VIII. Membership of the IACUC

Date: April 9, 2018								
Name of Institution: Sutter Institute for Medical Research								
Assurance Number:								
IACUC Chairperson								
Name*: Alan Moritz, MD								
Title*: Retired Orthopedic Surgeon				Degree/Credentials*: MD				
Address*: (street, city, state, zip code) PO Box 160727 Sacramento, CA 95816								
E-mail*: (b) (6) asutterhealth.org								
Phone*: (b) (6)			Fax*:	(b) (6)			
IACUC Roster								
Name of Member/ Code**	Degree/ Credentials	Position Title***		le***	PHS Policy Membership Requirements****			
Alan Moritz	MD	Retired Orthopedic Surgeon		hopedic	Scientist			
Richard Marshall	DVM	Veterinarian			Veterinarian			
				(b) (Scientist			
					Scientist			
					Nonscientist, Nonaffiliated			
					Nonscientist, Nonaffiliated			

X. Facility and Species Inventory

Date: April 9, 2018						
Name of Institution: Sut	ter Institute for M	edical Research				
Assurance Number:						
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			
(0) (4)	387	N/A	0			
	537	N/A	0			
	78	N/A	0			
	431	N/A	0			
	349	N/A	0			
	99	N/A	0			
	136	N/A	0			
	107	Pigs, Sheep	1			
	93	Pigs, Sheep	0			
	139	Pigs, Sheep	0			
	112	Pigs, Sheep	0			
	156	Pigs, Sheep	0			
	189	Pigs, Sheep, Rodents	0			
	308	N/A	0			
	72	N/A	0			
	405	N/A	0			
	323	N/A	0			
	202	N/A	0			
	86	N/A	0			
	280	N/A	0			
	88	N/A	0			
	104	N/A	0			
	85	N/A	0			
	83	N/A	0			
	807	N/A	0			

^{*}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.