy, EPEC + 10/2
	F-R	I027-E2	02/Oct/23	New Arrival Healthcare	
Z17186	G-K	I027-E2	14/Sep/23		[via WF]
	G-K	I027-E2	02/Oct/23	New Arrival Healthcare	Campy, EPEC + 10/2
A22047		I029-A1	10/Jun/22	Training - Direct Chair Load	TR2022-0027// Train for direct load chairing and cage side computer learning
		I029-A1	06/Sep/22		[via WF]

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A22047		I029-A1	07/Sep/22	Dermatologic Abnormality	Monthly: Mildly dry ventrum- resolved on treatment (declined on QOD)
A22045		I029-B1	04/Apr/22	Weight loss/Thin	Monthly-BCS 2.0- increased BCS 2.5 8/2023
		I029-B1	04/Apr/22		[via WF]
		I029-B1	10/Jun/22	Training - Direct Chair Load	TR2022-0027// Train for direct load chairing and cage side computer learning
		I029-B1	09/Mar/23	Bone/Muscle/Joint Abnormality	[via WF] Bilateral hip arthritis
A22049		I029-C1	10/Jun/22	Training - Direct Chair Load	TR2022-0027// Train for direct load chairing and cage side computer learning
		I029-C1	06/Sep/22		[via WF]
		I029-C1	07/Sep/22	Bone/Muscle/Joint Abnormality	Monthly: TL kyphosis with spondylosis, hip and stifle arthritis
		I029-C1	07/Sep/22	Obese	Monthly: BCS 4- started MFP 12/12 on 9-7-22; decrease to 11/11 on 12/19/22; decrease to 10/10 9/2023
A22050		I029-D1	23/Apr/22		[via WF]
		I029-D1	10/Jun/22	Training - Direct Chair Load	TR2022-0027// Train for direct load chairing and cage side computer learning
		I029-D1	24/Aug/22	Dermatologic Abnormality	Monthly: Crusts and flaking over dorsum
		I029-D1	25/Aug/22	Bone/Muscle/Joint Abnormality	Monthly: Spondylosis
		I029-D1	24/Mar/23	Obese	[via WF] 5/22 Start MFP @ 10/10; decreased to 9/9 July 2023
		I029-D1	11/Sep/23	Inappetence	[via WF] Reported for multiple days of low biscuit consumption
Z18204	K-P	I033-A1	26/Mar/23		[via WF]
	K-P	I033-A1	29/Mar/23	Weight loss/Thin	Keep in HO until Seattle shipment- Patton (25% gain in HO)
	K-P	I033-A1	12/Jul/23	Diarrhea Acute	Campy, EPEC, Shigella + 10/4
	K-P	I033-A1	04/Oct/23	New Arrival Healthcare	TB Lot 455X
Z19004	L-A	I033-A1	05/Jul/23	Weight loss/Thin	Leukocytosis w/ neutrophilia on pre-ship exam w/o apparent etiology
	L-A	I033-A1	05/Jul/23		[via WF]
	L-A	I033-A1	17/Sep/23	Diarrhea Acute	Campy, EPEC, Shigella + 10/4
	L-A	I033-A1	04/Oct/23	New Arrival Healthcare	TB Lot 455X

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
R10149		I033-C1	22/Feb/23		[via WF]
		I033-C1	30/Sep/23	New Arrival Healthcare	[via WF]
		I033-C1	04/Oct/23	New Arrival Healthcare	TB Lot 455X
		I033-C1	05/Oct/23	GI Disease	Campy, EPEC, Shigella, Entamoeba + 10/4
M04366		I033-C2	13/Nov/21		
		I033-C2	18/Apr/22	Diarrhea Chronic	EPEC, Shigella, Entamoeba + 10/4
		I033-C2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
Z14032		I033-C2	20/May/23	Weight loss/Thin	Hold in HO until SAE and relocate to 242 (Patton fail) (one more infant and then consider endpoint)
		I033-C2	20/May/23		[via WF]
		I033-C2	19/Aug/23	Diarrhea Acute	EPEC, Shigella, Entamoeba + 10/4
		033-C2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
Z15386	X-Z	I033-E1	18/Oct/22	Weight loss/Thin	Resolved: Shipping to Seattle
	X-Z	I033-E1	18/Oct/22		[via WF]
	X-Z	I033-E1	26/Apr/23	Diarrhea Chronic	Campy, EPEC, Giardia + 10/4
	X-Z	033-E1	04/Oct/23	New Arrival Healthcare	TB Lot 455X
Z16068	Z-S	I033-E1	24/Apr/23	Weight loss/Thin	Pull to HO 8/27 (4th pull this year)
	Z-S	I033-E1	24/Apr/23		
	Z-S	I033-E1	26/Aug/23	Diarrhea Acute	Campy + 10/4
	Z-S	033-E1	04/Oct/23	New Arrival Healthcare	TB Lot 455X
L11128		I033-E2	23/May/23	Weight loss/Thin	September complete: resolved
		I033-E2	23/May/23		[via WF]
		I033-E2	12/Sep/23	Diarrhea Acute	EPEC, Shigella, Entamoeba + 10/4
		033-E2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
T10174	W-S	I033-E2	20/Jul/23	Diarrhea Acute	EPEC, Shigella, Entamoeba + 10/4
	W-S	I033-E2	20/Jul/23		[via WF]
	W-S	I033-E2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
K07291		I033-G2	05/May/15		
		I033-G2	05/May/15	Coccidioidomycosis	1st negative 08/23

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
K07291		I033-G2	12/Sep/23	Diarrhea Acute	EPEC, Shigella, Entamoeba + 10/4
		I033-G2	29/Sep/23	Prophylactic Treatment	[via WF] MPA for birth control
		I033-G2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
		I033-G2	05/Oct/23	Weight loss/Thin	[via WF]
L02276		I033-G2	21/Aug/15		
		I033-G2	13/Oct/20	Bone/Muscle/Joint Abnormality	Monthly: Spondylosis, Hips, Stifles- September complete
		I033-G2	04/Oct/23	New Arrival Healthcare	EPEC, Norovirus + 10/4
L03132		I033-I1	14/Sep/23		[via WF]
		I033-I1	28/Sep/23	New Arrival Healthcare	[via WF]
		I033-I1	04/Oct/23	New Arrival Healthcare	TB Lot 455X
		I033-I1	05/Oct/23	GI Disease	EPEC, Shigella + 10/4
M06139		I033-I1	31/Aug/23		[via WF]
		I033-I1	28/Sep/23	New Arrival Healthcare	[via WF]
		I033-I1	04/Oct/23	New Arrival Healthcare	TB Lot 455X
		I033-I1	05/Oct/23	GI Disease	EPEC, Shigella + 10/4
A03177		I033-I2	31/Aug/23		[via WF]
		I033-I2	12/Sep/23	Diarrhea Acute	EPEC, Shigella, Entamoeba + 10/4
		I033-I2	03/Oct/23	Pre- or Post Partum Rx	[via WF]
		I033-I2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
J05199		I033-I2	23/May/23	Weight loss/Thin	q1mo SOAP; Hx of anemia, mild thrombocytosis- August complete
		I033-I2	23/May/23		[via WF]
		I033-I2	31/Jul/23	Diarrhea Acute	EPEC, Shigella, Entamoeba + 10/4
		I033-I2	02/Sep/23	Bloodwork Abnormality	[via WF] September complete: Persistent anemia and hypoalbuminemia
		I033-I2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
		I033-I2	05/Oct/23	Pre- or Post Partum Rx	[via WF]
L05311		I033-K1	31/Aug/23		[via WF]
		I033-K1	12/Sep/23	Diarrhea Acute	Campy, EPEC, Entamoeba + 10/4
		I033-K1	04/Oct/23	New Arrival Healthcare	TB Lot 455X

