# Annual Report to OLAW

Institution: Northern Biomedical Research, Inc.	
Assurance Number: A4324-01	
Reporting Period: 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 (QLAW).

#### 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.]
- [X] 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
- [ X ] 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 Chairman of the Board has changed to Dr. Robert Boyd, DVM.
  - The IO, AV, and IACUC Membership has changed as described below.
- [ X ] 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.]
- [ X ] The membership of this institution's IACUC has changed. [Provide current roster of members in Item VI.]

#### 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: 5/29/2019	Date 2: 12/06/2019	

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B. F	acility	Insi	pections
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[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: 5/29/2019	Date 2: 12/06/2019	

## 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

Name: Christen Simon, Ph.D.		Institutional Official	
		Name: Dean Haan	
	(b) (6)		(b) (6)
Signature:		Signature:	
Date: 1.8.20		Date: 0/-03 - 202	10

#### V. Change in Institutional Official

Name: Dean Haan			
Title: CEO Degree/Credential: B.S.		ential: B.S.	
Name of Institution: Northern Biome	edical Research		
Address: [street, city, state, zip cod 1210 Pontaluna Road Norton Shores, Michigan 49456	e]		
E-mail: dean.haan@northernbiomed	lical.com	- I - I - I - I - I - I - I - I - I - I	
Phone: (b) (6)	Fax:	(b) (6)	

# VI. Change in IACUC Membership [Current roster]

Institution: Northern Biomedical Res	search, Inc.	
IACUC Contact Information		***************************************
Address:		
1210 Pontaluna Road		
Norton Shores, Michigan 49456		
E-mail: christen.simon@northernblom	nedical.com	
Phone: (b) (6)	Fax: (b) (6)	
IACUC Chairperson		
Name: Christen Simon		

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Title: Animal Welfare Specialist		Degree/Credentials	s: Ph.D.
PHS Policy Membershi	p Requirements***:		
IACUC Roster [Provi	de below or attach]		
Name of Member/ Code	Degree/ Credential	Position Title/ Occupational Background**	PHS Policy Membership Requirements***
		(b)	(6) Scientist
M2. Joshua Bartoe	M.S., D.V.M.	Attending Veterinarian / Vice President of Ophthalmology Services	Veterinarian
		(b)	(6) Veterinarian
			Scientist
			Scientist
			Nonaffiliated & Nonscientist
			Scientist

Names of members, other than the chalrperson 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.

#### \*\*\* 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.]

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

## NORTHERN BIOMEDICAL RESEARCH, INC. A4324-01 Changes to:

# ANIMAL WELFARE ASSURANCE

1. III. Institutional Program for Animal Care and Use

CHANGE:	(b) (b)

The Attending Veterinarian is Joshua Bartoe, MS, DVM

The qualifications, authority, and percent of time contributed by the veterinarian(s) who will participate in the program are as follows:

Name: Joshua Bartoe

#### Qualifications

- Degrees: MS, DVM (2001, Ohio State University)
- Training or experience in laboratory animal medicine or in the use of the species at the institution: Dr. Bartoe has worked with laboratory animals for 19 years at multiple universities and contract research organizations. He has experience working with small and large laboratory animals, including rodents, rabbits, dogs, and non-human primates.

Authority: Dr. Bartoe has direct program authority and responsibility for the Institution's animal care and use program including access to all animals.

Time contributed to program: Dr. Bartoe is a full-time employee of NBR. Approximately 25% of his time is devoted to the animal care and use program.