VIII. Membership of the IACUC

Date: July 5, 2016

Name of Institution: Southern Illinois University (SIU) School of Medicine, Springfield Campus

A3209-01 Assurance Number:

IACUC Chairperson

Name*: Shelley Tischkau, Ph.D.

Title*: Associate Professor of Pharmacology

Address': (street, city, state, zip code)

P.O. Box 19629 Springfield, IL 62794

E-mail: stischkau@siumed.edu

(b) (6) (b)(6)Fax*: Phone*:

DVM, Ph.D.

IACUC Roster [Provide below or attach]

Degree/ Name of Member/ Code*

Position Title/ Occupational Credential Background**

PHS Policy Membership Requirements**

Scientist and Clinician

Chair, Scientist

Scientist Scientist

(b) (6)

Degree/Credentials': Ph.D.

Scientist

Scientist

Scientist

Attending Veterinarian

and Director of Laboratory Animal Medicine

Attending Veterinarian and Scientist

(b) (6)

Non-Affiliated and Non-Scientist

Non-Affiliated and Non-Scientist

Scientist

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Teresa Liberati

(b) (6)
Member
Scientist and Clinician
Scientist
Ex-Officio Member
Ex-Officio Member
Ex-Officio
Ex-Officio
Ex-Officio
Ex-Officio

^{*} This information is mandatory.

^{****} PHS Policy Membership Requirements:

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.
at the institution.

Scientist practicing scientist experienced in research i	involving animals.
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Nonscientist	member whose primary concerns are in a nonscientific area (e.g., ethicist,
	lawyer, member of the clergy).

'	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.]

IX. Other Key Contacts (optional)

Nonaffiliated

[&]quot;* 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.

[&]quot;List specific position titles for all members, including nonaffiliated (e.g., banker, teacher, volunteer fireman; not "community member" or "retired").

X. Facility and Species Inventory

Name of Institution:	Southern Illinois Unive	ersity School of Medicine		
Assurance Number: A3	A3209-01			
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	
	17,892	Rats	116.96	
		Mice	1094.63	
		Chinchillas	13.27	
		Pig	0.03	

^{*}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.