

2019 Annual Report to OLAW

Institution:	SUNY Upstate Medical University
Assurance Number:	D16-00318 (formerly A3514-01)
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.]
- ☒ 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
- ☒ This institution's program for animal care and use has changed (PHS Policy IV.A.1.a-i.).
- ☐ 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.]
- ☒ 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.]

Program Review is divided into Parts A-C, reviewed semiannually as follows:

	Date 1	Date 2
Part A: Institutional Policies and Responsibilities	1/14/19	7/8/19
Part B: Veterinary Care	2/11/19	8/12/19
Part C: Personnel Training and Occupational Health & Safety	3/11/19	9/9/19

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: 4/8/19	Date 2: 10/21/19
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III. Minority Views [Select A or B]

- ☒ A. There were **no minority** views during this reporting cycle.
- ☐ B. Any minority views submitted by members of the IACUC regarding reports filed under PHS Policy IV.F. for this reporting cycle are attached.

IV. Signatures

IACUC Chairperson	Institutional Official
Name: Dr. Michael Lyon	Name: Dr. Mark Schmitt
Signature:  (b) (6)	Signature:  (b) (6) <small>Digitally signed by Mark Schmitt DN: cn=Mark Schmitt, o=SUNY Upstate Medical University, ou=Research Administration, email=schmittm@upstate.edu, c=US Date: 2020.01.13 10:49:27 -05'00'</small>
Date: January 13, 2020	Date: January 13, 2020

V. Change in Institutional Official

Name:
Title:
Name of Institution:
Address:
E-mail:
Phone:

VI. CURRENT IACUC ROSTER

Institution: SUNY Upstate Medical University
IACUC Contact Information
<div style="background-color: gray; width: 200px; height: 100px; display: flex; align-items: center; justify-content: center;"> (b) (6) </div>

Chairperson	Degree/ Credentials	Title & Contact Information	PHS Policy Membership Requirements
Michael Lyon	PhD	Associate Professor Department of Otolaryngology & Communication Sciences SUNY Upstate Medical University 750 E Adams Street Syracuse, NY 13210 (b) (6)[phone] Email: lyonm@upstate.edu	Scientist
Members	Degree/ Credentials	Position Title	PHS Policy Membership Requirements
<div style="background-color: gray; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;">(b) (6)</div>			Nonscientist
			Scientist
			Nonscientist/Nonaffiliated
			Veterinarian
Robert Quinn	DVM, DACLAM	Director Laboratory Animal Resources	Attending Veterinarian
<div style="background-color: gray; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;">(b) (6)</div>			NA
			Scientist
			Scientist
			Scientist
			Nonscientist/Nonaffiliated

Attachment 1
IACUC Program Changes – 2019

7/8/19

IACUC Records and Reporting Requirements on Semi-Annual Report to IO – The Committee reviewed Part A- Institutional Policies and Responsibilities of the Semiannual Program Review. A minor deficiency was noted under item 7: IACUC Records and Reporting Requirements, Semiannual report to the IO, for which we will make a modification. Current practice when identifying a minor deficiency is to list the deficiency and date for it to be fixed. We will add an appropriate space in our form to indicate a plan for correction of the deficiency. For example, if the deficiency noted is "a hole in the wall," the plan would be to "fix the whole in the wall" as well as provide a date by when it needs to be fixed.

IACUC Action: All members present concurred. IACUC office will update policies/documents accordingly.