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
M11051	W-Z	I033-K1	12/Oct/22		[via WF]
	W-Z	I033-K1	17/Oct/22	Coccidioidomycosis	[via WF]
	W-Z	I033-K1	02/May/23	Weight loss/Thin	September complete
	W-Z	I033-K1	31/Jul/23	Diarrhea Acute	Campy, EPEC, Entamoeba + 10/4
	W-Z	I033-K1	04/Oct/23	New Arrival Healthcare	TB Lot 455X
L06171		I033-K2	25/Aug/23	Diarrhea Acute	Campy, EPEC, Shigella, Entamoeba + 10/4
		I033-K2	25/Aug/23	Weight loss/Thin	Pregnant- 30% weight loss since Feb. -pull to HO 8/28
		I033-K2	25/Aug/23		[via WF]
		I033-K2	26/Sep/23	Prophylactic Treatment	[via WF] Purse string suture placed 9/26/23, monitor fecal production
		I033-K2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
		I033-K2	05/Oct/23	Pre- or Post Partum Rx	[via WF]
Z20182	S-E	I033-K2	21/Aug/23	Weight loss/Thin	HO 8/26-
	S-E	I033-K2	21/Aug/23		[via WF]
	S-E	I033-K2	30/Sep/23	Endocrine/Metabolic/ Fluid Abnormality	[via WF] Mild dehydration upon arrival
	S-E	I033-K2	04/Oct/23	New Arrival Healthcare	TB Lot 455X
	S-E	I033-K2	05/Oct/23	GI Disease	Campy, EPEC, Shigella, Entamoeba + 10/4
Z22014	Y-I	I035-A1	10/Sep/23		[via WF]
	Y-I	I035-A1	30/Sep/23	New Arrival Healthcare	[via WF]
	Y-I	I035-A1	05/Oct/23	New Arrival Healthcare	TB Lot 455X
	Y-I	I035-A1	06/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Entamoeba, Giardia + 10/5
Z22019	Y-M	I035-A1	10/Sep/23		[via WF]
	Y-M	I035-A1	30/Sep/23	New Arrival Healthcare	[via WF]
	Y-M	I035-A1	05/Oct/23	New Arrival Healthcare	TB Lot 455X
	Y-M	I035-A1	06/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Entamoeba, Giardia + 10/5
Z21222	X-P	I035-A2	10/Sep/23		[via WF]
	X-P	I035-A2	30/Sep/23	New Arrival Healthcare	[via WF]
	X-P	I035-A2	05/Oct/23	New Arrival Healthcare	TB Lot 455X
	X-P	I035-A2	06/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Entamoeba + 10/5
Z22040	Z-D	I035-A2	10/Sep/23		[via WF]

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z22040	Z-D	I035-A2	30/Sep/23	New Arrival Healthcare	Moderate dehydration
	Z-D	I035-A2	05/Oct/23	New Arrival Healthcare	TB Lot 455X
	Z-D	I035-A2	06/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Entamoeba + 10/5
Z21229	X-V	I035-C1	10/Sep/23		[via WF]
	X-V	I035-C1	30/Sep/23	New Arrival Healthcare	[via WF]
	X-V	I035-C1	05/Oct/23	New Arrival Healthcare	TB Lot 455X
	X-V	035-C1	06/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Giardia + 10/5
Z22029	Y-W	I035-C1	10/Sep/23		[via WF]
	Y-W	I035-C1	30/Sep/23	New Arrival Healthcare	[via WF]
	Y-W	I035-C1	05/Oct/23	New Arrival Healthcare	TB Lot 455X
	Y-W	035-C1	06/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Giardia + 10/5
Z21230	X-W	I035-C2	09/Apr/23	Weight loss/Thin	September Complete: Resolved- decreasing NS
	X-W	I035-C2	09/Apr/23		[via WF]
	X-W	I035-C2	30/Sep/23	New Arrival Healthcare	Moderate dehydration
	X-W	I035-C2	05/Oct/23	GI Disease	Campy, EPEC, Shigella + 10/5
	X-W	I035-C2	05/Oct/23	New Arrival Healthcare	TB Lot 455X
Z22002	X-Z	I035-C2	10/Sep/23		[via WF]
	X-Z	I035-C2	30/Sep/23	New Arrival Healthcare	[via WF]
	X-Z	I035-C2	05/Oct/23	GI Disease	Campy, EPEC, Shigella + 10/5
	X-Z	035-C2	05/Oct/23	New Arrival Healthcare	TB Lot 455X
Z21012	S-X	I035-E1	12/Sep/23		[via WF]
	S-X	I035-E1	30/Sep/23	New Arrival Healthcare	[via WF]
	S-X	I035-E1	05/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto + 10/5
	S-X	035-E1	05/Oct/23	New Arrival Healthcare	TB Lot 455X
Z21014	T-A	I035-E1	12/Sep/23		[via WF]
	T-A	I035-E1	30/Sep/23	New Arrival Healthcare	[via WF]
	T-A	I035-E1	05/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto + 10/5
	T-A	035-E1	05/Oct/23	New Arrival Healthcare	TB Lot 455X

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z21016	T-B	I035-E2	12/Sep/23		[via WF]
	T-B	I035-E2	30/Sep/23	New Arrival Healthcare	Moderate dehydration
	T-B	I035-E2	05/Oct/23	New Arrival Healthcare	TB Lot 455X
	T-B	I035-E2	06/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Giardia + 10/5
Z21021	T-G	I035-E2	12/Sep/23		[via WF]
	T-G	I035-E2	30/Sep/23	New Arrival Healthcare	[via WF]
	T-G	I035-E2	05/Oct/23	New Arrival Healthcare	TB Lot 455X
	T-G	035-E2	06/Oct/23	GI Disease	Campy, EPEC, Shigella, Crypto, Giardia + 10/5
Z21066	T-Z	I035-G1	12/Sep/23		[via WF]
	T-Z	I035-G1	30/Sep/23	New Arrival Healthcare	[via WF]
	T-Z	I035-G1	05/Oct/23	New Arrival Healthcare	Campy, EPEC + 10/5
Z21068	U-B	I035-G1	12/Sep/23		[via WF]
	U-B	I035-G1	30/Sep/23	New Arrival Healthcare	[via WF]
	U-B	I035-G1	05/Oct/23	New Arrival Healthcare	Campy, EPEC + 10/5
Z21210	X-E	I065D-A1	27/Jul/23	Diarrhea Repeat	start BPF 7/27, start pepto 8/8, start tylosin 8/24
	X-E	I065D-A1	27/Jul/23		[via WF]
Z21220	X-N	I065D-A1	17/Apr/23		[via WF]
	X-N	I065D-A1	24/May/23	Diarrhea Acute	worse off pepto, campy +- azithro 7/14
	X-N	I065D-A1	28/Jun/23	Weight loss/Thin	[via WF] BCS 2.0
Z20157	R-F	I065D-A2	21/Feb/23		[via WF]
	R-F	I065D-A2	06/Apr/23	Diarrhea Chronic	Attempted to remove from Treatment March 2023- unsuccessful, tylosin 7/23 - azithro 8/8
Z20166	R-O	I065D-A2	21/Feb/23		[via WF]
	R-O	I065D-A2	05/May/23	Diarrhea Chronic	[via WF] On BPF and pepto
A17009		I089A-A1	03/Jan/22	Training - Lixit Check	TR2022-0001// Lixit check
		I089A-A1	19/Dec/22	Obese	6/3/21; Weight stable Decrease biscuits to 10 BID.
		I089A-A1	19/Dec/22		[via WF]

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A17247		I089A-A2	04/Feb/20		[via WF]
		I089A-A2	03/Jan/22	Training - Lixit Check	TR2022-0001// Lixit check
		I089A-A2	16/Aug/23	Bone/Muscle/Joint Abnormality	Decreased ROM hips
		I089A-A2	17/Aug/23	Modified Feed	MFP 9/9, start Aug 23
A17007		I089A-B1	11/Sep/19		[via WF]
		I089A-B1	03/Jan/22	Training - Lixit Check	TR2022-0001// Lixit check
		I089A-B1	17/Aug/23	Modified Feed	[via WF] Aug 2023 MFP 10/10
A21162		I089A-B2	17/Nov/22		[via WF]
		I089A-B2	29/Jun/23	Modified Feed	[via WF] Resolved obesity- 12/12 5/11/23
A21167		I089A-C1	16/Aug/23	Obese	MFP 14/14 start Aug 23; decreased to 12/12 Sept 23
		I089A-C1	16/Aug/23		[via WF]
A22004		I089A-D2	25/Sep/23	Obese	Begin MFP 15/15 9/25/2023
		I089A-D2	25/Sep/23		[via WF]
Z19074	M-F	I089B-A2	24/Apr/23		[via WF]
	M-F	I089B-A2	30/May/23	Post-surgical/Post procedure Monitoring	[via WF] MI Sternotomy 5/15, Thoracotomy cell injection 5/30, catheter replacement 6/28 L, catheter replacement 7/28 L, catheter explant L and implant R 9/20
Z21101	U-Z	I089B-B2	18/Sep/23		
	U-Z	I089B-B2	19/Sep/23	Experimental	[via WF] Monitoring for CRS. IV test article administration 9/18
	U-Z	I089B-B2	19/Sep/23	Weight loss/Thin	[via WF] Thin BCS, on tether
Z21089	U-O	I089B-C2	10/Oct/23	Post-surgical/Post procedure Monitoring	[via WF]
	U-O	I089B-C2	10/Oct/23		
Z18228		I089B-D1	28/Aug/23		[via WF]
Z20020		I089B-E2	25/Apr/23	Weight loss/Thin	NS 2 units SID
		I089B-E2	25/Apr/23		[via WF]
		I089B-E2	19/Sep/23	Experimental	[via WF] Monitoring for CRS. Test article administration 9/25

