VIII. Membership of the IACUC

Date: August 2017								
Name of Institution: The Connecticut Agricultural Experiment Station								
Assurance Number: D16-00568								
IACUC Chairperson								
Name*: Kirby C. Stafford III								
Title*: Chief Scientist/S	Degree/Credentials*: Ph.D.							
Address*: (street, city, 123 Huntington Street New Haven, CT 06504-	- Box 1106		<i>*</i>					
E-mail*: Kirby.Stafford@ct.gov								
Phone*:	0) (6)	Fax*:	(b) (6)				
IACUC Roster			, =	·				
Name of Member/ Code**	Degree/ Credentials	Position Ti		PHS Policy Membership Requirements****				
			(b) (6	Scientist				
Kimberly McClure Brinton	D.V.M	Attending Veterinaria	an	Veterinarian				
			(b) (6)	Non-scientist				
				Non-affiliated				
				Scientist				
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***** 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").

Facility and Species Inventory

Date: May 2017			
Name of Institution: T	he Connecticut Ag	gricultural Experiment Station	
Assurance Number: D	16-00568	17	
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) ⁻	1,475	Mouse	20-40
	**	Guinea pig	2-4
	w	Rabbit	2-3
	W	Hamster	0 a
	163	Guinea pig	2
	W	Japanese quail	2-3
	381	Mouse	20-30 ^b
	"	Hamster	0 ^a
	.11	^a 5-10 animals may be housed for duration of a specific study, inventory frequently zero. ^b 10-30 animals may be	
		housed for duration of a specific study, inventory frequently zero.	
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^{*}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.