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Annual Report to OLAW

Institution: The Ohio State University

Assurance Number: D16-00168 (A3261-01)

Reporting Period: January 1 - December 31, 2019

This institution's Institutional Animal Care and Use Committee (IACUC), through the Institutional Official, provides this annual report to the Office of Laboratory Animal Welfare (OLAW).

I. Program Changes [Select A or B]

- [] A. There have been **no changes** in this institution's program for animal care and use as described in the Assurance. [*Skip to Item II*.]
- [x] B. Change(s) in this institution's program for animal care and use as described in the Assurance have occurred during this reporting period. (FAO 6)

Select all that apply:

- [] This institution's AAALAC accreditation status has changed (PHS Policy IV.A.2.).
 - [] AAALAC Accredited Category 1
 - [] Non-Accredited Category 2
- [x] This institution's program for animal care and use has changed (<u>PHS Policy IV.A.1.a-i.</u>). [Attach a full description of the changes.]

See attached appendix

- [] The individual designated by this institution as the Institutional Official has changed. [Provide name, title(s), address, e-mail, phone, and fax numbers in Item V.]
- [x] The membership of this institution's IACUC has changed. [*Provide current roster of members in Item VI.*]

II. Semiannual Evaluations

This IACUC has conducted semiannual evaluations of the institution's program and inspections of the institution's facilities (including satellite facilities) on the dates below. Reports of the evaluations and inspections have been submitted to the Institutional Official. The reports include any IACUC-approved departures from the *Guide* with a reason for each departure, any deficiencies (significant or minor) that were identified, and a plan and schedule for correction of each deficiency. [*Do not provide semiannual reports unless they include a minority view.*]

A. Program Evaluations

[Two dates (month/day/year) must be provided to satisfy the PHS Policy requirement that evaluations be done at 6 month intervals. If the IACUC conducted more than 2 evaluations of the program during the reporting period, please attach a list showing the dates.]

Date 1: 02/15/2019	Date 2: 08/16/2019

B. Facility Inspections

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[Two dates (month/day/year) must be provided to satisfy the PHS Policy requirement that facility inspections be done at 6 month intervals. If the IACUC conducted more than 2 inspections of each site during the reporting period, please attach a list showing the dates.]

Note: Facilities are inspected over multiple months. No facility was inspected more than once during each six month interval. See attached document for actual dates of each facility's inspection.

Date 1: 01/23/2019- 04/12/2019	Date 2: 07/31/2019 - 10/09/2019

III. Minority Views [Select A or B]

- [x] A. There were **no minority** views during this reporting cycle.
- [] B. Any minority views submitted by members of the IACUC regarding reports filed under <u>PHS</u> <u>Policy IV.F.</u> for this reporting cycle are attached.

IV. Signatures

IACUC Chairperson	Institutional Official
Name: Peter Reiser	Name: Janet M. Weisenberger
(b) (6	(b) (б)
Signature:	Signature:
Date: 1/21/2020	Date: 1-22-20

V. Change in Institutional Official

Name:	
Title:	Degree/Credential:
Name of Institution: Address: [street, city, state, zip code]	nacional mentra del Anal (activativativativativativativativativativa
E-mail:	
Phone:	Fax:

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VI. Change in IACUC Membership [Current roster]

Institution: The Ohio State University

IACUC Contact Information

Address: [street, city, state, zip code] 321 Research Administration Building 1960 Kenny Road Columbus OH 43210

E-mail: (b) (6) @osu.edu

Phone: (b) (6)

Fax: NA

IACUC Chairperson

Name: Peter Reiser

Title: Professor

Degree/Credentials: Ph.D.

