

Appendix A

MEMBERSHIP OF THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

Date: 6/1/17

NAME OF INSTITUTION: Western University of Health Sciences
 ASSURANCE NUMBER: D16-00558 (A3989-01)

Chairperson Name, Title, and Degree/Credentials		Business Address, Phone, Fax, and Email of Chairperson		
Name: Donald Walters		Address: 309 East 2 nd Street, Pomona, CA 91766		
Title: Director, Research Regulatory Affairs				
Degree/credentials: Ph.D.		Phone: (b) (6)	Fax: (b) (6)	Email: dewalters@westernu.edu

Name of Member*	Degree/Credentials	Position Title	PHS Policy Membership Requirements**
Marcelo Couto	DVM, PhD, DACLAM	Institutional Vet & Attending Vet for Pomona campus	Veterinarian
(b) (6)			Scientist
			Scientist
			Nonscientist
			Scientist; Veterinarian
			Scientist
			Scientist
			Nonaffiliated/ Nonscientist
			Scientist
			Nonscientist
			Veterinarian
			(b) (6)
Scientist			
Scientist			
Scientist			

* Non voting members must be so identified

** **Veterinarian:** a veterinarian will direct or delegate program responsibility.
Scientist: a practicing scientist experienced in research involving animals.
Nonscientist: a member whose primary concerns are in a non-scientific areas (e.g., ethicist, lawyer, member of the clergy).
Non-affiliated member: a member who is not affiliated with the institution in any way other than as a member of the IACUC, and who is not a member of the immediate family of a person who is affiliated. 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 attending veterinarian may not be considered non-affiliated.

FACILITY AND SPECIES INVENTORY APPENDIX B

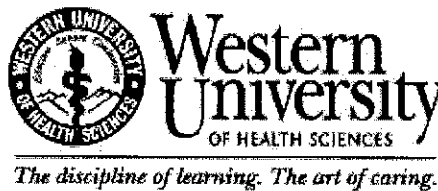
Date: 6/1/17

NAME OF INSTITUTION: Western University of Health Sciences

ASSURANCE NUMBER: D16-00558 (A3989-01)

Laboratory, Unit or Building*	Gross Square Feet (including service areas)	Species Housed in Unit (use complete common names)	Approx. Average Daily Inventory
(b) (4)	2,374 Sq. Ft.	Mice	90
		Shrews	260
		Chickens	80
	2,500 Sq. Ft.	Mice	1600
		Rats	255
		Guinea Pigs	12
	13,000 Sq. Ft.	Mice	1180
		Rats	338
		Zebrafish	210
	924 Sq. Ft.	No animals presently housed	No animals presently housed

*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.



Memorandum to: Steve Henriksen, VP for Research and Institutional Official
From: Institutional Animal Care and Use Committee
Subject: Semiannual Report of the Program Review and Facility Inspection
Date: April 12, 2017

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).

Since the last review, the following changes have occurred in the institution's program for animal care and use (PHS Policy IV.A.1.a.-i.):

There have not been any changes in the program since the last review.

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]

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

Uploaded to Animal Research L

Animal Care and Use Program Review Date(s): 4/29/16

Select A or B:

- ☒ A. There were no deficiencies in the program during this reporting period.
☐ B. The following deficiencies have been identified: [See page 16 of the attached Semiannual Program Review and Facility Inspection Checklist]

III. Deficiencies in the Institution's Animal Facility

Animal Facility Inspection Date(s): 4/29/16

Select A or B:

- ☐ A. There were no deficiencies in the animal facility during this reporting period.
☒ B. The following deficiencies have been identified: [See page 16 of the attached Semiannual Program Review and Facility Inspection Checklist]

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]*

V. Status of AAALAC Accreditation [N/A]

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

Names of IACUC Members	Signatures
Donald E. Walters	<div>(b) (6)</div>
Marcelo A. Couto	
<div>(b) (6)</div>	
<div>(b) (6)</div>	

Received by the Office of the Institutional Official

5-10-17
Date

WESTERN UNIVERSITY OF HEALTH SCIENCES

SEMIANNUAL PROGRAM REVIEW CHECKLIST

DATE: (b) (4): 4/12/17; (b) (4): Inspected and approved for use 2/28/17; no animals presently housed

III. Semiannual Program Review and Facility Inspection Report

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
M		(b) (4)	<p>Plug holes in wall where PPE rack used to be. Notify facilities</p> <p>Air pressure should be negative. Notify facilities</p> <p>*Due to scheduling conflicts and shifting priorities, the Facilities Department was forced to postpone addressing the air pressure issue by the originally set timeline for correction. The IACUC has, therefore, agreed to an extension of the deadline to August 31, 2017. Bids have been requested from HVAC vendors to address the problem.</p>	(b) (6)	<p>4/26/17</p> <p>6/30/17</p>	<p>4/19/17</p> <p>*See note</p>
M			Dirty stereotaxic equipment; un-sanitizable wood cabinet backing. Clean equipment being used & remove if not. Remove wood cabinet or coat with polyurethane.		5/31/17	4/18/17
M			Expired triple antibiotic & eye lube – dispose of Stereotaxic pad with cotton cover – replace cover Improper storage of surgical instruments – notify PI		5/31/17	4/18/17
M			Expired eye lube – dispose of		4/12/17	4/12/17
			Algae & mineral deposits prevent fish from being seen. Have cleaned		5/31/17	5/18/17

WESTERN UNIVERSITY OF HEALTH SCIENCES

SEMIANNUAL PROGRAM REVIEW CHECKLIST

DATE: (b) (4) 4/12/17; (b) (4): Inspected and approved for use 2/28/17; no animals presently housed

M	(b) (4)	Air pressure should be positive. Notify facilities * Due to scheduling conflicts and shifting priorities, the Facilities Department was forced to postpone addressing the air pressure issue by the originally set timeline for correction. The IACUC has, therefore, agreed to an extension of the deadline to August 31, 2017. Bids have been requested from HVAC vendors to address the problem. False high thermostat reading due to heat from incubator by exhaust vent – relocate incubator.	(b) (6)	6/30/17	*See note
				4/19/17	4/14/17

- * **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.a.-i.](#)) (include in semiannual report to IO and in annual report to OLAW)
- NA** = not applicable
- ✓ Check if repeat deficiency