VIII. Membership of the IACUC

Date: January 9, 2019						
Name of Institution: Univ	ersity of New Hamp	shire	2			
Assurance Number: A342	27-01					
IACUC Chairperson						
Name*: Rebecca Rowe						
Title*: Associate Professo Environment	r of Natural Resource	es &	the	Degree	/Cred	entials*: Ph.D.
Address*: (street, city, st University of New Hamps James Hall, 56 College Road Durham, NH 03824	tate, zip code) shire NREN Departmo (b) (4)	ent				
E-mail*: rebecca.rowe@ui	nh.edu					
Phone*: (b) (6)			Fax*:		(b) (6	5)
IACUC Roster						
Name of Member/ Code**	Degree/ Credentials	Pos	ition Tit	le***		PHS Policy Membership Requirements****
					(b) (6)	S
						S
						S
						3
						V
Dean Elder	M.S., D.V.M.		ector, An ources C			V
					(b) (6)	NA
						S
						V
						NS

**** 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 (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.]

^{*} 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").

APPENDIX B ANIMAL FACILITIES' GROSS SQUARE FOOTAGE AND SPECIES INVENTORY

FACILITY AND SPECIES INVENTORY

NAME OF INSTITUTION: University of New Hampshire ASSURANCE

Date: 12/11/2018

NUMBER: A-3427-01

Laboratory, Unit, or Building*	Gross Square Feet (including service areas)	Species Housed in Unit (use complete common names)	Approx. Average Daily Inventory
(b)	7300	Mice	1245
	5560	Rats	140
	10,500 4260	Horses Horses	27 1
	35,000	Cattle	225
	21,160	Cattle	100
	3000	Flounder, cod, steelhead trout, and sea bass	250
	3,700	Flounder, sea bass, smelt, steelhead trout, and cod	9,500
	2,400	Lamprey and hagfish	1,100
	450	Tilapia	40
	595	Ghost fish, goldfish, and other companion fish	7
	4,320	Tilapia, and sea bass	400
	900	Dogs and cats not kept on premises	0
	2,250	Broilers (12 wks/yr)	100
	1,800	Sheep (12 wks/yr)	15
	236	Game birds	2

^{*}Institutions may identify animal areas in any manner, e.g., initials, ID number, etc. However, the name and location must be provided to OLAW upon request.

APPENDIX C

SEPTEMBER 2018 SEMIANNUAL PROGRAM REVIEW AND FACILITIES INSPECTION REPORT



University of New Hampshire

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

Jan Nisbet, Senior Vice Provost for Research

To:

I	From:	Institutional Animal Care and Use Committee
5	Subject:	Semiannual Report of the Program Review and Facilities Inspection
I	Date:	October 18, 2018
mo Po Ca ap	ost recent program revi dicy on Humane Care a are and Use of Laborat plicable. Submission o	the Institutional Animal Care and Use Committee's (IACUC) results of its ew and facility inspection, as required by the Public Health Service (PHS) and Use of Laboratory Animals (Policy), Section IV.B.13., the Guide for the bory Animals (Guide), and the Animal Welfare Act (AWA) regulations, as semiannual reports to the Institutional Official is a condition of this are Assurance with the NIH Office of Laboratory Animal Welfare (OLAW).
I.		w, the following changes have occurred in the institution's al care and use (PHS Policy <u>IV.A.1.ai.</u>):
	None.	
II.	Policy, the Guide, and Departures from the Select A or B: [X] A. There were	PHS Policy, the <i>Guide</i> , and the AWA.
		ring departures have been reviewed and approved by the IACUC: [include each departure]
III.	Deficiencies in the	Institution's Animal Care and Use Program
	Select A or B: [X] A. There v	e Program Review Date(s): September 20, 2018 were no deficiencies in the program during this reporting period. lowing deficiencies have been identified:
IV.	Deficiencies in the	Institution's Animal Facilities
	Select A or B:	ection Date(s): September 12 – October 1, 2018 e no deficiencies in the animal facility during this reporting period.
	[]	



University of New Hampshire

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

[X] B. The following deficiencies have been identified:

Deficiency Category* v	_		Deficiency and Plan for Correction	Responsible Party	and Interim	Date mpleted
M	(b) (4)	1.	Recommend cleaning bird netting above stalls in stallion barn.	Facility Manager	Correction schedule: Within 1 month of receipt of report.	
М		1.	Recommend cleaning algae from enrichment surfaces	PI	Correction schedule: Within 2 weeks of receipt of report.	
M		1.	Need labels on food containers	PI	Correction schedule: Corrected on October 8.	
M		1.	Expired Euthasol	PI	Correction schedule: Corrected at the time of inspection.	
М		1.	Expired Euthasol	PI	Correction schedule: Corrected at the time of inspection.	
M		1.	One bottle of expired Vitamin B complex	Facility Manager	Correction schedule: Corrected at the time of inspection.	
M		1.	Five bottles of expired Dextrose	Facility Manager	Correction schedule: Corrected at the time of inspection.	

^{*} A = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)

C = change in program (PHS Policy IV.A.1.d.-i.) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

√ Check if repeat deficiency



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Select A or B:
[X] A. No minority views were submitted or expressed.
B. The following minority views were expressed:



INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

VI. Signatures

