

Annual Report to OLAW

Institution: Louisiana State University Agricultural Center Experiment Station

Assurance Number: D16-00792 (A4564-01)

Reporting Period: 01/01/2019 to 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.]
- ☒ 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.). [Attach a full description of the changes.]
- ☒ 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.] not since the new Assurance but since the last annual report

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: January 29, 2019

Date 2: July 24, 2019

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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: January 16, 2019

Date 2: July 24, 2019

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.E. for this reporting cycle are attached.

IV. Signatures

IACUC Chairperson	Institutional Official
Name: Philip H. Elzer	Name: Wade Baumgartner
 (b) (6)	 (b) (6)
Signature:	Signature:
Date: 1-15-2020	Date: 1-16-2020

V. Change in Institutional Official

Name: Dr. Wade Baumgartner	
Title: Associate Vice President for Strategic Initiatives	Degree/Credential: PhD, JD
Name of Institution: Louisiana State University Agricultural Center	
Address: [street, city, state, zip code] (b) (4) Norman Efferson Hall Baton Rouge, LA 70803	
E-mail: WBaumgartner@agcenter.lsu.edu	
Phone: (b) (6)	Fax: (b) (6)

VI. Change in IACUC Membership [*Current roster*]**Institution:** Louisiana State University Agricultural Center Experiment Station**IACUC Contact Information**

Address: [street, city, state, zip code]

LSU AgCenter IACUC

Attn: Phil Elzer or (b) (6)

School of Animal Sciences

212 Animal & Food Sciences Laboratory Building

Baton Rouge, LA 70803

E-mail: pelzer@agcenter.lsu.edu

Phone: (b) (6)

Fax: (b) (6)

IACUC Chairperson

Name: Philip H. Elzer

Title: Exec. Assoc. Dean Col. of Agriculture

Degree/Credentials: PhD/Immunology

PHS Policy Membership Requirements***:

IACUC Roster [Provide below or attach]

Name of Member/ Code*	Degree/ Credential	Position Title/ Occupational Background**	PHS Policy Membership Requirements***
			(b) (6) Non-affiliated Member
			Scientist
			Scientist
			Nonscientist
			Scientist
			Scientist
Diana Coulon	D.V.M.	Instructor	Veterinarian
			Veterinarian (attending)
			(b) (6) Scientist
			Alternate Scientist Member

I. B. Program changes

1. This institution's program for animal care and use has changed
A new OLAW assurance statement was approved in December 2019. There have been no changes since then; the assurance became effective on December 6, 2019 and will expire August 31, 2023.
2. The individual designated by this institution as the Institutional Official has changed
Effective January 1, 2020, a new IO was appointed (See V.). Our previous IO (b) (6) was in place for the 2019 reporting period.
3. Our IACUC roster changed during the year; the new assurance contains this updated roster.