PHS Policy Membership Requirements***: Scientist

IACUC Roster [Provide below or attach]

Name of Member/ Code*	Degree/ Credential	Position Title/ Occupational Background ^{**}	PHS Policy Membership Requirements***
A Peter Reiser	Ph. D.	Professor, IACUC Chair	Scientist, Chair
3 Valerie Bergdall	D.V.M., DACLAM	Director (ULAR), Attending Veterinarian	Veterinarian
		(b) (6)	Veterinarian
			Scientist
			Non-Scientist
			Scientist
			Scientist
			Scientist Scientist
			Scientist

	(b) (6)	Non-affiliated
		Scientist
ALTERNATE MEMBERS		
	(b) (6)	Scientist
		Veterinarian
	-	Scientist
		Scientist
	-	Scientist
		Not applicable
		Not applicable
		Scientist

* Names of members, other than the chairperson and veterinarian, may be represented by a number or symbol in this report 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:

Ve	eterinarian	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 animal at the institution.	ls
So	cientist	practicing scientist experienced in research involving animals.	
No	onscientist	member whose primary concerns are in a nonscientific area (for example, ethicist, lawyer, member of the clergy).	
No	onaffiliated	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	ì
0000	t	10/28/2012	4

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III(B) The qualifications, authority, and percent of time contributed by the veterinarian(s) who will participate in the program are as follows:

III (D) (9) Conduct continuing review of each previously approved, ongoing activity covered by PHS Policy at appropriate intervals as determined by the IACUC, including a complete review at least once every 3 years according to PHS Policy IV.C.1.-5. The IACUC procedures for conducting continuing reviews are as follows:

Revised to remove DOD funded studies from needing annual reviews unless involves a USDA covered species (3rd Paragraph):

If the Annual Review is for a protocol containing USDA covered species, the protocol will be sent through the designated member process for review. This process is the same as new or renewal protocol review and amendments with significant changes. For protocols not containing USDA Covered Species, the investigator is notified to review the activities in the protocol to determine if changes will be needed. If changes are needed to a protocol, the PI can submit an amendment separately to be reviewed by the IACUC.

(b) (6)

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2019 Annual Report The Ohio State University Assurance Number: D16-00168 (A3261-01) II(B) Facility Inspections

Building	First Inspection dates	Second Inspection dates
(b) (4	3/11/2019	9/16/2019
	1/25/2019	8/9/2019
	1/25/2019	8/9/2019
	1/25/2019	8/9/2019
	2/6/2019	**
	1/30/2019	8/7/2019
	2/11/2019 & 2/13/2019	8/19/2019 & 8/21/2019
	2/14/2019 & 2/20/2019	8/22/2019 & 8/28/2019
	1/28/19 & 2/4/2019	8/5/2019 & 8/12/2019
	2/22/2019	8/30/2019
	1/25/2019	**
	3/18/2019	9/11/2019
	3/18/2019	9/11/2019
	3/6/2019	9/11/2019
	3/14/2019	9/19/2019
	2/6/2019 & 3/20/2019	8/14/2019 & 9/25/2019
	3/14/2019	**
	3/13/2019	9/18/2019
	1/24/2019	8/1/2019
	2/7/2019 & 2/21/2019	8/23/2019 & 8/29/2019
	3/4/2019	9/9/2019
	4/12/2019	10/9/2019
	3/7/2019	9/12/19
	3/11/2019	*
	3/13/2019	9/18/2019
	4/12/2019	10/9/2019
	2/6/2019	**
	1/23/2019	7/31/2019
	3/7/2019	9/12/2019
	3/1/2019	9/6/2019
	1/25/2019	8/9/2019
	2/1/2019	8/2/2019
	2/28/2019	9/5/2019
	4/5/2019	10/3/2019
	3/1/2019	9/6/2019
	3/8/2019	9/13/2019
	3/18/2019	9/11/2019
	2/27/2019	9/4/2019
	2/6/2019	8/14/2019
	4/5/2019	10/3/2019
	2/27/2019	9/4/2019
	3/13/2019	9/18/2019
	3/21/2019	9/26/2019
	2/25/2019 & 3/18/2019	9/4/2019 & 9/23/2019
	3/6/2019 & 3/18/2019	9/11/2019 & 9/23/2019
	3/11/2019	9/16/2019
	3/26/2019	9/19/2019

* Facility not in use during inspection period

** Facility inspected annually