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z20020		I089B-E2	25/Sep/23	Post-surgical/Post procedure Monitoring	[via WF] femoral catheter and telemetry
Z13271	E-H	I089B-F1	06/Oct/15	Psychological abnormality/ Psychotropic Rx	10/6/15- Animal is engaging SAN behavior. BMS staff requested to start L-Theanine. Veterinarian JFL approved. MB 10/17/15 D/C L Theanine per vet. JFL prior to shipping. KC
	E-H	I089B-F1	14/Sep/23		[via WF]
	E-H	I089B-F1	19/Sep/23	Obese	September complete: Start MFP 14/14 9/2023
Z14378		I089B-F1	06/Oct/23	Diarrhea Acute	[via WF]
		I089B-F1	06/Oct/23		[via WF]
Z19051	L-R	I089B-F2	26/Jun/23		[via WF]
	L-R	I089B-F2	06/Jul/23	Experimental	[via WF] Monitoring for CRS
Z19078		I089B-F2	18/Nov/22		[via WF]
		I089B-F2	12/Jun/23	Diarrhea Chronic	[via WF] On tx
		I089B-F2	24/Aug/23	Experimental	[via WF] Monitoring for CRS
A21136	V-L	I089C-A2	15/Aug/23		
	V-L	I089C-A2	28/Sep/23	Post-surgical/Post procedure Monitoring	[via WF] femoral catheter
A23051		I089C-B2	02/Aug/23		
		I089C-B2	24/Aug/23	Experimental	[via WF] Monitoring during chemo
		I089C-B2	24/Aug/23	Weight loss/Thin	[via WF] Marinol BID, 2 NS SID
A22065		I089C-C1	23/Mar/23		[via WF]
		I089C-C1	13/Apr/23	Experimental	[via WF] Monitoring during study
		I089C-C1	26/Apr/23	Weight loss/Thin	[via WF] 2 NS SID noon, marinol BID
Z18194	K-I	I089Q-A2	24/Mar/22		[via WF]
	K-I	I089Q-A2	22/Jul/22	Training - Procedure Cage	TR2022-0036\ Procedure cage and blood draw
	K-I	I089Q-A2	12/Aug/22	Diarrhea Chronic	Monthly: 2022- cipro, azithro, TMS (consider Tylosin)- stable on BPF + Pepto
	K-I	I089Q-A2	06/Oct/23	Experimental	[via WF] Vaccinated IV by RSS

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z19006	L-C	I089Q-A2	26/Sep/19		[via WF]
	L-C	I089Q-A2	28/Oct/19	Coccidioidomycosis	Last Positive 8/23
Z21146	V-V	I089Q-E1	18/Apr/23		[via WF]
	V-V	I089Q-E1	03/Aug/23	Diarrhea Acute	- start BPF 8/8, start pepto 8/24
	V-V	I089Q-E1	06/Oct/23	Experimental	[via WF] Vaccinated IV by RSS
Z21154	W-C	I089Q-E1	06/Oct/23	Experimental	[via WF] Vaccinated IV by RSS
	W-C	I089Q-E1	06/Oct/23		[via WF]
Z18108		I089Q-E2	29/Jun/23		[via WF]
		I089Q-E2	02/Jul/23	Weight loss/Thin	[via WF] 15% weight loss; BCS 2.0
Z19028		I089Q-E2	22/Jul/22	Training - Procedure Cage	TR2022-0036\\ Procedure cage and blood draw
		I089Q-E2	07/Sep/23		[via WF]
		I089Q-E2	15/Sep/23	Weight loss/Thin	[via WF] 20% loss over 2 months
		I089Q-E2	06/Oct/23	Experimental	[via WF] Vaccinated IV by RSS
Z18195	K-J	I089Q-G1	22/Jul/22	Training - Procedure Cage	TR2022-0036\\ Procedure cage and blood draw
	K-J	I089Q-G1	06/Oct/23	Experimental	[via WF] Vaccinated IV by RSS
	K-J	I089Q-G1	06/Oct/23		[via WF]
Z19156	M-L	I089Q-G1	22/Jul/22	Training - Procedure Cage	TR2022-0036\\ Procedure cage and blood draw
	M-L	I089Q-G1	13/Jul/23	Weight loss/Thin	BCS 2/5 - NS start 7/13, 2 units 8/11
	M-L	I089Q-G1	13/Jul/23		[via WF]
	M-L	I089Q-G1	06/Oct/23	Experimental	[via WF] Vaccinated IV by RSS
Z16008		I089Q-G2	01/Jun/22		[via WF]
		I089Q-G2	24/Oct/22	Coccidioidomycosis	Negative since 2/23
		I089Q-G2	24/May/23	Swelling, nodule, or mass	Hepatomegaly- increasing
		I089Q-G2	29/Jun/23	Diarrhea Chronic	[via WF]

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z14202		I089S-A1	07/Dec/19		[via WF]
		I089S-A1	25/Apr/22	Coccidioidomycosis	On tx - 1 neg titer
		I089S-A1	20/Jun/23	Pre- or Post Partum Rx	Due 11/11/23
Z12072		I089S-A2	09/Nov/22		[via WF]
		I089S-A2	29/Mar/23	Diarrhea Chronic	Stable on BFP and pepto, declined when pepto tapered. 8/2023 - acute case resolved with tylosin
		I089S-A2	30/Aug/23	Pre- or Post Partum Rx	Expected due date 1/15/24
A11186		I089S-B1	24/May/23		[via WF]
		I089S-B1	25/May/23	Obese	MFP - 15; decreased to 13/13 10/2023
R10195		I089S-B2	08/May/23	Obese	MFP - 11; increased to 13/13 8/23
		I089S-B2	08/May/23		[via WF]
A21164		I089U-A1	28/Jun/22	Training - Lixit Check	TR2022-0032// Lixit check
		I089U-A1	16/Aug/23	Obese	MFP 15/15 start Aug 23
		I089U-A1	16/Aug/23		[via WF]
A21165		I089U-A1	28/Jun/22	Training - Lixit Check	TR2022-0032// Lixit check
		I089U-A1	08/Feb/23	Training - Other	TR2023-0003 \\ Tower scale
A21166		I089U-A2	08/Feb/23	Training - Other	TR2023-0003 \\ Tower scale
		I089U-A2	16/Aug/23	Obese	MFP 15/15 start Aug 23
		I089U-A2	16/Aug/23		[via WF]
A21160		I089U-B2	08/Feb/23	Training - Other	TR2023-0003 \\ Tower scale
A21159		I089U-E2	01/Feb/23		[via WF]
		I089U-E2	02/Feb/23	Obese	2/23: Start @ 13/13; decrease 12/12 July 2023
		I089U-E2	08/Feb/23	Training - Other	TR2023-0003 \\ Tower scale
A21161		I089U-E2	26/Jul/22		[via WF]
		I089U-E2	01/Aug/22	Obese	[via WF] BCS=4; MFP 15/15 start 8/25; 2/23: decrease 13/13; decrease 12/12 Aug 2023
		I089U-E2	08/Feb/23	Training - Other	TR2023-0003 \\ Tower scale

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A21196		I359-A2	19/Sep/23	Modified Feed	[via WF] 15 BID- water reg
		I359-A2	19/Sep/23		[via WF]
A21197		I359-B2	04/Mar/22	Training - Direct Chair Load	TR20220013// Direct Chair load training
		I359-B2	11/Jan/23	Obese	Starting MFP 1/2023 @ 15/15; Decrease to 13/13 April 2023, decrease to 12/12 9/23
		I359-B2	11/Jan/23		[via WF]
A21195		I359-C2	25/Aug/23		[via WF]
		I359-C2	28/Aug/23	Obese	Start 12/12 MFP Aug 23
A21193		I359-D2	07/Sep/22		[via WF]
		I359-D2	08/Sep/22	Obese	BCS 4- 12/12 March- decreased 11/11 September -went to 10 @ sometime, 9/9 Jan. 2023, 8/8 April 2023, 7/7 July 2023
A17285		I363-A1	02/Feb/22		[via WF]
		I363-A1	24/Mar/23	Modified Feed	No change to MFP since June 2022, 9/9 keeps weight stable and with BCS 3.5
A22005		I363-A2	05/Apr/22	Training - Direct Chair Load	TR2022-0018// Direct load Chair training
		I363-A2	08/Sep/22	Obese	[via WF] MFP started @ 10/10 in September 2022
		I363-A2	08/Sep/22		[via WF]
A22069		I363-A2	16/Feb/23	Obese	[via WF] Start MFP @ 12/12 Feb. 2023, 10/10 Sep. 2023
		I363-A2	16/Feb/23		[via WF]
A17287		I363-C2	20/Dec/21	Training - Reshape	TR2021-0029\\ Chair shaking
		I363-C2	11/Oct/22	Obese	[via WF] 10/11/22: Start MFP at 13/13, 8/23 11/11
		I363-C2	11/Oct/22		[via WF]
		I363-C2	24/Jul/23	Training - Reshape	TR2023-0031\\ chair shaking, re-shape \\
		I363-C2	31/Aug/23	Post-surgical/Post procedure Monitoring	[via WF]
A19146		I363-D2	11/Feb/21	Training - Direct Chair Load	TR2021-0004// Direct load training
		I363-D2	02/Feb/22		[via WF]

