

MEMBERSHIP OF THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

DATE: February 28, 2020

NAME OF INSTITUTION: Saint Joseph's University

ASSURANCE NUMBER: A4224-01

Chairperson Name, Title, and Degree/Credentials	Business Address, Phone, Fax, and Email of Chairperson
Name*: Julia Lee-Soety	Address*: Saint Joseph's University 5600 City Avenue, Philadelphia, Pa 19131
Title*: Associate Professor	

Degree/credentials*: Ph.D. Biology	Phone*: (b) (6)	Fax*: (b) (6)	Email*: Jlee04@sju.edu
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Name of Member/Code**	Degree/Credentials	Position Title	PHS Policy Requirements***
			(b) (6) Scientist
Donato, Len	VMD, DAVP	Veterinarian	Veterinarian/Consultant
			(b) (6) Scientist**
			Scientist**
			Non-affiliate-Community **
			Non-Scientist

*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.

***PHS Policy Requirements - identify which IACUC members meet the four criteria below:

- Veterinarian (V) - a veterinarian with direct or delegated program responsibility.
- Scientist (S) - a practicing scientist experienced in research involving animals.
- Nonscientist (NS) - a member whose primary concerns are in non-scientific areas (e.g. ethicist, lawyer, member of the clergy).
- Nonaffiliated (NA) - 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 the interests of the general community in the proper care and use of animals and should not be a laboratory animal user. A consulting attending veterinarian may not be considered nonaffiliated.

Notes:

1. All members must be appointed by the CEO (or individual with specific written delegation to appoint members) and must be voting members. Ad hoc or nonvoting members may be listed and identified as such, but are not considered members for the purpose of the PHS Policy, and do not contribute to a quorum.
2. If Alternate members are listed, identify for whom (by name or code number, not specialty) they will serve as Alternates.

FACILITY AND SPECIES INVENTORY

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Laboratory, Unit, or Building*	Gross Square Feet (including service areas)	Species Housed in Unit (use complete common names)	Approx. Average Daily Inventory
POST HALL -PSYCHOLOGY			
(b) (4)	880	California Mouse	680
SCIENCE CENTER-BIOLOGY			
(b) (4)	800	Green Sunfish	150
		Lab Mouse	25
		Snapping Turtle	1
	450	Siamese Fighting Fish	50
		Yellow Headed Turtle	10
		Mollies (Fish)	55
		Serferum (Fish)	2
		Dart Frog (Tadpoles)	10
		American Toad (Tadpoles)	50
	960	Green Poison Frog	25
		Blue Poison Frog	10
		Spotted Indian Turtle	7
		Leaf Turtle	2
		Mud Turtle	20
		Big Headed Turtle	2
		Red Eared Sliders	12

[illegible]

*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: Thomas Kaeo, Director, Office of Research Services (IO)
From: Institutional Animal Care and Use Committee
Subject: Semiannual Report of the Program Review and Facility Inspection
Date: January 21, 2020

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.](#)): [optional]

Not applicable

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

Animal Care and Use Program Review Date(s):

Select A or B:

- ☒ A. There were no deficiencies in the program during this reporting period.
☐ B. The following deficiencies have been identified: *[describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each]*

deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]

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III. Deficiencies in the Institution's Animal Facility

Animal Facility Inspection Date(s):

Select A or B:

- ☒ A. There were no deficiencies in the animal facility during this reporting period.
- ☐ B. The following deficiencies have been identified: *[describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*

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 *[identify accredited facilities, if applicable]*

Not Applicable

VI. Signatures *[signatures of a majority of the IACUC members required by AWAR (§2.31,c,3), if applicable]*

Uploaded to Animal Research L

Names of IACUC Members

Signatures

OLAW note 2/26/2020 - Majority of members signed after the statement included below, but signature pages were not retained. -JN

In signing below, I certify that I have reviewed the reporting of the Saint Joseph's	
University IACUC semi-annual program review and facility inspection conducted	
on 11/21/2019.	