

Annual Report to OLAW

Institution: White Oak Animal Program
Assurance Number: A-4300-01
Reporting Period: January 1 – December 31, 2018

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]*

- ☐ 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.]*
- ☒ B. 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:

- ☐ This institution's AAALAC accreditation status has changed ([PHS Policy IV.A.2.](#)).
- ☐ [AAALAC Accredited](#) – Category 1
- ☐ Non-Accredited – Category 2
- ☐ This institution's program for animal care and use has changed ([PHS Policy IV.A.1.a-i.](#)). *[Attach a full description of the changes.]*
- ☐ The individual 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: March 26, 2018 (see attached list)	Date 2: Sept 27, 2018 (see attached list)
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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: February 14, 2018 (see attached list)

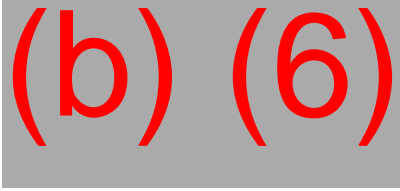

Date 2: August 22, 2018 (see attached list)

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: (b) (6), PhD	Name: Peter Marks, MD, PhD
 Digitally signed by Steven A. Rubin -S DN: c=US, o=U.S. Government, ou=HHS, ou=FDA, ou=People, 0.9.2342.19200300.100.1.1=1300140003, cn=Steven A. Rubin -S Date: 2019.01.30 08:57:30 -05'00'	 Digitally signed by Peter W. Marks -S DN: c=US, o=U.S. Government, ou=HHS, ou=FDA, ou=People, cn=Peter W. Marks -S, 0.9.2342.19200300.100.1.1=2000932716 Date: 2019.01.30 11:17:56 -05'00'

V. Change in Institutional Official

Name:	
Title:	Degree/Credential:
Name of Institution:	
Address: [street, city, state, zip code]	
E-mail:	
Phone:	Fax:

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

Institution: White Oak Animal Program			
IACUC Contact Information			
Address: [<i>street, city, state, zip code</i>]			
E-mail:			
Phone:		Fax:	
IACUC Chairperson			
Name: (b) (6)			
Title: Biologist		Degree/Credentials: PhD	
PHS Policy Membership Requirements***:			
IACUC Roster [<i>Provide below or attach</i>]			
Name of Member/ Code*	Degree/ Credential	Position Title/ Occupational Background**	PHS Policy Membership Requirements***
(b) (6)	PhD	Biologist	Chair
	DVM., MS, DACLAM	Director, Veterinarian	Attending Veterinarian
	DVM	Clinical Veterinarian	Veterinarian
	N/A	Safety and Health Specialist	Occupational Health and Safety Specialist (voting)
	MS	Microbiologist	Scientist
	PhD	Staff Scientist	Scientist
	PhD	Biologist	Vice Chair, Scientist
	PhD	Scientist	Scientist
	PhD	Biologist	Scientist
	PhD	Research Pharmacologist	Scientist
	MS	Biologist	Scientist
	PhD	Staff Fellow	Scientist
	PhD	Biologist	Scientist
	MFA	Faculty Emeritus, NVCC	Non-Affiliated, Non-Scientist
	DVM, PhD	Research Biologist	Alternate Scientist
	LCDR, PHS	Biologist	Alternate Scientist
	MS	Biologist	Alternate Scientist
	PhD	Visiting Associate	Alternate Scientist
	PhD	Research Pharmacologist	Alternate Scientist
	MD, PhD	Biologist	Alternate Scientist
PhD	Staff Fellow	Alternate Scientist	

(b) (6)

PhD	Contractor	Alternate Scientist
BS, CMAR, RLATG	Animal Program Manager/Interdisciplinary Scientist	Scientist
PhD	Research Biologist	Alternate Scientist
LCDR, PHS	Safety and Health Specialist	Alternate, Occupational Health and Safety Specialist
BA, BS	Insurance Agent/ Customer Service Rep	Alternate, Non-Affiliated, Non-Scientist
PhD	Pharmacologist	Alternate Scientist
PhD	Staff Fellow-Neuroscientist	Alternate Scientist
	IACUC Administrator	Non-Voting
BS	IACUC Administrator	Non-Voting

Annual Report to OLAW (continuation)

FDA/CBER

Assurance Number A-4300-01

Reporting Period: January 1, 2018 - December 31, 2018

Section 2A – Program Review Dates

Jan 23, 30, Feb 1, 6, 2018 – Chapter 1-5 of the *Guide* reviewed

Mar 26, 2018 – Program Review Meeting for final evaluation

Aug 22, 23, Sept 1, 6, 2018 – Chapter 1-5 of the *Guide* reviewed

Sept 27, 2018 – Program Review Meeting for final evaluation

Section 2B – Animal Facility Inspection Dates

February 14, 15, 2018 and March 1-2, 8-9, 12-13, 15, 19, 2018 – Final deficiency report reviewed at the Mar 29, 2018 Program Review Meeting

August 13, 15-16, 20, 22-24, 27-29, 2018 and September 4-5, 7, 10, 12, 2018 – Final deficiency report reviewed at the Sept 27, 2018 Program Review Meeting