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A19146		I363-D2	24/Mar/23	Modified Feed	No change to MFP since October 2022 @ 9/9
A19239		I363-D2	11/Feb/21	Training - Direct Chair Load	TR2021-0004// Direct chair load
		I363-D2	19/Sep/23	Modified Feed	[via WF] 13 BID
		I363-D2	19/Sep/23		[via WF]
A10256		I459-C2	21/Sep/23	Implant Abnormality	[via WF] Communication between margin and chamber
		I459-C2	21/Sep/23		[via WF]
A19244		I459-C2	17/Jun/22	Bone/Muscle/Joint Abnormality	Monthly: Hip early arthritis
		I459-C2	17/Jun/22		[via WF]
A19145		I461-B1	26/Mar/21	Training - Direct Chair Load	TR2021-0010// Direct load training
A18054		I461-B2	22/Jun/22	Training - Direct Chair Load	TR2022-0029// Direct load chair transfer to BMS staff until new lab tech is hired and trained.
		I461-B2	22/Jul/23		[via WF]
		I461-B2	31/Aug/23	Weight loss/Thin	[via WF] BCS 2.0 12% weight loss since abnormalities started
A18056		I461-C2	22/Jun/22	Training - Direct Chair Load	TR2022-0029// Direct load chair transfer to BMS staff until new lab tech is hired and trained.
A18036		I461-D2	22/Jun/22	Training - Direct Chair Load	TR2022-0029// Direct load chair transfer to BMS staff until new lab tech is hired and trained.
A21188		I461-E2	13/Sep/23		[via WF]
		I461-E2	18/Sep/23	Weight loss/Thin	[via WF] 10% weight loss over 6 months
A16228		I461-F1	13/Sep/23		[via WF]
		I461-F1	18/Sep/23	Obese	[via WF] MFP 14/14 9/2023
A19036		I461-F2	09/Mar/21	Training - Direct Chair Load	TR2021-0009// Direct load training

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A09044		I461-I2	13/Sep/23		[via WF]
		I461-I2	14/Sep/23	Obese	MFP 14/14 9/2023
		I461-I2	18/Sep/23	Post-surgical/Post procedure Monitoring	Tooth fragment removal and cleaning
A09042		I461-J2	04/Mar/21	Training - Direct Chair Load	TR2021-0008// Direct Chair Load
R10151		I463-A2	09/Nov/22		[via WF]
		I463-A2	10/Nov/22	Obese	Started MFP @ 16/16 11-10-22 ; 14/14 2/24/23; 12/12 June 2023
Z16134		I463-B2	12/Sep/23		[via WF]
		I463-B2	15/Sep/23	Obese	MFP 16/16 9/2023
Z13311		I463-C2	31/May/22		[via WF]
		I463-C2	02/Jun/22	Coccidioidomycosis	Last positive 5/31/22 (3 neg titers- but not over one year- need new titer Oct. 2023)
		I463-C2	30/Aug/23	Pre- or Post Partum Rx	[via WF] Due 1/23/24
Z16133	A-N	I463-C2	17/Jun/20	Training - Blood Draw	TR2020-0004// Training for skin prick blood draw from leg
Z21009	S-U	I463-E1	05/Oct/21		[via WF]
	S-U	I463-E1	10/Oct/21	Coccidioidomycosis	Last positive 8/23
	S-U	I463-E1	03/Oct/23	Pre-Anesthetic/ Assignment Assessment	
M03312		I563-B1	13/Feb/20		[via WF]
		I563-B1	24/Jun/21	Diarrhea Chronic	Monthly: Resolved on BFP + Pepto
Z09133		I563-C1	13/Aug/23		[via WF]
		I563-C1	24/Aug/23	Ocular Abnormality	[via WF] OD conjunctivitis
Z19262	N-B	I563-C2	24/Sep/21	Coccidioidomycosis	On tx - First neg 2/23.
	N-B	I563-C2	24/Sep/21		[via WF]
	N-B	I563-C2	24/May/23	Weight loss/Thin	BCS 2.5-; tx accidentally ended beginning june- restarted begin july
Z11356		I563-D1	12/Dec/22	Coccidioidomycosis	last positive 12/5/22

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Z11356		I563-D1	12/Dec/22		[via WF]
		I563-D1	09/Jan/23	Dermatologic Abnormality	Monthly: lips
L06254		I563-E1	19/Apr/23		[via WF]
		I563-E1	24/May/23	Obese	MFP - 14- Terminal study ~August??
		I563-E1	19/Jul/23	Diarrhea Chronic	[via WF] BPF until study end date
T01112		I563-E1	19/Dec/22	Diarrhea Chronic	On tx - Crypto, norovirus + 5/16
		I563-E1	19/Dec/22		[via WF]
		I563-E1	24/May/23	Bone/Muscle/Joint Abnormality	OA - hips, stifles
		I563-E1	24/May/23	Obese	MFP - 13
		I563-E1	24/May/23	Swelling, nodule, or mass	Hepatomegaly-Terminal study ~August??
Z17261	H-F	I563-E2	22/Mar/22		[via WF]
	H-F	I563-E2	17/Jun/22	Diarrhea Chronic	BFP + pepto + ondansetron
	H-F	I563-E2	20/Jul/23	Alopecia	Animal was referred for Alopecia Severity 4. Historically known to engage in self-directed overgrooming, and receive social overgrooming from current social partner. See Procedures- Social and Extra Enrichment therapies implemented. BMS will monitor. 8/31/23- Shifted towards the door and moved from top to bottom level last week; BMS will monitor. 9/27/23- Moved between rooms with partner 9/19. BMS monitoring.
Z17268	H-K	I563-E2	31/Jul/23		[via WF]
	H-K	I563-E2	01/Aug/23	Weight loss/Thin	[via WF] BCS 2.0 - start NS 8/1/23
A19037		I565-A2	28/Jun/22	Bone/Muscle/Joint Abnormality	Monthly: Right knee crepitus
		I565-A2	28/Jun/22		[via WF]
		I565-A2	16/Nov/22	Post-surgical/Post procedure Monitoring	[via WF]
		I565-A2	19/Sep/23	Modified Feed	[via WF] 15 BID- water reg
A19038		I565-A2	19/Sep/23	Modified Feed	[via WF] 15 BID- water reg
		I565-A2	19/Sep/23		[via WF]
A19193		I565-C2	04/Feb/20		[via WF]

Open Cases

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Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A19193		I565-C2	06/Feb/20	Obese	Monthly: Decreased to 9/9 12/9/21
A22071		I565-D1	10/May/23	Training - Reshape	TR2023-0023\\ Re-shape neck plate \\
A22074		I565-D1	14/Mar/23		[via WF]
		I565-D1	15/Mar/23	Obese	September complete: 13/13 March 23, 12/12 July 23, 11/11 Sept. 23
		I565-D1	10/May/23	Training - Reshape	TR2023-0023\\ Re-shape neck plate \\
A19034		I567-A1	19/Sep/23	Modified Feed	[via WF] 15 BID- water reg
		I567-A1	19/Sep/23		[via WF]
A23021		I567-A2	07/Sep/23	Training - Direct Chair Load	TR2023-0035// Consult on neckplate training
A13008		I567-C2	19/Sep/23	Modified Feed	[via WF] 15 BID- water reg
		I567-C2	19/Sep/23		[via WF]
A13010		I567-C2	11/Feb/20	Obese	Monthly: 15 BID
		I567-C2	11/Feb/20		[via WF]
		I567-C2	26/Jan/22	Bone/Muscle/Joint Abnormality	Monthly: Kyphosis
A17286		I567-E2	11/Jan/23	Obese	[via WF] Starting MFP 1/2023 @ 15/15 -- dec to 14/14 on 8/23
		I567-E2	11/Jan/23		[via WF]
		I567-E2	12/Sep/23	Implant Abnormality	[via WF] Suspect recurrent fistula from implant associated infection
		I567-E2	11/Oct/23	Post-surgical/Post procedure Monitoring	[via WF]
A19243		I567-E2	19/Sep/23	Modified Feed	[via WF] 15 BID- water reg
		I567-E2	19/Sep/23		[via WF]

