Annual Report to OLAW

Institution: William Beaumont Hospital	
Assurance Number: A3408-01	
Reporting Period: January 2019- December 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 B]

[X]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.]

[]	В.	Change(s) in this institution's program for animal care and use as described in the Assuran	ce
			have occurred during this reporting period. (FAQ 6)	

Select all that apply:

	1	This in	stitution's AAALAC accreditation status has changed (PHS Policy IV.A.2.).
		[]	AAALAC Accredited - Category 1
		[]	Non-Accredited – Category 2
ě]		stitution's program for animal care and use has changed (PHS Policy IV.A.1.a-i . a full description of the changes.]
-5	1	The inc	dividual designated by this institution as the Institutional Official has changed.

- [Provide name, title(s), address, e-mail, phone, and fax numbers in Item V.]
- [] 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 19, 2019	
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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: May 14, 2019	Date 2: November 19, 2019
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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 PHS
 Policy IV.F. for this reporting cycle are attached.

IV. Signatures

IACUC Chairperson	Institutional Official		
Name: Kevin Baker, PhD	Name: Richard Kennedy, PhD		
(b) (6)	(b) (б)		
Signature:	Signature:		
Date: 01/09/2020	Date: 1-14-7070		

V. Change in Institutional Official

Name:	Ti and the state of the state o	
Title:	Degree/Credential:	
Name of Institution:		T B
Address: [street, city, state, zip code]	=	
E-mail:		7
Phone:	Fax:	

VI. Change in IACUC Membership [Current roster] 2020 Current IACUC Membership

IACUC Contact Infor	mation		
Address: 3811 W. Thir 306 Research Royal Oak, M	n Building		
E-mail: ACC.ACC@bea			F.
Phone: (b)	(6)	Fax:	(b) (6)
IACUC Chairperson			
Name: Kevin Baker, P	hD		
Title: Director, Orthopa	edic Research	Degree/Cred	entials: PhD
PHS Policy Membersl	nip Requirements*	**: Scientist	
IACUC Roster [Provide	e below or attach]		
Name of Member/ Code*	Degree/ Credential	Position Title/ Occupational Background**	PHS Policy Membership Requirements***
Kevin Baker	PhD	Director Orthoped Research	TACUC Chair, Scientist
			(b) (6) Scientist
			Scientist
Susan Cook	DVM, DACLAM	Attending Veterina	rian Veterinarian
			(b) (6) Scientist
			Veterinarian- Alternate
			IACUC Vice-Chair, Scientis
			Nonscientist
			Nonaffiliated-Alternate
			Scientist
			Nonscientist-Alternate
			Scientist
			Nonaffiliated
			Scientist-Alternate
			Corresponding Secretary