FELASA Guidelines for the Accreditation of Health Monitoring Programmes and for Testing Laboratories involved in Health Monitoring

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We would like to draw the attention of the readers of this journal to ‘Guidelines for the Accreditation of Health Monitoring Programmes and for Testing Laboratories involved in Health Monitoring’, which have been prepared by a Federation of European Laboratory Animal Science Associations (FELASA) Working Group.

FELASA has a long tradition of publishing recommendations on health monitoring of breeding and experimental colonies of rodents and rabbits,1 and also for other species such as dogs, cats and pigs, non-human primates, and small ruminants. They describe the methods to be used, frequency of sampling, sample size and organisms to be monitored. These recommendations are now widely used and breeders or users commonly report on health monitoring of their animal colonies, using the phrase ‘in accordance with FELASA recommendations’.

It has been the intention of FELASA, through guidelines, to establish working procedures for a FELASA accreditation process of health monitoring programmes and for testing laboratories involved in health monitoring. An accreditation board will assess compliance with these guidelines. FELASA accreditation should be viewed as complementary to other quality systems, for example as described for diagnostic laboratories by Homberger et al.2 and for animal units by Howard et al.3

The Accreditation Board evaluates programmes after voluntary application for accreditation. Official FELASA accreditation can be given to health monitoring schemes and/or to laboratories if they conform to the quality standards described in the FELASA recommendations, as assessed by the Accreditation Board.

Only health monitoring programmes (related to defined microbiological units) or diagnostic laboratories that have been accredited by FELASA are entitled to use the term ‘FELASA-accredited’.

Guidelines have been prepared by a FELASA Working Group that define the operation of FELASA accreditation of health monitoring programmes for laboratory animal units, and of FELASA accreditation of testing laboratories involved in health monitoring. These guidelines can be downloaded from the FELASA Internet sites (www.FELASA.eu) together with application forms.

The FELASA accreditation process emphasizes the scientific relevance of procedures implemented, competency of staff, interlaboratory/proficiency testing of laboratories and appropriate procedures for managing animals submitted for health monitoring, whereas many other accreditation schemes emphasize the use of a robust quality system and validated test systems.

Ultimately, these guidelines aim at promoting further standardization of laboratory animals by increasing the significance and reliability of health monitoring reports through FELASA accreditation of health monitoring programmes and testing laboratories.

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REFERENCES

Temporary inhalation anaesthesia in experimental pigs

Effective outcomes in surgical research using experimental animals are dependent on anaesthetic techniques.1,2 For operations with minimal operative stress, such as intraoral punch biopsy in minipigs, we generally perform the operation under deep sedation using intramuscular injection of a combination of medetomidine (120 μg/kg) and ketamine (10 mg/kg), because it is easier than applying general anaesthesia. However, it is difficult to control anaesthetic depth using this procedure alone. It causes hyperalgesia and perioperative awakening. These problems delay research progress. Therefore, we made a simple and temporary anaesthesia device for use under deep sedation in the pig. This device was made up of a 500 mL beaker (Iwaki Pyrex®, Asahi Techno Glass, Tokyo, Japan), three gauzes (30 × 30 cm) and a cut-off surgical glove; 5 mL of sevoflurane (sevofrane®, Abbott, Tokyo, Japan) was then added to this device (Figure 1). The device covered the pig maxilla, nose and mandible. The inhalation anesthetic agent did not leak because it was fitted to the animal’s nose using the surgical glove (Figure 2). When there is insufficient muscular relaxation under deep sedation using medetomidine and ketamine, for example when a blink is recognized, we use this