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A19089		I733-A2	20/Aug/21	Alopecia	Animal referred for Alopecia Severity 4. Overgrooming by social partner has been noted in the past. See Procedures- Social, Extra Enrichment, and Extra Cage Space therapies implemented. BMS will monitor. 9/17/21- BMS monitoring. 10/7/21- BMS is monitoring. 11/29/21- BMS monitoring. 12/30/21- Moved between rooms on 12/24, Hair regrowing, BMS monitoring. 1/31/21- BMS monitoring. 2/28/22- BMS monitoring. 3/30/22- Moved between rooms at beginning of month; BMS monitoring. 4/26/22- BMS continues to monitor. 5/25/22- Shifted within room 5/16. BMS monitoring. 6/23/22- Shifted within room 6/21; BMS monitoring. 7/28/22- BMS monitoring. 8/31/22- BMS monitoring. 9/15/22- Hair coat seems to be improving, BMS will continue monitoring. 10/28/22- BMS monitoring. 11/18/22- BMS monitoring. 12/21/22- Moved w partner to new room on 12/11; BMS monitoring. 1/31/23- Hair coat continues slow improvement; BMS monitoring. 2/28/23- Hair coat filling in more. BMS monitoring. 3/28/23- BMS monitoring. 4/19/23- BMS monitoring. 5/24/23- Room cohort moved to another room for 2 days at end of April then returned; hair coat continues to fill in; BMS will monitor. 6/26/23- Coat continues to gradually fill in; BMS monitoring. 7/20/23- Hair continues to improve, BMS monitoring. 8/31/23- BMS continuing to monitor. 9/27/23- Hair continues to fill in slowly.
		I733-A2	08/Sep/22	Modified Feed	On 15 SID with lab feeding
		I733-A2	08/Sep/22		[via WF]
		I733-A2	10/Mar/23	Bone/Muscle/Joint Abnormality	[via WF] hip arthritis
A19090		I733-A2	08/Sep/22		[via WF]
		I733-A2	29/Jun/23	Modified Feed	On 15 SID with lab feeding
A19033		I733-D2	08/Aug/23	Training - Reshape	TR2023-0033 \\ computer task re-shape for Buffalo Lab \\
A19123		I737-A2	19/Sep/23	Modified Feed	[via WF] 9 BID
		I737-A2	19/Sep/23		[via WF]
A19240		I737-B2	23/Jul/20	Training - Direct Chair Load	TT2020-0009// Direct load training consult
		I737-B2	24/Mar/22		[via WF]
		I737-B2	13/Apr/22	Reproductive Tract Abnormality	Monthly: Uterine masses- suspect endometrial polyps
A19241		I737-B2	03/Feb/22	Dermatologic Abnormality	Monthly: Ventrum- resolved on treatment- DO NOT END
		I737-B2	03/Feb/22		[via WF]
		I737-B2	09/Jun/22	Obese	Monthly: 6/22=10 BID; 8/26= 9 BID; 12/22= 8/8 BID; 03/23- 7/7
A14234		I737-D2	25/May/18	Dermatologic Abnormality	Monthly: On Dermocent-6; poss ble banana/peanut allergy. DJ- stable on tx- cont dermascent indefinitely

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A14234		I737-D2	25/May/18		[via WF]
		I737-D2	10/Mar/23	Ocular Abnormality	[via WF] biWeekly: Right eye swollen with excess conjunctiva
A22070		I737-F2	06/Jan/23	Neurological Abnormality	Cortical trauma
		I737-F2	06/Jan/23		[via WF]
A22073		I737-G2	12/Jul/23	Obese	MFP 14/14 7/2023
		I737-G2	12/Jul/23		[via WF]

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

RR-Wing

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A22031		RR046-A1	11/Jan/23	Bone/Muscle/Joint Abnormality	September complete: Kyphosis and decreased hip ROM
		RR046-A1	11/Jan/23		[via WF]
		RR046-A1	25/Sep/23	Post-surgical/Post procedure Monitoring	Canine extraction
A22032		RR046-A2	13/Jul/22		[via WF]
		RR046-A2	29/Jul/22	Obese	August complete: MFP - 7
		RR046-A2	15/Sep/22	Bone/Muscle/Joint Abnormality	September complete: OA hips
		RR046-A2	07/Nov/22	Training - Direct Chair Load	TR2022-042 \ Direct chair load.
A21200		RR046-B1	11/Sep/23		[via WF]
		RR046-B1	21/Sep/23	Post-surgical/Post procedure Monitoring	[via WF] Cranial explant
A22033		RR046-C2	08/May/23	Modified Feed	Last reviewed August: MFP - 10
		RR046-C2	08/May/23		[via WF]
A21201		RR046-D2	20/Nov/21		[via WF]
		RR046-D2	15/Sep/22	Bone/Muscle/Joint Abnormality	September complete: OA hips, stifles
		RR046-D2	08/May/23	Weight loss/Thin	September complete: start NS tape 9/21 to 1 unit BID, 10/7 to SID
A22034		RR046-E1	01/Aug/22	Training - Direct Chair Load	TR2022-042// Direct load chair.
		RR046-E1	02/Dec/22		
		RR046-E1	07/Feb/23	Modified Feed	Last reviewed August: MFP - 13
		RR046-E1	29/Sep/23	Pre-Anesthetic/ Assignment Assessment	
A21199		RR046-E2	09/Feb/22		[via WF]
		RR046-E2	08/May/23	Bone/Muscle/Joint Abnormality	September complete - kyphosis
		RR046-E2	14/Jul/23	Modified Feed	Last reviewed August: 8 BID

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A21199		RR046-E2	21/Sep/23	Psychological abnormality/ Psychotropic Rx	start taper 10/4
Z16064	Z-O	RR047-A1	25/Mar/21		[via WF]
	Z-O	RR047-A1	31/May/22	Training - Lixit Check	TR2022-0025// Lixit check training
	Z-O	RR047-A1	13/Sep/23	Diarrhea Chronic	September complete: failed BPF taper (2nd chronic diarrhea case) - acute on 9/29/23
Z18217	K-T	RR047-A1	31/Jul/21		[via WF]
	K-T	RR047-A1	27/Jun/22	Weight loss/Thin	September complete: MFP - 20; 2U NS
A09109		RR047-A2	31/May/22	Bone/Muscle/Joint Abnormality	September complete: Spondylosis (should be going to geriatric Basso)
		RR047-A2	31/May/22		[via WF]
		RR047-A2	08/May/23	Obese	September complete: MFP - 7
Z14343	J-G	RR047-B2	13/Aug/20		[via WF]
	J-G	RR047-B2	17/Aug/20	Weight loss/Thin	September complete: enterotomy for FB 7/6/22 (increased NS to 2 units with pregnancy)
	J-G	RR047-B2	25/Aug/23	Pre- or Post Partum Rx	Est due date 1/6/24.- likely going to Adam's
Z14007	F-F	RR047-C2	16/Dec/21		[via WF]
	F-F	RR047-C2	11/Jul/22	Diarrhea Chronic	September complete: failed BPF taper June 2023 (acute on chronic end Sept.)
Z20012	N-M	RR048-A2	10/Apr/23	Weight loss/Thin	September complete: MFP - NS incr. to BID 8/2 (rejected by CDC)
	N-M	RR048-A2	10/Apr/23		[via WF]
Z15099		RR048-C2	08/May/23	Modified Feed	Last reviewed September: MFP - 15, decreased to 14/14 Sept.
		RR048-C2	08/May/23		[via WF]
Z17158	F-Y	RR048-C2	27/Sep/22		[via WF]
	F-Y	RR048-C2	28/Feb/23	Diarrhea Chronic	September complete:- BPF x 2 units + pepto
Z13082	40	RR144-A2	26/Sep/17	Coccidioidomycosis	On tx - titer + (still positive 6/2023)
	40	RR144-A2	26/Sep/17		[via WF]
Z14122		RR144-A2	03/Jan/22	Training - Lixit Check	TR2022-0003// Lixit training

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
A23079	D-P	RR149-A1	21/Jul/23	Diarrhea Acute	[via WF]
	D-P	RR149-A1	21/Jul/23		[via WF]
	D-P	RR149-A1	05/Oct/23	Infant monitoring	[via WF] Weight has plateaued with weaning.
A23082	D-T	RR149-B1	21/Jul/23	Diarrhea Acute	[via WF]
	D-T	RR149-B1	21/Jul/23		[via WF]
A23081	D-S	RR149-C1	21/Jul/23	Diarrhea Acute	[via WF]
	D-S	RR149-C1	21/Jul/23		[via WF]
A23080	D-R	RR149-D1	21/Jul/23	Diarrhea Acute	[via WF]
	D-R	RR149-D1	21/Jul/23		[via WF]
A23046	C-O	RR149-F1	01/Sep/23	Infant monitoring	[via WF] Struggling with weight gain while weaning. Currently BCS 3 but not gaining much weight. Starting soaked biscuits.
	C-O	RR149-F1	01/Sep/23		[via WF]
A23048	C-R	RR149-G1	08/Sep/23	Dermatologic Abnormality	[via WF] R inguinal biopsy site
	C-R	RR149-G1	08/Sep/23		[via WF]
	C-R	RR149-G1	26/Sep/23	Post-surgical/Post procedure Monitoring	[via WF]
A23045	C-N	RR149-H1	26/Sep/23	Dermatologic Abnormality	scaling arms and legs
	C-N	RR149-H1	26/Sep/23	Post-surgical/Post procedure Monitoring	[via WF]
	C-N	RR149-H1	26/Sep/23		
A23043	C-L	RR149-H2	26/Sep/23	Post-surgical/Post procedure Monitoring	[via WF]
	C-L	RR149-H2	26/Sep/23		
Z14020	F-K	RR155-A2	03/Jan/22	Training - Lixit Check	TR2022-0004// Lixit training
	F-K	RR155-A2	08/May/23	Modified Feed	Last reviewed September : MFP - 15
	F-K	RR155-A2	08/May/23		[via WF]

