Annual Report to OLAW

| Institution: University of Nebraska – Lincoln | |
|--|---|
| Assurance Number: D-16-00289 | * |
| Reporting Period: January 1 to 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 B1 |
|----|----------------|---------|-----------|-------|
|----|----------------|---------|-----------|-------|

| [|] | | There have been no changes in this institution's program for animal care and use as described in the Assurance. [Skip to Item II.] |
|---|---|------|---|
|] |] | | 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) |
| | | Sele | ect 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 (<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.1 |

- [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: May 14, 2019 | Date 2: November 13, 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: Attachment I | Date 2: Attachment I |
|----------------------|----------------------|

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: Debora L. Hamernik | |
|-------------------|--|--|
| Name: Mark Pegg | | |
| (b) (6) | (b) (6) | |
| Signature: | Signature: | |
| Date: 1/14/2020 | Date: 14 January 2020 | |

V. Change in Institutional Official

| Name: | | |
|--|--------------------|--|
| Title: | Degree/Credential: | |
| Name of Institution: | | |
| Address: [street, city, state, zip cod | de] | |
| F maile | | |
| E-mail: | | |
| Phone: | Fax: | |

VI. Change in IACUC Membership [Current roster]

| Institution: Univers | ity of Nebraska | - Lincoln | | | |
|--|-----------------------------|--------------------------|---------------------|-----------------|--|
| IACUC Contact Info | rmation | | | | |
| Address: IACP/IACUC Office (b) (4) Mussehl Hall POB 830720 Lincoln, NE 68583-07 | 720 | | | | |
| E-mail: | ^{(b) (6)} @unl.edu | 1 | | | |
| Phone: (b) | (6) | | Fax: | (b) (6) | |
| IACUC Chairperson | | | | | |
| Name: Mark Pegg | | | | | |
| Title: Professor | | | Degree/Ci | redentials: Phi |) |
| PHS Policy Membershi | ip Requirements | s: Scientist | | | |
| IACUC Roster [Provi | de below or atta | ach] | | | |
| Name of Member/ Code* | Degree/ Credential | Position Ti Backgrour | tle/ Occupa nd** | ational | PHS Policy Membership Requirements*** |
| Kelly Heath | DVM | Director I | ACP | | Attending Veterinarian |
| | | | | (b) (6) | Non-scientist |
| | | | | | Scientist |
| | | | | | IACUC Administrator |
| | | | | | Scientist |
| | | | | | Nonaffiliated |
| | | | | | Consultant |
| | | | | | Scientist |
| | | | | | Nonaffiliated |
| | | | | | Scientist |
| | | | | | Scientist |
| | | | | | IACUC Administrator |
| | | | | | Clinical Veterinarian |
| | | | | | Scientist |
| | | | | | Biosafety Officer |

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Attachment I Facility Inspections

| Facility | Date 1 and Date 2: |
|----------------------------|-------------------------------|
| All Animal Procedure Areas | April 3 and October 8, 2019 |
| Animal Science Complex | April 23 and October 24, 2019 |
| Manter Hall | April 1 and October 11, 2019 |
| Life Science Annex | April 1 and October 11, 2019 |
| Veterinary Teaching Lab | April 3 and October 10, 2019 |

University of Nebraska-Lincoln OLAW Annual Report 2019 Attachment II Program Changes

Program Change #1:

UNL IACUC Significant Change vs. Minor Change Guidelines

| PROPOSED CHANGE | SIGNIFICANT CHANGE (reviewed by committee) | MINOR CHANGE (administrative review) |
|---|--|---|
| Change in type of surgery | From non-survival (euthanized) to survival | From survival to non-survival (euthanized) |
| Change in timing of endpoint | Increase in discomfort | Equal, less or shorter discomfort |
| Change in procedure | Increase in invasiveness or discomfort | Equal or decrease invasiveness or discomfort |
| Change in route of administration of approved anesthetic, analgesic, or euthanasia agent | Increase in invasiveness or discomfort | Equal or less invasive or discomfort. |
| Change in route of approved test compound | Increase in invasiveness or discomfort | Equal or less invasive or discomfort. |
| Change or addition of test compounds | Substantively different from test compounds already approved | Innocuous or substantively similar to test compounds already approved Change resulting in less invasive, less discomfort or fewer side effects |
| Change in personnel, other than PI | | Administrative |
| Change in anesthetic, analgesic, or method of euthanasia | | With consultation and approval of Attending Veterinarian |
| Addition of anesthetic, analgesic, or method of euthanasia | ALWAYS | |
| Change in duration, frequency, or number of procedures performed on animals | ALWAYS | |
| Change in species | ALWAYS | |
| Increase in number of animals used by 25% or greater | ALWAYS | |
| Change in study objectives | ALWAYS | |
| Change in PI | ALWAYS | 1 D : :111 |

Full committee review entails review by all IACUC members prior to approval. Review will be achieved via NUgrant, unless a full board discussion is requested.

Administrative review entails designated member review, generally by the Attending Veterinarian and one other IACUC member, for approval, disapproval or request for revisions. The modification is presented to the committee at the next scheduled IACUC meeting, after DMR approval.

Program Change #2:

Protocols are approved for a maximum of three years. The IACUC requires an annual review for all protocols utilizing USDA covered species and wildlife field studies. If activities will continue beyond the expiration date, the protocol must be resubmitted, reviewed and approved using the same review criteria previously described. All applicable regulations in place at the time of the review shall apply. USDA annual reviews and three-year renewals are conducted by either the whole committee or designated member review. Protocols that are not re-approved by the termination date are designated as "expired," animals are placed on an approved holding protocol, and no animal work is permitted until the protocol is re-approved.

Post-approval monitoring is conducted by the IACP staff, during routine lab visits, surgery, inspection, modifications and other interaction with the PI and research staff. The interactions are reported at regular IACUC meetings, and current conditions are compared to those described in the approved protocol.