

## VIII. Membership of the IACUC

Date: December 5 <sup>th</sup> , 2017			
Name of Institution: Biomedical Research Institute of Southern California			
Assurance Number: #A4703-01			
<b>IACUC Chairperson</b>			
Name*: Claudia Gabaglia			
Title*: Assistant Professor		Degree/Credentials*: M.D. Ph.D.	
Address*:  4225-H Oceanside Blvd (b) (4) Oceanside CA 92056			
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<b>IACUC Roster</b>			
Name of Member/ Code**	Degree/ Credentials	Position Title***	PHS Policy Membership Requirements****
Claudia Gabaglia	M.D. Ph.D.	Chairperson	Scientist; affiliated
Mari Bray	DVM	Veterinarian	Veterinarian; affiliated
(b) (6)			Scientist; affiliated
			Nonscientist; unaffiliated
			Nonscientist; affiliated
			Scientist (alternate); affiliated

\* 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:

<i>Veterinarian</i>	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.
<i>Scientist</i>	practicing scientist experienced in research involving animals.
<i>Nonscientist</i>	member whose primary concerns are in a nonscientific area (e.g., ethicist, lawyer, member of the clergy).
<i>Nonaffiliated</i>	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: 9/21/17			
Name of Institution: Biomedical Research Institute of Southern California			
Assurance Number:			
Laboratory, Unit, or Building *	Gross Square Feet [ <i>include service areas</i> ]	Species Housed [ <i>use common names, e.g., mouse, rat, rhesus, baboon, zebrafish, African clawed frog</i> ]	Approximate Average Daily Inventory
(b) (4)	170	Mouse	10 cages
	170	Mouse	20 cages

\*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:** Dr. Sally Sarawar, Institutional Officer for BRISC.

**From:** Institutional Animal Care and Use Committee

**Subject:** Semiannual Report of the Program Review and Facility Inspection on March 20 2017

**Date:** September 21, 2017

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).

**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:

**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:

**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 applicable

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

Names of IACUC Members	Signatures
<div>(b) (6)</div>	<div>(b) (6)</div>
<div>Mari Bray, DVM</div> <div>(b) (6)</div>	
<div>Claudia R. Gabaglia, MD, PhD</div>	