Open Cases

Ran on 06-Oct-2023 at 08:01 pm

Animal	Ear Tag	Room Cage	Case Opened Date	Primary Problem	Case Comments
Z12231		RR155-B2	08/Jan/21		[via WF]
		RR155-B2	18/Jan/21	Coccidioidomycosis	On tx - 1 neg titer
		RR155-B2	13/Jun/23	Obese	September complete: start MFP @ 15
Z20083	O-J	RR155-C2	18/May/23		[via WF]
	O-J	RR155-C2	22/May/23	Reproductive Tract Abnormality	September complete: Possible vaginal polyp
Z17135	F-J	RR155-D1	30/Mar/22	Weight loss/Thin	September complete: Short course steroids 7/31-8/5
	F-J	RR155-D1	30/Mar/22		[via WF]

Exhibit 6

To: naoiwa <naoiwa@uw.edu>; Thomas B Lewis <tbLewis@uw.edu>; Jason D. Laramore <jasonl73@uw.edu>; Kathryn Guerriero Office <kag18@wanprc.org>; Dean Jeffery <daj12@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Keith Vogel <vogelk@uw.edu>
Cc: Sandi Thelen <saundt2@uw.edu>; Shannon M. Ruff <ruffs@uw.edu>; WaNPRC BMS <bmsstaff@uw.edu>; Brenda J. Crouthamel <bfitzer@uw.edu>; Emily J Feuer <estigall@uw.edu>; Megan A O'Connor <meganoc@uw.edu>
Subject: RE: <<<< Message board and Contact list for ART injection(Fuller 0901) weekend/Holiday/coverage (1/25-26) >>>>

Naoto,
I will be covering the ART injections on Saturday, 1/25.
Is Luis available to be the second person this weekend?

Hannah

From: naoiwa <naoiwa@uw.edu>
Sent: Wednesday, January 22, 2020 2:46 PM
To: Thomas B Lewis <tbLewis@uw.edu>; Jason D. Laramore <jasonl73@uw.edu>; Kathryn Guerriero Office <kag18@wanprc.org>; Dean Jeffery <daj12@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Keith Vogel <vogelk@uw.edu>
Cc: Sandi Thelen <saundt2@uw.edu>; Shannon M. Ruff <ruffs@uw.edu>; WaNPRC BMS <bmsstaff@uw.edu>; hstoeve <hstoeve@uw.edu>; Brenda J. Crouthamel <bfitzer@uw.edu>; Emily J Feuer <estigall@uw.edu>; Megan A O'Connor <meganoc@uw.edu>
Subject: <<<< Message board and Contact list for ART injection(Fuller 0901) weekend/Holiday/coverage (1/25-26) >>>>

Let me ask again, let us know who would make cover weekend ?

From: naoiwa
Sent: Tuesday, January 21, 2020 3:51 PM
To: Thomas B Lewis <tbLewis@uw.edu>; Jason D. Laramore <jasonl73@uw.edu>; Kathryn Guerriero Office <kag18@wanprc.org>; Dean Jeffery <daj12@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Keith Vogel <vogelk@uw.edu>
Cc: Sandi Thelen <saundt2@uw.edu>; Shannon M. Ruff <ruffs@uw.edu>; WaNPRC BMS <bmsstaff@uw.edu>; hstoeve <hstoeve@uw.edu>; Brenda J. Crouthamel <bfitzer@uw.edu>; Emily J Feuer <estigall@uw.edu>; Megan A O'Connor <meganoc@uw.edu>
Subject: <<<< Message board and Contact list for ART injection(Fuller 0901) weekend/Holiday/coverage (1/25-26) >>>>

Hi
Thank all staffs for keeping eye on Z14362. He looks fine as long as observation from out of cage in Today's morning.
As notify, All animals about Shigella case have cleared. (Z15032, and Z15291 have cleared on 1/15. Z15374 have cleared today.)
RSS team staff have performed ART injection yesterday (Holiday). Hoping this message board to work for making communication hub for weekend/holiday coverage.
ART drug amount became 84.5ml/day or 591.5ml/week as of 1/21.

Let us know who can assume to cover coming Weekend.
As contact list of RSS team, please contact
Naoto Iwayama : Pager 206-541-6302 (1/25-26)

Thank you for your attention.

Naoto Iwayama

From: naoiwa
Sent: Thursday, January 16, 2020 2:02 PM
To: Thomas B Lewis <tbLewis@uw.edu>; Jason D. Laramore <jasonl73@uw.edu>; Kathryn Guerriero Office <kag18@wanprc.org>; Dean Jeffery <daj12@uw.edu>; Charlotte E. Hotchkiss <chotchki@uw.edu>; Keith Vogel <vogelk@uw.edu>
Cc: Sandi Thelen <saundt2@uw.edu>; Shannon M. Ruff <ruffs@uw.edu>; WaNPRC BMS <bmsstaff@uw.edu>; hstoeve <hstoeve@uw.edu>; Brenda J. Crouthamel <bfitzer@uw.edu>; Emily J Feuer <estigall@uw.edu>; Megan A O'Connor <meganoc@uw.edu>; naoiwa <naoiwa@uw.edu>
Subject: <<<< Contact list for ART injection(Fuller 0901) weekend/Holiday/coverage (1/18, 19 and 20) >>>>

Exhibit 7

Working with Non-Human Primates

Animal Use Medical Screening (AUMS):

All personnel working with animals, their tissues, or working in areas where animals are housed must submit an Animal Use Medical Screening (AUMS) form every 3 years to screen for exposure to possible health hazards in the work environment. Complete the form online at:

<https://www.ehs.washington.edu/research-lab/animal-use-medical-screening-aums>

Potential zoonotic diseases from Non-Human Primates (NHPs):

See *Appendix A: Zoonotic Disease Potentials from Non-Human Primates* for a list of possible zoonotic diseases.

Preventative measures:

- Tetanus booster should be obtained every 10 years.
- Only trained personnel should handle the NHPs.
- Wear appropriate clothing and personal protective equipment (PPE). Wear protective gloves when handling the animals. Wash hands thoroughly upon completion of the tasks with the animal and upon removal of the glove/PPE. Use antiseptic hand sanitizer between glove use if needed, until you can get to handwashing facilities.

Injuries:

- See the [EH&S Exposure Response Poster](#).
- Immediately wash area thoroughly with soap and water for at least 15 minutes.
- Control any bleeding and cover with protective dressing (bandage, etc.)
- For any injuries, needle stick/sharps injury or for signs/symptoms of wound infection such as redness, swelling or pain, contact the Employee Health Center at 206-685-1026. After hours or if the clinic is unavailable, go to the [UWMC Emergency Department](#).
- Report injuries on the UW Online Accident Reporting System (OARS) at: <http://www.ehs.washington.edu/workplace/accident-and-injury-reporting>

Illness:

- If you develop signs or symptoms that you think may be related to your work with animals and/or research work, contact the Employee Health Center.
- If you see your own provider, inform him/her that you work with these animals and any other pertinent information regarding your research work. Inform Employee Health after seeing your healthcare provider.
- Report work-related illness on the UW Online Accident Reporting System (OARS) at: <http://www.ehs.washington.edu/workplace/accident-and-injury-reporting>

Allergies:

If you suspect you may be experiencing allergy symptoms, such as runny nose and sneezing (allergic rhinitis), irritation and tearing of eyes (allergic conjunctivitis), asthma, or skin rash (atopic dermatitis), contact the Employee Health Center. Those who already have asthma and/or other allergies are at an increased risk.

References:

- UW Research and Occupational Health webpage:
<https://www.ehs.washington.edu/research-lab/research-occupational-health>
- University of California Davis Zoonosis Information by Species webpage:
<http://safetyservices.ucdavis.edu/ps/occh/acuohp/pem/zis>
- Washington State University Zoonotic Diseases webpage:
<https://iacuc.wsu.edu/zoonotic-diseases/>
- U.S. Air Force Zoonotic Diseases webpage:
<http://www.phsource.us/PH/ZD/index.htm>

Contacts:

- [UW Employee Health Center](#): 206-685-1026
- [UWMC Emergency Department](#): 206-520-5000
- For questions on AUMS: 206-221-7770
- For questions on UW Online Accident Reporting: 206-543-7388

Appendix A: Zoonotic Disease Potentials from Non-Human Primates (NHPs)

Appendix A
Zoonotic Disease Potentials from Non-Human Primates (NHPs)

