

January 24, 2020

OLAW Division of Assurances National Institutes of Health RKL 1, Suite 360 6705 Rockledge Drive Bethesda, MD 20892-7982

Telephone:	(b) (6)
FAX:	(b) (6

SUBJECT:

2019 Annual Report to OLAW for Animal Welfare

Assurance Number #D16-00304 (A3486-01)

To Whom It May Concern:

Attached is Southern Illinois University Edwardsville's Annual Report to OLAW for the reporting period of January 1, 2019 – December 31, 2019.

There are no changes to our Assurance approved by OLAW on November 2, 2018.

There were no minority views reported during this reporting period.

Jerry Weinberg, Institutional Official,
Associate Provost for Research and Dean of the Graduate School

Attachment

Annual Report to OLAW

Institution: Southern Illinois University Edwardsville	
Assurance Number: D16-00304 (A3486-01)	
Reporting Period: January 1, 2019 – 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
	r i ogi aiii	Cildinges	JUICE A	UI D

			5		
[X]	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.]			
[]	В.		nange(s) in this institution's program for animal care and use as described in the Assurance ave occurred during this reporting period. ($\underline{FAQ 6}$)		
	Se	lect	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 (<u>PHS Policy IV.A.1.a-i.</u>). [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.]		

II. Semiannual Evaluations

members in Item VI.]

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.]

The membership of this institution's IACUC has changed. [Provide current roster of

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: April 17, 2019	Date 2: October 16, 2019
------------------------	--------------------------

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: April 17, 2019	Date 2: October 16, 2019
Date 1. April 17, 2015	Date 2. October 10, 2019

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 Policy IV.F.</u> for this reporting cycle are attached.

IV. Signatures

IACUC Chairperson	Institutional Official		
Name: Luci Kohn Ph.D.	Name: Jerry B. Weinberg Ph.D.		
(b) (6)	(b) (6)		
Signature:	Signature:		
Date: 1/28/2020	Date: 1/28/2020		

V. Change in Institutional Official

Name:		
Title: Degree/Credential:		
Name of Institution:	The state of the s	
Address: [street, city, state, z	ip code]	
E-mail:		
Phone:	Fax:	

VI. Change in IACUC Membership [Current roster]

Institution: Southern Illinois University Edwardsville				
IACUC Contact Inform	ation			
Address: [street, city, st	ate, zip code]			
Southern Illinois University Edwardsville Rendleman Hall, (b) (4) Campus Box 1046 Edwardsville, IL 62026-1046				
E-mail: (b) (6) @siue.ed	u			
Phone: (b) (6)		Fax:	(b)	(6)
IACUC Chairperson				
Name: Luci Kohn				
Title: Professor		Degi	ree/Credentials	: Ph.D. Biological Sciences
PHS Policy Membership F	Requirements***: So	ientist		
IACUC Roster [Provide	below or attach]			
Name of Member/ Code*	Degree/ Credential	Position Occupat Backgro	ional	PHS Policy Membership Requirements***
			(b) (6)	Scientist (voting)
				Scientist (voting)
				Scientist (voting)
				Non-affiliated/non-scientist (voting)
				Scientist (voting)
				Scientist (non-voting)
				Non-scientist (voting)
				Scientist/Veterinarian (voting) Non-scientist/IACUC Admin. (non-voting)
				Scientist (voting)
				Scientist (voting)

*** 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.

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.]

^{*} 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.

^{**} List specific position titles for all members, including nonaffiliated (e.g., banker, teacher, volunteer fireman; not "community member" or "retired").