

VIII. Membership of the IACUC

Date: 27 August 2020			
Name of Institution: Ibex Preclinical Research, Inc.			
Assurance Number:			
IACUC Chairperson			
Name*: Lindsay Lagasse			
Title*: Ms.		Degree/Credentials*: ALAT	
Address*: (street, city, state, zip code) 1072 West RSI Drive Logan, UT 84321			
E-mail*: lindsay@ibexresearch.com			
Phone*: (b) (6)		Fax*: NA	
IACUC Roster			
Name of Member/ Code**	Degree/ Credentials	Position Title***	PHS Policy Membership Requirements****
Kelvin C Buchanan	DVM, MPH, MSS, DACLAM	Veterinarian	Veterinarian
(b) (6)			Nonscientist
			Scientist
Lindsay Lagasse	ALAT	Research Operations Manager	Chair
(b) (6)			Scientist
			Nonaffiliated member and nonscientist

* 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").

**** PHS Policy Membership Requirements:

Veterinarian 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.]



X. Facility and Species Inventory

Date: 17 August 2020			
Name of Institution: Ibex Preclinical Research, Inc.			
Assurance Number:			
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)	14,815 ft ²	rats, rabbits, pigs, and dogs	Rats: 117 Rabbit: 141 Swine: 4 Canines: 15
	5,485 ft ²	Sheep and Goats	Sheep: 9 Goats: 17

*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.

Memorandum to: Michael J. Larson, DVM
From: Institutional Animal Care and Use Committee
Subject: Semiannual Report of the Program Review and Facility Inspection
Date: 17 August 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]

None

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]*

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]*

See table below

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 accredited

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

Names of IACUC Members

Kelvin Buchanan

(b) (6)

Leslie Larson

(b) (6)

Lindsay Lagasse

Signatures

(b) (6)

III. Semiannual Program Review and Facility Inspection

Date: 10 March 2020

Members in Attendance: Kelvin Buchanan, Leslie Larson, NaTasha Barnes, Lindsay Lagasse

Deficiency Category*	✓	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
M		(b) (4)	Deficiency: Areas of exposed wall in the hallway, (b) (4) and cagewash Plan for correction: Repaint exposed areas and possibly shield wall in cagewash	(b) (6)	Due Date: 10 April 2020 Walls repainted and metal shield mounted on wall in cage wash.	8 April 2020
M			Deficiency: Floor in cagewash – surface is delaminating Plan for correction: Explore the use of mats to protect the floor during cage sanitation		Due Date: 10 May 2020 Repair of Floor scheduled for 21 May 2020 Floor repaired and resurfaced	21 May 2020
M			Deficiency: Upper walls in hallway are dirty Plan for correction: Clean		Due Date: 10 April 2020 Walls cleaned	11 March 2020
M			Deficiency: Ceiling tiles in hallway around vent are dirty Plan for correction: Clean		Due Date: 10 April 2020 Ceiling tiles cleaned	12 March 2020
M			Deficiency: Floor in (b) (4) adjacent to cagewash is dirty Plan for correction: Clean		Due Date: 17 March 2020 Floor cleaned	11 March 2020
M			Deficiency: Fume hood in Necropsy has not been certified in 2+ years Plan for correction: Certify the fume hood	Lindsay Lagasse	Due Date: 10 May 2020 Fume hood certified	10 April 2020

* 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