



中国医学科学院-苏州系统医学研究所

Institutional Animal Care and Use Committee

IACUC Guideline # 118.00

标题 TITLE : 实验动物使用监督举报指南 Whistle-blowing Policy for Animal Use and Care

目的 PURPOSE : 实验动物使用监督举报制度是为了鼓励系统所员工以主人翁的态度监督管理系统所在实验动物使用与福利制度方面的运行。Whistle-blowing encourages and enables employees to raise serious concerns within ISM's animal use and care rather than overlooking a problem or 'blowing the whistle' outside

职责 RESPONSIBILITY : IACUC 委员会. IACUC Committee

审核、修订 REVIEW/REVISIONS : 如有需要 IACUC 负责审核及修订本. SOP IACUC Office Staff will review and revise this SOP as needed.
在 IACUC 委员会批准后执行. Implementation will proceed upon approval of IACUC Committee.

流程 PROCEDURE :

一、系统所 IACUC 承诺 / ISM IACUC commitment

系统所 IACUC 承诺公开，廉洁的责任制度，期望员工对系统所在实验动物使用与福利方面的错误，不足进行监督，提出举报。

ISM IACUC is committed to the highest possible standards of openness, probity and accountability. In line with that commitment we expect employees, and others that we deal with, who have serious concerns about any aspect of ISM's animal use and care to come forward and voice those concerns.

二、制度适用/ Policy Apply to

制度适用于系统所所有员工，（包括实习生，临时工，代理商，义工）及外包商家，供应商。

The policy applies to all employees, (including those designated as inters, casual hours, temporary, agency, authorized volunteers or work experience), and those contractors working for ISM, for example, agency staff, drivers. It also covers suppliers and those providing services under a contract with ISM in their own premises.



三、举报者 / Whistleblower

举报者对系统所在进行实验动物使用时行为提出质疑，认为存在违法违规操作的人员。举报者不对所举报行为的调查负责。调查工作交由相关部门进行。

A whistleblower as defined by this policy is personnel who reports an activity that he/she considers to be illegal or dishonest to one or more of the parties specified in this Policy. The whistleblower is not responsible for investigating the activity or for determining fault or corrective measures; appropriate management officials are charged with these responsibilities.

四、制度建立的目标/ The aim of the policy

- 鼓励员工监督系统所执行实验动物使用及福利运行制度，及时发现并提出问题，并无后顾之忧

To encourage ISM employees to feel confident in raising concerns and to question and act upon concerns about practice.

- 为员工监督举报提供途径，并保证保密行为。

To provide avenues for whistleblowers to raise concerns in confidence and receive feedback on any action taken.

- 保证对举报者提出的质疑做出反应。

To ensure that the whistleblowers receive a response to the concerns and that they are aware of how to pursue them if the whistleblowers are not satisfied.

- 确保举报人不受任何打击，包括解雇，降职，不符实际的工作评价，及身体伤害。

To reassure whistleblowers that ISM will not retaliate against them. This includes, but is not limited to, protection from retaliation in the form of an adverse employment action such as termination, compensation decreases, or poor work assignments and threats of physical harm.

- 保证举报人不受报复打击。

To ensure the whistleblowers will be protected from possible reprisals or victimization

- 如举报人认为因举报行为受到打击，不公待遇，需立即向人力资源反应。

Any whistleblower who believes he/she is being retaliated against must contact the Human Resources Director immediately.

- 举报人其自身的错误行为不受保护。



The right of a whistleblower for protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.

五、 监督举报内容 / Concerns are covered

- 安全健康包括影响到公众，其他雇员或环境的行为。

Health and safety risks, including risks to the public as well as other employees. Damage to the environment.

- 实验动物使用中违反国际，国家及系统所 IACUC 政策规章的行为。

Activities not compliance with animal welfare guidelines.

- 实验动物使用中违反系统所 SOPs 的行为。

Activities not following ISM's SOPs

- 环境卫生安全方面违反国际，国家及系统所 OEHS 政策规章的行为

Activities not following OEHS guide and policies.

