## **Annual Report to OLAW**

Institution: Binghamton University	
Assurance Number: D16-00063	A3100-01
Reporting Period: 1/1/2019 - 12/31	./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. (FAQ 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 ]			institution's program for animal care and use has changed (PHS Policy IV.A.1.a-i.). ch a full description of the changes.]
[	]	Th	ne i	ndividual designated by this institution as the Institutional Official has changed.

- [Provide name, title(s), address, e-mail, phone, and fax numbers in Item V.] [  $\times$  ] The membership of this institution's IACUC has changed. [Provide current roster of
- [ 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: 5/22/19	Date 2: 11/13/19

### **B. Facility Inspections**

[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.]

Date 1: 5/1, 5/6, 5/13, 5/17, & 5/20/19 Date 2: 11/1, 11/8, 11/12, & 11/18/19

## 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: Chris Bishop	Name: Nancy Lewis
(b) (6)	(b) (6) Signatu
Date: 1/23/2020	Date: 01/20/2020

## V. Change in Institutional Official

Name:		
Title:	Degree/Credential:	
Name of Institution:		
Address: [street, city, state,	zip code]	
E-mail:		
Phone:	Fax:	

# **VI.** Change in IACUC Membership [Current roster]

Institution: Binghamto	on University		
IACUC Contact Inform	ation		
Address: [street, city, st Binghamton University – LAR PO Box 6000 Binghamton, NY 13902-6	SUNY		
E-mail: (b) (6) @bingha	mton.edu		
Phone: (b) (6)		Fax: (b) (6	
IACUC Chairperson			
Name: Chris Bishop			
Title: Professor, Psychol	ogy	Degree/Credentials	Ph.D.
PHS Policy Membership F	Requirements***: So	cientist	
IACUC Roster [Provide	below or attach]		
Name of Member/ Code*	Degree/ Credential	Position Title/ Occupational Background**	PHS Policy Membership Requirements***
		(b) (6	Scientist
			Nonaffiliated, Nonscientist
			Scientist
			Member
Kimberly Kal-Downs	D.V.M.	Attending Veterinarian, Director Lab Animal Resources	Veterinarian
		(b) (6)	Scientist
			Member
			Nonaffiliated, Nonscientist

<sup>\*</sup> 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.

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 (for example,

ethicist, lawyer, member of the clergy).

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.]

<sup>\*\*</sup> List specific position titles for all members, including nonaffiliated (e.g., banker, teacher, volunteer fireman; not "community member" or "retired").

<sup>\*\*\*</sup> PHS Policy Membership Requirements:

### **Attachment I. B Program Changes**

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### Animal Welfare Assurance III.D.4

Change: Reporting Animal Welfare Concerns – A notice of how to report animal welfare concerns anonymously is posted inside each animal holding room and on the IACUC website. The notice includes the option of contacting certain individuals, calling a compliance hotline, or submitting a written concern in locked boxes installed throughout the facility. The locked boxes are checked daily.

#### Animal Welfare Assurance III.E

Change: Housekeeping Personnel – Housekeeping personnel who regularly come into the facility are given information about allergen exposure in face-to-face meetings, and they submit the same health questionnaire for risk assessment as others working in the facility with animals.

Change: Hazard Identification – The IACUC updated the protocol form to collect accurate and consistent biosafety procedural information for use in animals. As part of the protocol form, the Principal Investigators will complete a biohazard sign with specific instructions for handling biohazard-exposed animals, and the sign will be posted on applicable animal holding room and procedure room doors.

v10/28/2013

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## **Organization Table for Laboratory Animal Resources**

