#### **Annual Report to OLAW**

Institution: BIOQUAL, Inc.	
Assurance Number: D16-00052	
Reporting Period: January 1st, 2018 – December 31st, 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 B1
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- [ ] 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.]
- [ X ] 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:

]	]	Th	nis ir	stitution's AAALAC accreditation status has changed (PHS Policy IV.A.2.).
		[	]	AAALAC Accredited - Category 1
		ſ	1	Non-Accredited - Category 2

- [ X ] 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.]<sup>VII</sup>
- [ ] 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.]
- [ X ] 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 23 <sup>rd</sup> , 2018	Date 2: September 14 <sup>th</sup> , 2018
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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.]

Research Boulevard:	Piccard Drive:	Parklawn Drive:
March 13 <sup>th</sup> , 2018	April 17 <sup>th</sup> , 2018	
July 18 <sup>th</sup> , 2018	July 18 <sup>th</sup> , 2018	July 19 <sup>th</sup> , 2018
November 6 <sup>th</sup> , 2018	November 6 <sup>th</sup> , 2018	November 13th, 2018

# **III.** Minority Views [Select A or B]

- [  ${f X}$  ] 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 Policy IV.F.</u> for this reporting cycle are attached.

# IV. Signatures

IACUC Chairperson	Institutional Official			
Name: Wendeline L. Wagner, DVM	Name: Mark G. Lewis, PhD			
Signature: Wendeline L. Wagner, DVM Wendeline L. Wagner, DVM (Jan 24, 2019)	Signature: Mark Lewis Mark Lewis (Jan 24, 2019)			
Date: Jan 24, 2019	Date: Jan 24, 2019			

#### V. Change in Institutional Official

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

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

Institution: BIOQUAL, Inc.						
IACUC Contact Inform	nation			2/		
Address: [street, city, st	tate, zip code]					
12301 Parklawn Drive, F	Rockville Maryland 2	2085	52			
E-mail: iacuc@bioqual.c	om					
Phone: (b) (6)			Fax:		(b) (	6)
IACUC Chairperson						
Name: Wendeline L. Wa	gner					
Title: Director			Degr	ee/Credent	tials	DVM, Lab Animal Vet
PHS Policy Membership	Requirements***:					
IACUC Roster [Provide	below or attach]					
Name of Member/ Code*	Degree/ Credential	Position Title/ Occupational Background**				PHS Policy Membership Requirements***
А	DACLAM	Attending				Veterinarian
				(	(ь) (б)	Veterinarian
					Scientist	
						Non-Scientist
						Non-Affiliated Non-Scientist
						Veterinarian
						Member
						Non-Affiliated
						Veterinarian

<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.

### \*\*\* 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.]

<sup>\*\*</sup> List specific position titles for all members, including nonaffiliated (e.g., banker, teacher, volunteer fireman; not "community member" or "retired").

#### VII. Program Changes:

IV.A.1.c: Addition of one full time veterinarian.

Dr. Danielle E. Covington

Qualifications:

Degrees: B.S., Animal and Poultry Science, Tuskegee University, 2002; D.V.M.; Tuskegee University School of Veterinary Medicine, 2006;

Training or experience in Laboratory Animal Medicine or in the use of the species at the institution:

Post-doctoral training, Cornell University Center for Animal Resources and Education (CARE), 2006-2009; Novartis Pharmaceuticals; Pre-Clinical Safety, 2009-2014; BIOQUAL, Inc. Outside IACUC Member 2017-2018; Director, Small Animal Division 2018 – current

#### Authority:

Dr. Covington is the attending clinical veterinarian for all small animals housed at any BIOQUAL facility and has delegated program authority and responsibility for the Institution's animal care and use program, including access to all animals. Dr. Covington is a full-time employee of BIOQUAL, and devotes 100% of her time to the animal care program.

# 2018 OLAW Annual Report\_

Final Audit Report

2019-01-24

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