- 有违背伦理道德（IEC）政策规章的行为

Activities not following IEC guide and policies

六、 保密性 / Confidentiality

所有举报会依照举报人要求对其举报保密。但是在必要时举报人需履行公民作证义务。需要注意的是：

All concerns will be treated in confidence and every effort will be made not to reveal the whistleblower's identity. At the appropriate time, however, the whistleblower may need to come forward as a witness.

This policy encourages the whistleblowers however to put their names to their concern whenever possible.

Please note that:

- 举报人必须相信信息披露是符合公众利益的。

Staff must believe the disclosure of information is in the public interest.

- 举报人认为所举报事件为公众事件并所举报事件属实。

Staff must believe it to be substantially true.

- 举报人并非恶意攻击。

Staff must **not** act maliciously or make false allegations.

- 举报人的举报行为不是为了获取个人利益。



Staff must **not** seek any personal gain.

七、举报途径 / How to Raise a Concern

- 举报人应向直接上级反应问题；

The whistleblowers should normally raise concerns with their immediate supervisor/manager or their superior.

涉及动物管理问题，可向 IACUC 任何人员，总兽医或动物房主管反映；

Concerns regarding animal usage, care and welfare, report the concerns to any IACUC members, attending vet or animal facility manager

- 涉及职业，环境，安全健康问题，可向主管，或 OEHS 任何人员反映；
- 如举报涉及到管理部门，或反映问题严重，可直接向高级管理人员反应。

This may depend, however, on the seriousness and sensitivity of the issues involved and who is suspected of the malpractice. For example, if the whistleblowers believe that management is involved they should approach a more senior level of management within ISM.

八、举报调查 / Investigation

- 对于所有举报系统所 IACUC 会安排相应人员展开调查及采取相应措施；

All reports will be promptly submitted to IACUC for investigating and coordinating corrective action.

- 如对本制度存有疑问，请联系系统所 IACUC。

Employees with any questions regarding this policy should contact IACUC.

参考文献 Reference

《实验动物管理条例》

《Guide for the care and use of laboratory animals》

批准时间 Approved : 20/6/2018

附件

附件一：动物照料和使用监督报告表



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ISM 照料和使用监督报告表

ISM ANIMAL CARE AND USE SURVEILLANCE REPORTING FORM

A. 举报人须填写 TO BE COMPLETED BY PERSON REPORTING CONCERN

顾虑 动物实验方案 Animal 饲养 Husbandry 兽医护理 Veterinary Care
Concern is: Use/Protocol
 职业健康安全 Occupational Health & Safety 清洁 Housekeeping 其他 Other:

1. 信息 General Information: Principal Investigator (PI):

时间 Date:

方案 Protocol Number:	品种 Species Involved:	动物 Animal ID	动物数量# of Animals Involved:
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位置 Location of Animals (Facility, Building, Room #):

2. 简述顾虑 Please briefly describe your concern:

举报人 Person Reporting Concern: (optional):

B. 调查人员 TO BE COMPLETED BY PERSON INVESTIGATING THE CONCERN - Name:

3. 动物健康是否受到影响 Was there a negative impact on the health of the animal(s)? No Yes (Explain impact and actions taken):

4. 联系人员 Who was contacted to discuss this concern (include date and time; if more than one person, list each individually):

A. Person Contacted:	Date:	Time:
B. Person Contacted:	Date:	Time:
C. Person Contacted:	Date:	Time:



5. 问题总结 Summarize the issues which were discussed (please correlate to names in item 4 above):

Person A: discussion:

Person B: discussion:

Person C: discussion:

6. 整改措施 Describe any corrective actions needed or performed:

7. 是否存在违反协议的行为 Is there a possible protocol violation? Yes No **If yes, describe:**

8. 是否有整改措施 Was a corrective action agreed upon? No Yes (If yes, please describe the actions):

9. IACUC 通知 notification: Request for immediate subcommittee review and action For report at regular IACUC meeting

兽医 Veterinarian
Signature:

Date:

Do Not Complete This Section 请勿填写

收到日期 Date Animal Care and Use Reporting Form received in IACUC Office:

Date of IACUC Review
#1:

Action Taken:

Date of IACUC Review
#2:

Action Taken:

Date of IACUC Review
#3:

Action Taken: