VIII. Membership of the IACUC

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Date: 3/1/2020							
Name of Institution:	The University of Tennessee Health Science Center						
Assurance Number:	A3325-01						
IACUC Chairperson							
Name*: Jeffery D. Stek	ketee						
Title*: Professor				Degre	ee/Cre	edentials*: Ph.D.	
Address*: (street, city,	state, zip code)						
910 Madison, (b) (2 Memphis, TN 38163	1)						
E-mail*: iacuc@uthsc.e	edu						
Phone*: (b) (6)			Fax*:		(b) (d	6)	
IACUC Roster							
Name of Member/ Code**	Degree/ Credentials	Pos	Position Title***			PHS Policy Membership Requirements****	
					(b) (6)		
						Scientist	
David Hamilton	DVM		Institutional Veterinarian			Veterinarian	
					(b) (6)	Scientist	
						Scientist	
						Scientist	
						Scientist	
						Scientist	
						Scientist	
						Scientist	
						Scientist	
						Scientist	
						Scientist	
						Scientist	
						Scientist	

(b) (6)	
(0) (0)	Scientist
	Non-affiliated/Nonscientist
	Non-affiliated/Scientist
	Non-affiliated/Nonscientist
	Nonvoting Member

^{*} This information is mandatory.

^{****} PHS Policy Membership Requirements:

Veterinarian	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 (e.g.,

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.]

^{**} 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").

IX. Other Key Contacts (optional)

X. Facility and Species Inventory

Date: 03/03/2020					
Name of Institution:	The University of Tennessee Health Science Center				
Assurance Number:	A3325-01				
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)	4772	Mice	986 cages		
	15745	Mice	1088 cages		
		Rats	91 cages		
		Rabbits	9 rabbits		
		Swine	3 pigs		
	22632	Mice	977 cages		
		Dogs	5 dogs		
		Goats			
		Deer mice	15 cages		

(b) (4)	Y	T	
(0) (4)	,	Swine	1 pig
	8397	Mice	100 cages
		Hamsters	40
	10475	Mice	2009 cages
		Rats	185 cages
		Zebrafish	19 tanks
		Frogs	1 frog
	1997	Mice	690 cages
		Rats	27 cages
	75	Mice	0
	532	Mice	0.3 cages
	90	Mice	0.7 cages
		Rats	0.3 cages

^{*}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.