

Section 0: All Respondents

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Introduction

This survey asks a series of questions about your perceptions of NIH Animal Surgical Services. Your responses are completely confidential and secure since our software resides behind the NIH firewall. For each question select the option that best represents your view. The survey will take about 6 minutes to complete. Try to answer each question within the survey as honestly and accurately as possible. Questions about this survey can be sent to Dr. Janice Rouiller, with the NIH Office of Research Services (ORS) Office of Quality Management (OQM) at ORSSurveySystem@mail.nih.gov.

Section 1: All Respondents

Animal Use

- Do any of your IC protocols involve animals?
- Yes
- No ([end of survey](#))

Section 2: All Respondents

Animal Non-Surgical Procedures

1. Do you currently perform imaging procedures in-house or at another NIH facility?

- Yes
- No ([skip to Q7](#))

3A. Which types of imaging procedures have you performed in-house or at another NIH facility?

([Check all that apply - must choose at least one](#))

- Fluoroscopy
- Digital Radiology
- Rigid and Flexible Endoscopy
- Ultrasound
- Dental Radiography
- MRI
- PET
- CT Scan
- Fluorescent imaging (DiD or DiR)
- Other

3B. Other (Please specify, optional) _____

2. About how many imaging procedures have you performed in-house or at another NIH facility over the past 12 months? (Enter number. Allow whole numbers only). _____

3.

5A For which species do you perform imaging procedures in-house or at another NIH facility?

(Check all that apply - must choose at least one)

- Dogs
- Guinea Pigs
- Non-human primates
- Mice
- Pigs
- Rabbits
- Rats
- Other

5B (Please specify, optional) _____

4.

6A From which facility do you obtain or conduct imaging procedures?

(Check all that apply. – must choose at least one)

- Bldg. 10
- Bldg. 14D
- Bldg. 14E (DVR)
- Bldg. 14E (NHLBI)
- Bldg. 14F
- Bldg. 49
- NIHAC
- Other

6B Other (please specify, optional) _____

5. Will you perform imaging procedures in-house or at another NIH facility in the **future**?

- Yes
- Not Sure (skip to Question 10)
- No (skip to Question 10)

6. About how many imaging procedures do you **anticipate** performing in-house or at another NIH facility over the **next** 12 months? (Enter number. Allow whole numbers only). _____

7.

9A For which species do you **anticipate** performing imaging procedures in-house or at another NIH facility over the **next** 12 months? (Check all that apply - must choose at least one)

- Dogs
- Guinea Pigs
- Non-human primates
- Mice
- Pigs
- Rabbits
- Rats
- Other

9B Other (Please specify, optional) _____

Section 3: All Respondents

Animal Surgical Services

8. Do you currently require or perform animal surgeries?
- Yes
 - No (skip to Q15)

9.

11A Which types of animal surgeries have you required or performed?

(Check all that apply. – must choose at least one)

- Orthopedic/Musculoskeletal
- Diagnostic biopsies
- Cardiothoracic/Cardiovascular
- Device implantation
- Reproductive system procedures
- Neurosurgery
- Rodent Microsurgery
- Other

11B. Other (please specify, optional) _____

10. About how many animal surgeries have you required or performed over the past 12 months?
(Enter number. Allow whole numbers only). _____

11.

13A For which species do you require or perform animal surgeries?

(Check all that apply - must choose at least one)

- Dogs
- Guinea Pigs
- Non-human primates
- Mice
- Pigs
- Rabbits
- Rats
- Other

13B Other (Please specify, optional) _____

12.

14A From which facility do you obtain or conduct animal surgeries?

(Check all that apply – must choose at least one)

- Bldg. 10
- Bldg. 14D (DVR)
- Bldg. 14D (NCI)
- Bldg. 14E (DVR)
- Bldg. 14E (NHLBI)
- Bldg. 14F
- Bldg. 49
- NIHAC
- Other

14B Other (please list, optional) _____

13. Will you require animal surgeries in the **future**?

- Yes
- Not Sure (skip to Question 18)
- No (skip to Question 18)

14. About how many animal surgeries do you **anticipate** requiring or performing over the **next** 12 months? (Enter number. Allow whole numbers only). _____

15.

17A For which species do you **anticipate** requiring or performing animal surgeries over the **next** 12 months? (Check all that apply - must choose at least one)

- Dogs
- Guinea Pigs
- Non-human primates
- Mice
- Pigs
- Rabbits
- Rats
- Other

17B Other (Please specify, optional) _____

Section 4: All Respondents Additional Animal Services Requirements

16.

18A What type(s), if any, additional needs do you have (or anticipate having) with respect to animal procedures and/or surgical services? (Check all that apply - need not check any)

- Post-operative recovery space
- Post-operative recovery space with hazard containment capability (e.g. biohazard, chemical hazard, radioisotope hazard)
- Procedure space
- Surgery space
- Surgical technicians to assist in surgeries conducted by research personnel
- Training for surgical technicians who are research staff
- Training for surgical procedures
- Other

18B Other (please specify, optional) _____

The Research Facility Advisory Committee (RFAC) has recommended that resources in the new Center for Disease Research (CDR) facility be central cores. Towards that end, NIH is currently investigating ways to leverage DVR and IC resources to provide high quality services at equal or lower cost while maximizing available resources as a best practices model for future adoption. Using this model, efficiencies may be promoted through streamlined processes. We would like to obtain your thoughts on the viability of the following scenarios.

Please rate the following scenario's overall viability using a scale ranging from (1) Not at all viable (5) Could live with the scenario to (10) Great idea. Realize that each and every scenario will have pros and cons. We are soliciting those from you as well as the overall rating.

17. Combining DVR and IC surgery operations within the 14E facility for any IC to utilize.

18. Pros (please describe, optional) _____

19. Cons (please describe, optional) _____

Other scenario(s) that could meet your needs for current and/or additional animal services. Please describe other scenarios. For each scenario, please briefly describe the pros and cons. (optional)

20. Scenario 1

21. Scenario 2

22. Scenario 3

Section 5: All Respondents

Comments

23. Other Comments, Suggestions, Caveats, etc.? (Optional) _____

End of Survey: Thank you for your participation in this survey. Your responses will be carefully summarized as part of a combined analysis for improving animal services at NIH.

Link to: <http://www.ors.od.nih.gov/sr/dvr/Pages/default.aspx>

Test Link: