

VIII. Membership of the IACUC

Date: 7/23/18			
Name of Institution: SUNY State College of Optometry			
Assurance Number: A4329-01			
IACUC Chairperson			
Name*: Dr. Jose Manuel Alonso			
Title*: SUNY Distinguished Professor		Degree/Credentials*: MD/PhD	
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Phone*: (b) (6)		Fax*: (b) (6)	
IACUC Roster			
Name of Member/ Code**	Degree/ Credentials	Position Title***	PHS Policy Membership Requirements****
(b) (6)			Member (affiliated)
Jose Manuel Alonso	MD/PhD	Faculty, Bio Sciences	Scientist
(b) (6)			Scientist
			Member (affiliated)
			Veterinarian
			Non-affiliated
			Member (affiliated)
(b) (6)			Non-Scientist (affiliated)

X. Facility and Species Inventory

[illegible]

Memorandum to: Dr. Stewart Bloomfield, PhD, Associate Dean and Institutional Official

From: Institutional Animal Care and Use Committee

Subject: Semiannual Report of the Program Review and Facility Inspection

Date: May 22, 2018

This report summarizes the IACUC's results of its most recent program review and facility inspection, as required by the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals ([Policy](#)), Section [IV.B.1.-3.](#), the *Guide for the Care and Use of Laboratory Animals* ([Guide](#)), and the Animal Welfare Act ([AWA](#)) regulations, as applicable. Submission of semiannual reports to the Institutional Official is a condition of this institution's Animal Welfare Assurance with the NIH Office of Laboratory Animal Welfare (OLAW).

Since the last review, the following changes have occurred in the institution's program for animal care and use (PHS Policy [IV.A.1.a.-i.](#)): [optional]

N/a

I. Description of the Nature and Extent of the Institution's Adherence to the PHS Policy, the *Guide*, and the AWA

Departures from the PHS Policy, the *Guide*, and the AWA.

Select A or B:

- ☒ A. There were no departures during this reporting period.
- ☐ B. The following departures have been reviewed and approved by the IACUC: *[include reason for each departure]*

II. Deficiencies in the Institution's Animal Care and Use Program

Animal Care and Use Program Review Date(s):

Select A or B:

- ☒ A. There were no deficiencies in the program during this reporting period.
- ☐ B. The following deficiencies have been identified: *[describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*

III. Deficiencies in the Institution's Animal Facility

Animal Facility Inspection Date(s):

Select A or B:

- ☒ A. There were no deficiencies in the animal facility during this reporting period.
- ☐ B. The following deficiencies have been identified: *[describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*

IV. Minority Views

Select A or B:

- ☒ A. No minority views were submitted or expressed.
- ☐ B. The following minority views were expressed: *[insert minority views here or attach]*

V. Status of AAALAC Accreditation *[identify accredited facilities, if applicable]*

N/a

VI. Signatures *[signatures of a majority of the IACUC members required by AWAR (§2.31,c,3), if applicable]*

Names of IACUC Members	Signatures
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

IACUC COMMITTEE
ATTENDANCE - TUESDAY MAY 22, 2018

Jose Manuel Alonso

(b) (6)

(b) (6)

(b) (6)

III. Program Review

The post-approval monitoring and the protocol form will be revised to clarify questions and enhance efficiency of the protocol review by the IACUC. The policy for use of Veterinary Verification and consultation (VVC) for protocol changes was discussed, reviewed and approved.

IV. Semi Annual Facility Inspection:

Facility: General comment: Overall the facility is very clean, records are well maintained, and all animals appear to be in good health. No deficiencies were found in the facility.

No minority views were expressed.

The meeting was adjourned at 2:00 p.m.