

Annual Report to OLAW

Institution: American Preclinical Services
Assurance Number: A4586-01
Reporting Period: 1/1/20 – 9/30/20

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 19, 2020	Date 2: September 24, 2020
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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.]

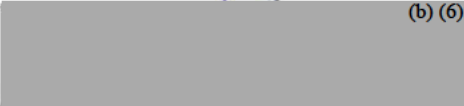



Date 1: March 4, 6, 8, and 18, 2020

Date 2: Aug 27, 31 & September 1-4, 2020

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: Jim Pomonis	Name: Michael Conforti
 (b) (6)	 (b) (6)
Signature: 	Signature: 
Date: 12/07/20	Date: 12/07/20

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: American Preclinical Services			
IACUC Contact Information			
Address: Jim Pomonis 8945 Evergreen Blvd NW Minneapolis, MN 55433			
E-mail: jpomonis@apsemail.com			
Phone: (b) (6)		Fax: (b) (6)	
IACUC Chairperson			
Name: Jim Pomonis			
Title: Chief Scientific Officer		Degree/Credentials: PhD	
PHS Policy Membership Requirements***: Scientist			
IACUC Roster [Provide below or attach]			
Name of Member/ Code*	Degree/ Credential	Position Title/ Occupational Background**	PHS Policy Membership Requirements***
Dr. Claire Norman	DVM	Attending Veterinarian	Attending Veterinarian
(b) (6)			Scientist
			Voting member
			Voting member
			Nonscientist
			Nonaffiliated
			Nonaffiliated , alternate
			Scientist , alternate
			Voting member, alternate
			Voting member , alternate
			Veterinarian, alternate
			Veterinarian, alternate

* 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:

<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 (for example, 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.]

Name: Claire Norman

Qualifications

- Degrees: DVM, BS
- Training or experience in laboratory animal medicine or in the use of the species at the institution: Three years of laboratory animal experience at APS

Authority: Dr. Claire Norman has direct program authority and responsibility for the Institution's animal care and use program including access to all animals.

Time contributed to program: Full time, 100% of time contributed to animal care and use program

Knapp, Paula (NIH/OD) [E]

From: Jim Pomonis <jpomonis@apsemail.com>
Sent: Thursday, January 28, 2021 9:47 AM
To: Knapp, Paula (NIH/OD) [E]; Michael Conforti
Cc: Claire Norman; (b) (6)
Subject: RE: 2020 Annual Report D16-00808 (A4586-01)

Dear Paula,

Dr. Claire Norman received her DVM from the University of Minnesota College of Veterinary Medicine in 2013.

Please let me know if you need any additional information at this time.

All the best,

Jim

Jim Pomonis, PhD
Chief Scientific Officer

(b) (6)

From: Knapp, Paula (NIH/OD) [E] <pknapp@od.nih.gov>
Sent: Wednesday, January 27, 2021 2:59 PM
To: Michael Conforti <mconforti@apsemail.com>
Cc: Jim Pomonis <jpomonis@apsemail.com>; (b) (6)
Subject: 2020 Annual Report D16-00808 (A4586-01)

Dear Dr. Conforti,

Thank you for your institution's 2020 Annual Report to OLAW. OLAW reviewed the 2020 Annual Report from American Preclinical Services D16-00808 (A4586-01) and requests the following revision:

- For Dr. Claire Norman, please provide in the Annual Report the name of AVMA-accredited veterinary school attended (or indicate Educational Commission for Foreign Veterinary Graduates (ECFVG) or Program for the Assessment of Veterinary Education Equivalence (PAVE) certification and North American Veterinary Licensing Examination (NAVLE) pass date).

All veterinarians providing unsupervised care should satisfy the requirements of the definition of attending veterinarian as described by the USDA Animal Welfare Regulations: (1) graduated from a veterinary school accredited by the AVMA Council on Education; (2) certified by the AVMA ECFVG or PAVE and NAVLE pass date; or (3) received equivalent formal education as determined by the Administrator.

Please let me know if you have any questions.

Thank you,

Paula Knapp
Assurance Officer

Division of Assurances
Office of Laboratory Animal Welfare
National Institutes of Health
301.451.4206



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