

VII. Membership of the IACUC - ATTACHMENT 1

[illegible]

* This information is mandatory.

** 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.

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

**** [PHS Policy](#) Membership Requirements:

<i>Veterinarian</i>	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.
<i>Scientist</i>	practicing scientist experienced in research involving animals.
<i>Nonscientist</i>	member whose primary concerns are in a nonscientific area (e.g., ethicist, lawyer, member of the clergy).
<i>Nonaffiliated</i>	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. Facility and Species Inventory – ATTACHMENT 2

Date: February 28, 2014			
Name of Institution: Michigan Technological University			
Assurance Number: A4486-01			
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
(b) (4)	2629 – breakdown follows: 653 dumping, cleaning, refilling 286 non-survival surgery 687 storage and support 624 animal housing (5 rooms) 379 surgical suite	Rats, Mice, Rabbits	Mice – 150 Rats – 140 Rabbits – 2
		Wolf and moose	none

*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.

MEMO**TO:** Joanne Polzien, Executive Director**FROM:** Institutional Animal Care and Use Committee**DATE:** October 12, 2017**SUBJECT:** Semiannual Report of the Program Review and Facility Inspection

This report summarizes the IACUC's results of its most recent program review and facility inspection, as required by the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals (Policy_, Section IV.B.1.-3, the *Guide for the Care and Use of Laboratory Animals (Guide)*, and the Animal Welfare Act (AWA) regulations, as applicable. Submission of semiannual reports to the Institutional Official is a condition of this institution's Animal Welfare Assurance with the NIH Office of Laboratory Animal Welfare (OLAW).

I. Description of the Nature and Extent of the Institution's Adherence to the PHS Policy, the *Guide*, and AWADepartures from the PHS Policy, the *Guide*, and the AWA

Select a. or b.

- a. ☒ There were no departures during this reporting period.
- b. ☐ The following departures have been reviewed and approved by the IACUC:

II. Deficiencies in the Institution's Animal Care and Use Program

Animal Care and Use Program Review Date(s):

Select a. or b.

- a. ☒ There were no deficiencies in the program during this reporting period.
- b. ☐ The following deficiencies have been identified:

III. Deficiencies in the Institution's Animal Facility

Animal Facility Inspection Date(s):

Select a. or b.

- a. ☒ There were no deficiencies in the animal facility during this reporting period.
- b. ☐ The following deficiencies have been identified:

IV. Minority Views

Select a. or b.

- a. ☒ No minority views were submitted or expressed.
- b. ☐ The following minority views were expressed:

V. Signatures (SEE ATTACHED)

Signature page
For October 12, 2017
Animal Care Facility Inspection

Names of IACUC Members	Signature	Minority Views (Yes/No)
Dr. Rebecca Vollrath	(b) (6)	<u>NO</u>
	(b) (6)	<u>NO</u>
	(b) (6)	<u>NO</u>
Courtney Holzberger	(b) (6)	<u>NO</u>
	(b) (6)	<u>No</u>