Disease/ Infective Agent	Reservoir/ source of infection	Transmission	Disease in people
Amebiasis	Reported incidence of 0-31% in the feces of clinically normal rhesus monkeys and up to 30% in other NHP.	By ingestion of infective cysts. Laboratory animal personnel are usually infected from fecal matter transferred to the skin or clothing.	Incubation period is usually 2-6 weeks. Most humans have few or no detectable symptoms. Mild watery diarrhea to acute fulminating bloody or mucoid dysentery with fever and chills. Disease may have periods of remission and exacerbation over months to years.
Balantidiasis	Distributed worldwide. Incidence in NHP colonies is 0 to 63%. Usually asymptomatic, but may see diarrhea.	Ingestion of cysts or trophozoites from infected animal or human feces. Cyst is the infectious form.	Includes ulcerative colitis, diarrhea, dysentery, nausea, vomiting, or abdominal pain. Severe cases may see blood and/or mucus in stool. Asymptomatic infections often exist in humans.
Coccidioidomycosis (Valley Fever) and Trypanosomiasis (Chagas' disease)	Valley fever is infective only in its hyphae form that exists in the soil of dryer areas such as the southwest US. It is caused by dimorphic saprophytic fungus. Chagas' disease is caused by trypanosomes protozoal parasites (such as <i>Trypanosoma cruzi</i>) transmitted by the kissing bug, which lives across the southern United States, among other areas.	Both are carried by some primates at WaNPRC, however the conditions indoors (in the vivaria) do not exist for either of these agents to infect people.	Can cause pneumonia, dermatitis, and systemic disease in people.
Campylobacter Campylobacter is often called "campy." It is a family of bacteria that infects the intestines.	Humans, domesticated pets, farm animals and laboratory animals.	Fecal/oral	Incubation period is one to seven days. Most people get better in two to five days, even without treatment, but some people can take up to ten days to get better. The bacteria are gone after two

Disease/ Infective Agent	Reservoir/ source of infection	Transmission	Disease in people
The disease is called campylobacteriosis.			to three weeks if illness is treated. If the infection is not treated, the bacteria can stay in the body's waste for up to three months and can get sick again as well as infect other people. Symptoms include mild to severe diarrhea, or bloody diarrhea, nausea and vomiting, stomach pain/cramping, fever, headache, and general malaise.
Cryptosporidium	This protozoal organism is common in many mammals, particularly younger animals.	Fecal/oral, contaminated water	Self-limiting diarrhea except in immune compromised people where it can be quite severe. No treatment.
Giardia	This protozoal organism is found in NHPs and many other mammals.	Fecal/oral, contaminated water	Chronic intermittent diarrhea and/or other systemic signs such as malaise, anorexia, severe cramping and nausea/vomiting.
Macacine herpesvirus 1 (Formerly <i>Cercopithecine herpesvirus 1</i> [CHV-1], <i>Herpesvirus simiae</i> , monkey B virus)	This disease is extremely rare despite its high prevalence in the host species. Macaques are the major source of infection; although other old world primates may be infected. Most macaques are asymptomatic carriers or display only mild oral lesions that are difficult to detect. Therefore, all macaques should be presumed to be shedding "B-virus".	Via scratches, splashes (any body fluid or secretion, feces) needle sticks, and other contact of mucous membranes or broken skin with infected body fluids from macaques or with wet, unfixed tissues or primary cell culture tissue material. Contaminated husbandry or research equipment can potentially spread B virus.	Incubation period is variable, but typically about 2-3 weeks. Some early stage symptoms reported are unexplained febrile disease, fever, chills, nausea, vomiting, dizziness, and persistent headache. Occasionally, fluid filled vesicles can form near the skin wound. Symptoms of disease progression may include symptoms attributable to central nervous system infection, such as ascending encephalomyelitis, diplopia, seizures, and respiratory failure. Fatality rate is 46%. The fatality rate exceeds 80% when the exposure is not evaluated and treatment is not received.

Disease/ Infective Agent	Reservoir/ source of infection	Transmission	Disease in people
			INJURIES OR MUCOUS MEMBRANE EXPOSURE REQUIRE IMMEDIATE FIRST AID! FOLLOW INSTRUCTIONS IN THE SCRUB KIT
Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA)	MRSA is a multi-drug resistant strain of <i>Staphylococcus aureus</i> that can cause severe disease in cases of immunosuppression or when there are breaks or damage to the skin. It can colonize healthy skin nasal cavities of human, primates, and many other domestic animals.	MRSA can live on surfaces for an extended period of time, and can be transmitted indirectly. Therefore, it is essential to decontaminate any equipment used after working with animals that are colonized with MRSA. MRSA skin infections in people from the bite of a MRSA-colonized primate have occurred although these are rare.	Life-threatening infections.
Salmonella <i>S. typhimurium</i> & <i>S. enteritidis</i> have been associated most commonly with lab animal colony infections.	Intestinal tract of NHPs	Fecal/oral	Acute gastroenteritis with sudden onset of abdominal pain, diarrhea, nausea, and fever.
Shigellosis Shigella is a significant cause of diarrhea in NHPs, and is a significant zoonotic disease that has frequently been transmitted from NHPs to man.	Humans are the main reservoir of disease, but infected monkeys can be a source of infection. Any NHP may harbor <i>Shigella</i> bacteria, and clinical signs may not be apparent.	Fecal/oral. The organism is shed from clinically ill as well as asymptomatic humans and NHP. Only minimal contact is necessary for transmission.	Signs range from none to a severe diarrhea, sometimes accompanied with blood or mucus. More commonly a mild diarrhea.
Simian Retroviruses	A subclinical latent disease is most common with these	Through saliva (bites) or blood (needle sticks). In	No human disease has been identified with

Disease/ Infective Agent	Reservoir/ source of infection	Transmission	Disease in people
<p>Simian Retroviruses include <i>Simian Foamy Virus (SFV)</i>, <i>Simian T-lymphotropic Virus (STLV)</i>, <i>Simian Type D Retrovirus (SRV)</i>, and <i>Simian Immunodeficiency Virus (SIV)</i></p>	<p>retroviruses in primates although SRV and SIV and may cause subclinical to fatal immunosuppressive disease. Additionally, STLV can cause a rare lymphoproliferative disease or a rare T-cell lymphoma. No disease is associated with SFV infection.</p>	<p>the case of SRV the virus can be transmitted by fomites.</p>	<p>these viruses, but some humans have developed antibodies to them, suggesting there could be replication in humans.</p>
<p>Tuberculosis</p>	<p>Acquired from humans and then passed between NHPs. Secondary spread back to humans has been documented.</p>	<p>Primarily through the aerosol route. Exposure to dusty bedding of infected animals, coughing of infected animals, and aerosolization of the organism during sanitation procedures may also be sources of the disease in the lab environment. Contact with body fluids during necropsy may be a major mode of transmission to humans.</p>	<p>Incubation period is about 2-10 weeks from exposure to skin-test positivity. Symptoms include chronic cough, fatigue, fever, weight loss, and hemoptysis.</p>
<p>Zika Virus</p>	<p><i>Aedes</i> spp. mosquitoes and infected humans.</p>	<p>Naturally transmitted by <i>Aedes</i> spp. mosquitoes or by sexual contact. While not commonly occurring in the U.S., Zika could be transmitted by blood products such as a blood transfusion. Transmission occurs via percutaneous (needle stick) or mucous membrane routes; it has not been found to be spread through inhalation of the virus.</p>	<p>Symptoms in adults are mild and limiting including fever, rash, joint pain, and conjunctivitis, however Zika can cause birth defects including microcephaly. Persons with direct contact (with the agent or animals) must contact the Employee Health Center.</p>

Exhibit 8

University of Washington Group 1 Safety Committee Minutes

Meeting Date: May 10, 2022

Location and Time: Meeting held via Zoom, 9:00 am.

Web address: <http://depts.washington.edu/safegrp1/>

Attendance:

Name	Organization	Type	Present
Amen, Meegan	Built Environments	Elected	Yes
Andolsek, Diane	Graduate School	Elected	Yes
Bell, Nichole	Executive Office/Provost	Appointed	No
Bergstedt, Lora	University Advancement	Elected	Yes
Burton, Su, Secretary	UW Libraries	Elected	Yes
Corradi, Noelle	UW Finance	Elected	Yes
Erickson, Dan	Athletics	Elected	Yes
Foss, Jessica	UW Advancement	Appointed	No
Gay, Dian	Applied Physics Lab	Elected	No
Hawkinson, Ryan, Chair	Foster Business	Elected	Yes
Huffman, Dakota	School of Law	Elected	Yes
Katner, Kole	Evans School	Elected	No
Lilley, Allison	UAA	Elected	Yes
Lotze, Sulgi	Primate Research Center	Elected	Yes
MacQueen, Helen	Office of Research	Elected	Yes
Moran, Linda	UW Finance	Appointed	Yes
Muindi, Muindi F	Global Affairs	Elected	No
Nielsen, Ken	Compliance & Risk Services	Elected	No
Parisi, Carmen, Co- Chair	Information School	Elected	Yes
Preboski, Jessica	School of Law	Elected	No
Roberts, Steven	Creative Communications	Elected	No
Robinson, Fieta	KUOW	Elected	Yes
Roy, Laura, Webmaster	UW-IT	Elected	Yes
Shelton, Caroline	Executive Office	Appointed	Yes
Tavassoli, Layla	Graduate School	Elected	No
Tegelberg, Anna	Human Resources	Elected	No
Tinker, Michael	Continuum College	Appointed	No
Tobin, Elaine	CoMotion	Elected	Yes
Transue, Lila	EH&S	Elected	Yes
Truong, Melanie	Minority Affairs	Elected	No
Winfield, Alison	College of Education	Appointed	No
Young, Melinda	Primate Research Center	Appointed	Yes
Alternates			
Brissey, Maija	EH&S	Alternate	No

