## VIII. Membership of the IACUC

| | | | |
|---|---|---|---|
| Date: May 31, 2018 | | | |
| Name of Institution: Toxikon Corporation | | | |
| Assurance Number: A3223-01 | | | |
| **IACUC Chairperson** | | | |
| Name*: Amy Schade | | | |
| Title*: Director, Corporate Compliance | | Degree/Credentials*: BA, LAT, RQAP-GLP | |
| Address*: *(street, city, state, zip code)*<br>15 Wiggins Avenue<br>Bedford, MA 01730 | | | |
| E-mail*: Amy.Schade@toxikon.com | | | |
| Phone*: (b) (6) | | Fax*: Please use e-mail | |

**IACUC Roster**

| Name of Member/ Code** | Degree/ Credentials | Position Title*** | PHS Policy Membership Requirements**** |
|---|---|---|---|
| Stephanie Spignesi | DVM | Attending Veterinarian | Veterinarian |
| (b) (6) | | | Scientist |
| | | | Scientist |
| | | | Nonscientist |
| | | | Nonaffiliated |

* This information is mandatory.

** Names of members, other than the chairperson and veterinarian, may be represented by a number or symbol in this submission to OLAW. Sufficient information to determine that all appointees are appropriately qualified must be provided and the identity of each member must be readily ascertainable by the institution and available to authorized OLAW or other PHS representatives upon request.

*** List specific position titles for all members, including nonaffiliated (e.g., banker, teacher, volunteer fireman; not “community member” or “retired”).

**** PHS Policy Membership Requirements:

*Veterinarian* veterinarian with training or experience in laboratory animal science and medicine or in the use of the species at the institution, who has direct or delegated program authority and responsibility for activities involving animals at the institution.

*Scientist* practicing scientist experienced in research involving animals.

*Nonscientist* member whose primary concerns are in a nonscientific area (e.g., ethicist, lawyer, member of the clergy).



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*Nonaffiliated* individual who is not affiliated with the institution in any way other than as a member of the IACUC, and is not a member of the immediate family of a person who is affiliated with the institution. This member is expected to represent general community interests in the proper care and use of animals and should not be a laboratory animal user. A consulting veterinarian may not be considered nonaffiliated.

[*Note: all members must be appointed by the CEO (or individual with specific written delegation to appoint members) and must be voting members. Non-voting members and alternate members must be so identified.*]





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## X. Facility and Species Inventory

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|---|---|---|---|
| Date: May 31, 2018 | | | |
| Name of Institution: Toxikon Corporation | | | |
| Assurance Number: A3223-01 | | | |
| Laboratory, Unit, or Building* | Gross Square Feet [*include service areas*] | Species Housed [*use common names, e.g., mouse, rat, rhesus, baboon, zebrafish, African clawed frog*] | Approximate Average Daily Inventory |
| (b) (4) | 17,000 | Mouse | 689 |
| | | Rat | 512 |
| | | Hamster | 6 |
| | | Guinea Pig | 960 |
| | | Rabbit | 370 |
| | | Dog | 0 |
| | | Sheep | 0 |
| | | Swine | 0 |
| | 19, 000 | Mouse | 75 |
| | | Rat | 183 |
| | | Ferret | 0 |
| | | Rabbit | 126 |
| | | Goat | 0 |
| | | Sheep | 3 |
| | | Swine | 4 |
| | | Dogs | 45 |
| | | Non-Human Primate (Cynomolgus Macaques) | 5 |
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*Institutions may identify animal areas (buildings/rooms) by a number or symbol in this submission to OLAW. However, the name and location must be provided to OLAW upon request.



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