VIII. Membership of the IACUC

Date: Dec 20, 2017

Name of Institution: Neuroscience Research Institute of North Carolina

Assurance Number: A4500-01

IACUC Chairperson

Name*: Andre Le Grande, Doctor of Veterinary Medicine

May, 2014

School of Veterinary Medicine

Louisiana State University, Baton Rouge, LA

Title*: alegrand@wakehealth.edu

Degree/Credentials*: D.V.M.

Address*: (street, city, state, zip code)

Wake Forest School of Medicine Medical Center Boulevard Winston-Salem, NC 27157

E-mail*: alegrand@wakehealth.edu

Phone*: Fax*:

IACUC Roster

| Name of Member/ Code** | Degree/ Credentials | Position Title*** | PHS Policy Membership Requirements**** |
|---------------------------|---|---------------------------------------|---|
| | | (b) (6) | Scientist |
| Donald J. Woodward | Ph.D. | Professor and Director | Scientist |
| Erin Mitchell | DVM, North Carolina State University - College of Veterinary Medicine Doctor of Veterinary Medicine, May 2004 | Attending Vet. Vice Chair of IACUC | Attending Vet |
| | | (b) (ć | Non Scientist/Non- Affiliated member |
| | | | |

^{*} This information is mandatory.

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.]

^{**} 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:

X. **Facility and Species Inventory**

| Date: 2017 Dec. 20 | | | |
|-----------------------------------|---|---|---|
| Name of Institution: No | euroscience Resea | arch Institute of North Carolina | |
| Assurance Number: A | 4500-01 | | |
| 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) | | | |
| | 400 | rats | 20 |
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^{*}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.

| um to: | Neuroscience Research Institute of North Carolina Assurance A4500-01 |
|--|---|
| | Institutional Animal Care and Use Committee |
| | Semiannual Report of the Program Review and Facility Inspection |
| | 1/29/2018 |
| the Public on IV.B.13 e Act (AWA) fficial is a co imal Welfare | ne IACUC's results of its most recent program review and facility inspection, Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals 3., the Guide for the Care and Use of Laboratory Animals (Guide), and the program review and reports to the ondition of this institution's Animal Welfare Assurance with the NIH Office of the (OLAW). |
| | care and use (PHS Policy <u>IV.A.1.ai.</u>): [optional] |
| | |
| or B: There were The follow | e PHS Policy, the <i>Guide</i> , and the AWA. e no departures during this reporting period. ing departures have been reviewed and approved by the IACUC: [include reach departure] |
| | |
| cies in the | e Institution's Animal Care and Use Program |
| | |
| are and Use or B: | Program Review Date(s): |
| | the Public on IV.B.13 e Act (AWA) fficial is a command welfare st review r animal command command command welfare ion of the he Guide, es from the or B: There were the follow reason for |

Donald J. Woodward PhD. Institutional Official

III. Deficiencies in the Institution's Animal Facility

| Select A or B: | |
|--|--|
| | es in the animal facility during this reporting period. |
| each deficiency as either plan and schedule for the a separate table and atta | is have been identified: [describe each deficiency, identify minor or significant, and provide a reasonable and specific e correction of each deficiency, deficiencies may be recorde sched, the last page of OLAW's Sample Semiannual Program ection Checklist provides a sample table] |
| | |
| Minority Views | |
| Select A or B: [x A. No minority views were s | submitted or expressed. |
|] B. The following minority vie | ews were expressed: [insert minority views here or attach] |
| | |
| | |
| Status of AAALAC Accreditation | on [identify accredited facilities, if applicable] |
| | |
| | |
| NA | |
| NA | |
| NA | |
| | ority of the IACUC members required by AWAR |
| Signatures [signatures of a major | ority of the IACUC members required by AWAR Signatures |
| Signatures [signatures of a majo (§2.31,c,3), if applicable] Names of IACUC Members | |
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| Signatures [signatures of a major (§2.31,c,3), if applicable] Names of IACUC Members Dr. Andre Le Grande DVM Chair | Signatures (b) (|
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