# Annual Report to OLAW

Institution: VA Long Beach Healthcare System	2
Assurance Number: D16-00415 (Legacy A3707-01)	
Reporting Period: January 2019 to December 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. Pro	gram Ch	anges [S	elect A or B
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[ ]	X	]	Α.		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.]
]	]		В.		Change(s) in this institution's program for animal care and use as described in the Assurance nave occurred during this reporting period. ( <u>FAQ 6</u> )
			Se	ele	ct 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 $V$ .]
			ľ	1	The membership of this institution's IACUC has changed. [Provide current roster of

#### II. Semiannual Evaluations

members in Item VI.]

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: 1/16/2019	Date 2: 7/16/2019	
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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: 1/16/2019	Date 2: 7/16/2019
Butc 1: 1/10/2013	Dutc 2. 7/10/2013

## **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: (b)(6)	Name: Walt C. Dannenberg, FACHE
(b)(6)	(b)(6)
Signati	Signature:
Date: -11-20	Date: January 23, 2020

### V. Change in Institutional Official

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

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

Institution: VA Long	Beach Healthcare	System	1				
IACUC Contact Info	rmation	2 8					
Address: [street, city,	state, zip code]						
VA Long Beach Health 5901 East Seventh St Long Beach CA 90822	(b)(6)						
E-mail: @va.gov							
Phone: 562-826-8000	), ext. (b)(6)		Fax: (b)(6)				
IACUC Chairperson							
Name: (b)(6)							
Title: Chair	20		Degree/Credent	ials: MD, PhD			
PHS Policy Membershi	ip Requirements***	: Scien	tist				
IACUC Roster [Provi	de below or attach	]	2				
Name of Member/ Code*	Degree/ Credential	Oc	sition Title/ cupational ckground**	PHS Policy Membership Requirements***			
(b)(6)	PhD	Member		Scientist			
	AA	Loan Processor		Non-affiliated Member			
	DVM	Veterinarian		Veterinarian			
	AA	Freelance Artist		Non-scientific Member			
	MD	Member		Scientist			
	PhD	Member		Scientist			
1 No.							
			e				
	*						

<sup>\*</sup> Names of members, other than the chairperson and veterinarian, may be represented by a number or symbol in this report 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 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 (for example,

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.]