Brooks, Pamela	Information School	Alternate	Yes
Congdon, Roark	Built Environments	Alternate	No
Gerdes, Maryn	CoMotion	Alternate	No
Goodwin, Shannon	Foster School	Alternate	Yes
Hamlin, Matt	Primate Research Center	Alternate	Yes
Larson, Megan	Athletics	Alternate	No
Orefice, Matt	Office of Research	Alternate	Yes
Stevens, Douglas	Creative Communications	Alternate	Yes
Strowhorn, Percy	Graduate School	Alternate	No
Van Horne, Brad	UW Libraries	Alternate	Yes
Wang, Yak-Nam	Applied Physics Lab	Alternate	Yes
Willynck, Simone	Minority Affairs	Alternate	Yes
Ex Officio			
Honeydew, Sonia	EH&S	Ex Officio	Yes
McCulloch, Catherine	Built Environments	Ex Officio	No
McKeown, Erin	EH&S	Ex Officio	No
Tonge-Seymour, Jill	EH&S	Ex Officio	Yes
EH&S Liaisons			
Bender, Denise	EH&S		No

As the 2022-2023 term began, the state was still operating under safe reopening [guidelines](#). Masking became optional inside most University facilities starting March 28, the first day of spring quarter. Masks continued to be required in clinical and other health-care settings and on public transportation. The May H&S meeting was held via Zoom.

Welcome and Introductions.

Approval of the Minutes:

April 2022 minutes were approved as amended

April accident reports:

- **2022-04-025:** Student-assembled drone at makerspace in Bellevue malfunctioned and flew into person’s right hand, cutting their hands and requiring stitches. There are no guards protecting the propeller blades. IP suggests a hazard assessment.

Resolution: Supervisor says the primary cause was a failure to prepare for unexpected behavior and lack of policies in place. Also, the drone was used in constricted area with no PPE. Recommends requirements: Use in large open space, with students at a distance; this precludes use of drones within GIX facilities. Users must follow local drone regulations, require a minimum of PPE

(eye protection, gloves, long sleeves, long pants, and closed shoes) for those handling the drone. Require all drones to have propeller guards. Record all damage to the drone & unexpected behavior and share with all users. Treat the drone with caution after damage.

There is uncertainty of who the GIX representative might be. Lila noted that other units on campus fly drones indoors (sometimes in cages), that EH&S is developing a drone policy, and that there were good ideas in the OARS report. Allison says their communications group uses them, and they have no policy in place. Sonia noted there were several units in the College of Engineering (Mechanical, Aeronautics and astronautics) using drones. Brad added that UWTV and UMAC have shot drone footage in the Suzzallo Reading Room, and the only issue seemed to be dust being kicked up from the hanging lights and tops of casework.

Caroline remembered Becky Bullock (Risk Management) consulting with campus regarding drone use, but she wasn't sure what resulted from the conversation besides potential insurance implications. Caroline also forwarded UW Tacoma's [drone policy](#). Caroline noted that UMAC has a [request form](#) online, but that isn't the same as a policy. She also found a note on UMAC's page:

"Drones. Certified UAS pilots should adhere to all FAA regulations while on UW property. Non-commercial pilots are expected to adhere to the FAA's Small UAS Rule (14 CFR part 107). UW controls airspace near the hospital, athletics village and residence halls and it's good practice to notify building managers of any scheduled drone shoot. UW Medicine operates a helipad near the Athletic fields and it is prohibited to fly a drone in this area. If a drone is flown anywhere near UW hospital you should register it with Life Flight at (206) 329-2569. For flight plans, you can use Airmap to plan your flight."

Fieta asked about privacy issues about filming on campus. Allison says that the communications group had mentioned the assumption of no privacy in public spaces, but that there were permission issues for indoor areas and with minors.

- **2022-04-041:** SEA WANPRC employee had water from rag used to clean plexiglass in NHP cage splash into eye. IP suggests wringing out rag more, or safety glasses.

Resolution: Supervisor says the rag was too wet; wring out rag more, or wear safety glasses.

- **2022-04-045:** Member of the public at Odegaard Library cut their finger when it was trapped as they attempted to slide the metal cover over to release a new roll of t.p. Staff responded and helped stop the bleeding; the finger didn't appear to need further medical assistance.

Resolution: Supervisor requested the dispenser be replaced; the metal dispensers were removed and replaced with four roll plastic dispensers. *Allison mentioned it might be worth managers checking the age of their paper towel and t.p. dispensers. She mentioned that Facilities is trying to replace them across campus when they see them, and that it might be worth mentioning the “building refresh project” to get money for replacement.*

- **2022-04-050:** SEA WANPRC employee was seeing the health nurse, and mentioned they had had gastrointestinal symptoms for more than a week; checking with doctor to see if related to any NHP exposure.

Resolution: Supervisor notes say that if the GI issues are related to the monkeys in clinical isolation for GI pathogens, the exposure likely occurred before the monkeys were isolated. Suggests changing gloves more often between rooms, even when not under clinical isolation and wash hands more thoroughly when leaving the facility. *Per Melinda, this is the IP from OARS 2022-04-41. Sonia noted that if this did indeed prove to be related to animal exposure, they would need the test results, as that would entail a different report to OSHA. Matt said that virtually everyone who works in the units gets ill at some point in their first 6 months, due to meeting staph and shigella for the first time and being around aerosolized fecal matter. Melinda added that all new employees are told about potential transmissions (human to NHP, NHP to human) during their orientation, and given a handout.*

- **2022-04-074:** SEA WANPRC anesthesiologist gave themselves a needle stick during surgery, after injecting propofol into an IVC port. Suggests being more attentive.

Resolution: Supervisor comments that at times it is awkward for an anesthesiologist to reach the IV port, with the patient occasionally still moving and the drape in the way. Proposes an evaluation stage before surgery, where the patient is placed on the table, and the anesthesiologist can locate a place on the fluid line (or add an extension) that will enable them to easily reach the port and give an infusion without a needle.

- **2022-04-077:** AZ WANPRC employee carrying a sedated animal into a cage, stood up into the metal perch, hitting and bruising their shoulder. Suggest changing the work layout.

Resolution: Supervisor says the root cause was the existing policy for returning a sedated NHP, having to maneuver through an interior door that is not high enough. Recommends using a cart to transport the animal, so the person can navigate the doors more safely. The IP will try this method, and report back if it works better.

- **2022-04-083:** EH&S employee was walking down hallway when Achilles heel ‘popped’ and right leg gave out; subsequently painful to walk.

Resolution: Supervisor notes IP's ankle and/or tendon had been bothering them for several days, and they consulted with their physician. *Caroline wondered if it really was work related.*

Related April accident reports:

- **Group 4: 2022-04-018:** Physiology and Biophysics student was weighing rat, when it bit them and broke the skin. IP didn't notice the two bites & bleeding at once.

Resolution: Supervisor says to pay attention to animal, and if anxious, wait for them to calm down. Use clean bucket, give them cereal, do not attempt to weigh them if still nervous. *Sonia said they asked for a second review, because of the animal expertise on Group 1. Matt said first step is always to determine the animal's temperament. Sulgi noted that she had worked with heroin-addicted rats, and that you held them by the base of the tail, and moved them on your arm.*

April U-Wide Updates:

Ryan reported on the April U-Wide COVID update:

- The BA2 variant spread
- Changes to the Covid Prevention Plan: required vaccines, masks on in health service areas, shuttles, around the immunocompromised.
- Waiting on updated L&I guidance
- Discussion about the 5-day wait after testing positive, and testing + again.

Sonia says that she had a health services conversation that it might depend on which type of test showed positive. Lila mentioned that a family doctor said that the PCR test could show positive up to 3 months after initial positive test. Jill added that people can be symptomatic for months, but not infectious; safest to stay out for 10 days rather than 5.

Good of the Order:

Caroline added that she had contacted the operations manager at GIX, asking what representation they wanted:

“In the supervisor section there are some notes that reflect a lack of a drone use policy, and include several ideas for future prevention, possibly to be incorporated into a drone policy. The Health and Safety Committee reviews OARS reports each month and representatives usually follow up to gather more information and see what follow up has been done. Can someone at GIX provide an update to us regarding the follow up preventing steps you took, including whether you decided to put together a policy for using drones in your maker space? If easier, I'm happy to talk by phone or zoom.

My second question relates to whether someone from GIX would like to be included in the Health and Safety Committee ongoing as opposed to having someone (i.e., currently, me) represent you. The benefits to being involved are that your office will be regularly up to speed with the latest changes and trends in injury prevention and other safety protocols. Here is more information generally about our specific HSC:

<https://www.ehs.washington.edu/system/files/resources/HSC-1-roster-2022-2023.pdf>

Meeting adjourned.