

## VIII. Membership of the IACUC

Date: March 13, 2020			
Name of Institution: The University of Texas Health Science Center at Tyler			
Assurance Number: D16-00355/A3589-01			
<b>IACUC Chairperson</b>			
Name*: Amy Tvinnereim, Ph.D.			
Title*: Research Associate Professor		Degree/Credentials*: Ph.D.	
Address*: 11937 U.S. Highway 271 Tyler, TX 75708-3154			
E-mail*: amy.tvinnereim@uthct.edu			
Phone*: (b) (6)		Fax*: (b) (6)	
<b>IACUC Roster</b>			
Name of Member/ Code**	Degree/ Credentials	Position Title***	PHS Policy Membership Requirements****
Ann Buchanan	D.V.M.	Attending Veterinarian	Veterinarian
(b) (6)			Scientist
			Non-affiliated Member, Non-scientist
			Member
			Non-scientist
			Scientist
			Nonscientist, Alternate
			Veterinarian, Alternate
			Non-Affiliated, Non-scientist, Alternate
Anna Kurdowska	Ph.D.	Director of Research/Director of Vivarium	Ex Officio, Non-voting

† This member is neither a current nor former laboratory animal user, is not affiliated with the Institution, and is not an immediate family member of an individual affiliated with the Institution. This member well represents the general community interests in the proper care and use of animals.

\* 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.]*

## X. Facility and Species Inventory

Date: March 13, 2020			
Name of Institution: The University of Texas Health Science Center at Tyler			
Assurance Number: D16-00355/A3589-01			
Laboratory, Unit, or Building*	Gross Square Feet [ <i>include service areas</i> ]	Species Housed [ <i>use common names, e.g., mouse, rat, rhesus, baboon, zebrafish, African clawed frog</i> ]	Approximate Average Daily Inventory
(b) (4)	16,300	Mouse	2900
		Rat	0
		African Clawed Frog	10
	2814	Rabbit	6
	100		
	100	Mouse	70
	90	Mouse	80
	90	Mouse	25
	630	Mouse	250
	54		

**Memorandum to:** Kirk A. Calhoun, M.D., President

**From:** Institutional Animal Care and Use Committee

**Subject:** Report of the Semiannual Program Review and Facility Inspection

**Date:** October 10, 2019

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 the AWA**

Departures 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: *[include reason for each departure]*

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

Animal Care and Use Program Review Date(s): October 10, 2019

Select A or B:

- ☒ A. There were no deficiencies in the program during this reporting period.
- ☐ B. The following deficiencies have been identified: *[describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*

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**III. Deficiencies in the Institution's Animal Facility**

Animal Facility Inspection Date(s): October 10, 2019

Select A or B:

- ☒ A. There were no deficiencies in the animal facility during this reporting period.
- ☐ B. The following deficiencies have been identified: *[describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*


**IV. Minority Views**

Select A or B:

- ☒ A. No minority views were submitted or expressed.
- ☐ B. The following minority views were expressed: *[insert minority views here or attach]*

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**V. Status of AAALAC Accreditation** *[identify accredited facilities, if applicable]*

N/A

N/A
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**VI. Signatures** *[signatures of a majority of the IACUC members]*

Names of IACUC Members	Signatures
Amy Tvinnereim, Ph.D.	(b) (6)
(b) (6)	
Ann Buchanan, D.V.M.	
(b) (6)	