# **Annual Report to OLAW**

Institution: Oklahoma State University Center for Health Sciences
Assurance Number: A3679-01
Reporting Period: January 1, 2019 - December 31, 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	1 or	В	
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[ )	< ]	A.	There have been <b>no changes</b> in this institution's program for animal care and use as described in the Assurance. [Skip to Item II.]
]	1	В.	Change(s) in this institution's program for animal care and use as described in the Ass

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

Select all that apply:

				ac apply.
[	]	Th	nis ir	nstitution's AAALAC accreditation status has changed (PHS Policy IV.A.2.).
		[	]	AAALAC Accredited – Category 1
		]	]	Non-Accredited – Category 2
[	]			nstitution's program for animal care and use has changed ( <u>PHS Policy IV.A.1.a-i.</u> ). The harman for animal care and use has changed ( <u>PHS Policy IV.A.1.a-i.</u> ).
[	]	Th	ne in	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
- [ ] 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

196 Sept. No. 196 Sept. 19	
Date 1: 5/6/2019	Date 2: 11/11/2019

### **B. Facility Inspections**

Date 1: 2/25/2019 Date 3	2: 8/12/2019
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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 <u>PHS</u> <u>Policy IV.F.</u> for this reporting cycle are attached.

## IV. Signatures

IACUC Chairperson	Institutional Official	
Name: J. Tom Curtis, PhD	Name: Amber Hood, MS, CPIA, CIP	
(b) (6)	(ъ) (б)	
Signature	Signature	
Date: // 303602020	Date: 3'0 SAN' 2020	

Annual Report v10/28/2013 2