Annual Report to OLAW

Insti	itution	: Unive	ersity of Massachusetts Medical S	chool				
Assu	ırance	Numbe	er: D16-00196 (A3306-01)					
Repo	orting	Period:	:1/1/2019 to 12/31/2019					
This i	nstitut al, pro	ion's In vides th	nstitutional Animal Care and Use this annual report to the Office of	Comm Labor	nittee (IACUC), through the Institutional atory Animal Welfare (OLAW).			
I. P	rogra	ım Ch	anges [Select A or B]					
[]			ave been no changes in this ins ed in the Assurance. [<i>Skip to Iten</i>		n's program for animal care and use as			
[x]	B, C	hange(ave occ	(s) in this institution's program focurred during this reporting perio	or anim od. (FA	nal care and use as described in the Assurance (Q 6)			
	Selec	t all th	nat apply:					
	[]	This is	institution's AAALAC accreditation	n statu	s has changed (PHS Policy IV.A.2.).			
		[]	AAALAC Accredited - Category	1				
		[]	Non-Accredited - Category 2					
	[x]	This i	institution's program for animal c och a full description of the chang	care an les.]	nd use has changed (PHS Policy IV.A.1,a-i.).			
	[]	The ir	ndividual designated by this insti vide name, title(s), address, e-ma	itution <i>ail, ph</i> o	as the Institutional Official has changed. one, and fax numbers in Item V.]			
	[x]		membership of this institution's I obers in Item VI.]	ACUC	has changed. [Provide current roster of			
II. S	emia	nnual	l Evaluations					
tl e a (:	ne inst valuat ny IAC signific	itution's ions an CUC-app cant or	's facilities (including satellite fac nd inspections have been submitt proved departures from the <i>Guid</i>	cilities) ted to t de with a plan	the institution's program and inspections of on the dates below. Reports of the the Institutional Official. The reports include a reason for each departure, any deficiencies and schedule for correction of each s they include a minority view.]			
A	A. Program Evaluations							
	eva	<i>luations</i>	s (month/day/year) must be pro as be done at 6 month intervals. am during the reporting period, p	If the i	to satisfy the PHS Policy requirement that IACUC conducted more than 2 evaluations of attach a list showing the dates.]			
	Da	ite 1: 5	5/6/2019		Date 2: 11/6/2019			

'20 JAN 22 ANT:00

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: 5/22/2019-7/24/2019 Date 2: 11/14/2019-12/20/2019

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

IV. Signatures

IACUC Chairperson	Institutional Official
Name: Dr. Andrew Leiter, M.D., Ph.D.	Name: Terence Flotte, M.D.
(b) (6)	(b) (6)
Signature:	Signature.
Date: 12/3//19	Date: 1/17/20

V. Change in Institutional Official

Name: N/A	
Title:	Degree/Credential:
Name of Institution:	
Address: [street, city, state, zip code]	
E-mail:	

VI. Change in IACUC Membership [Current roster]

Institution: Universit	y of Massachusetts	Med	dical School	
IACUC Contact Inform				
Casey Moran, Director I 55 Lake Ave North Worcester, MA 01655	ACUC/IBC Office, Offi	ice o	f Research, S2-109	A
E-mail: casey.moran@u	ımassmed.edu		——————————————————————————————————————	
Phone: (b) (6)			Fax:	
IACUC Chairperson				F () 141 (2 %
Name: Dr. Andrew Leite	er		***	- COOK
Title: Professor, Medicir	ne		Degree/Credentials	: M.D., Ph.D.
PHS Policy Membership	Requirements***:			
IACUC Roster [Provide	e below or attach]	0		T
Name of Member/ Code*	Degree/ Credential	Occ	ition Title/ upational kground**	PHS Policy Membership Requirements***
			(b)	Scientist
2. George DeMarco	D.V.M.	Atte	ending Veterinarian	Veterinarian
			(b)	Scientist
				Veterinarian
				Non-affiliated Member
				Non-scientist
				Scientist

(b) (6)
Scientist
Scientist
Alternate Non-scientist
Alternate Scientist

Appendix 1: Semi-Annual IACUC Inspection Dates

Facility		Inspection 1	Inspection 2
	(b) (4)	5/22/2019, 6/11/2019 &	11/21/2019, 12/4/2019,
		6/27/2019	12/5/2019
		6/18/2019, 6/25/2019 &	11/25/2019, 12/4/2019, &
		7/9/2019	12/9/2019
		6/10/2019 & 6/11/2019	11/12/2019
		5/30/2019	11/22/2019
Laboratory*		Inspection 1	Inspection 2
•	(b) (4)	5/30/2019	11/22/19
		5/30/2019	11/14/2019
		6/6/2019	11/14/2019
		6/6/2019	11/14/2019
		5/28/2019	12/12/2019
		5/28/2019	12/05/2019
		5/28/2019	12/05/2019
		6/26/2019	12/05/2019
		6/26/2019	12/05/2019
		6/26/2019	12/05/2019
		7/1/2019	12/09/2019
		6/18/2019	12/05/2019
		6/24/2019 & 7/5/2019	12/05/2019
		6/24/2019 & 7/5/2019	12/05/2019
		6/24/2019 & 7/5/2019	12/19/2019
		6/12/2019	12/19/2019
		6/12/2019	12/19/2019
		5/31/2019	12/19/2019 and 12/20/201
		5/31/2019	12/19/2019 and 12/20/2019
		5/31/2019 & 6/25/2019	11/21/2019 and 12/10/201
		6/24/2019	11/21/2019 and 12/10/201
		7/8/2019 & 7/24/2019	11/21/2019 and 12/10/201
		7/8/2019 & 7/24/2019	12/4/2019

Appendix 2: Changes to the Program of Animal Care and Use

Sections of the assurance which reflect a change in the program of animal care and use are indicated below.

1. Section III.B. Removal of veterinarians:

(b) (6)

- 2. Section III.E.11. Training for personnel carrying out euthanasia procedures:
 - A Rodent Euthanasia Training course is now required of all personnel with less than one-year experience in performing euthanasia in rodents. Completion of this course is required before the individual may perform euthanasia. This course is provided by the Department of Animal Medicine.
- 3. Membership of the IACUC (changes summarized below and updated in above roster):
 - a. A nonaffiliated member stepped down from the committee (PM)
 - b. A nonaffiliated member was appointed to the committee (DH)
 - c. A scientist member was appointed as Vice Chair (MG)
 - d. An alternate veterinarian stepped down from the committee (SJ)



January 16, 2020

Institutional Animal Care and Use Committee (IACUC)
Office of Research
University of Massachusetts Medical School
55 Lake Avenue North
Worcester, MA 01655-0002 USA
508.856.5416 (office) 508.856.5004 (fax)

Office of Laboratory Animal Welfare Division of Assurances 6705 Rockledge Drive, Suite 360 Bethesda, Maryland 20817

To whom it may concern,

Enclosed, please find the University of Massachusetts Medical School (UMMS; Assurance # D16-00196 (A3306-01)) Annual Report for the Office of Laboratory Animal Welfare for reporting period 1/1/2019-12/31/2019, submitted on behalf of the Institutional Official, Dean Flotte. Within the report, the following documents can be found:

- 1. An updated IACUC membership roster (summarized changes found in appendix 2).
- 2. A table of semi-annual inspection dates (appendix 1) conducted over periods of several weeks.
- 3. A summary page (appendix 2) with minor revisions to the program for animal care and use. Such changes include:
 - a. Updated list of veterinarians
 - b. Creation of a formalized rodent euthanasia training course.

Please contact me with any questions or if additional information can be provided.

