VIII. Membership of the IACUC

Date: September 6, 2019

Name of Institution: Advanced Science Research Center, The Graduate Center, City University of

New York

Assurance Number: A 4741-01

IACUC Chairperson

Name*: Dr. Steven Nicoll, Title*: Associate Professor

Professor Degree/Credentials*: Ph.D.

Address*: Dept. of Biomedical Engineering, Grove School of Engineering, The City College of New

York, 160 Convent Ave, New York, NY 10031

E-mail*: snicoll@ccny.cnu.edu

Phone*: (b) (6)

Fax*: (b) (c)

IACUC Roster

| Name of Member/ Code** | Degree/ Credentials | Position Title*** | PHS Policy Membership Requirements**** | | |
|---------------------------|------------------------|------------------------|--|--|--|
| Dr. Steven B. Nicoll | Ph.D. | Professor of Biology | Scientist; 40 years | | |
| | | | experience in research | | |
| | | | involving vertebrate animals. | | |
| Dr. Sulli Popilskis | D.V.M. | Attending Veterinarian | Veterinarian with training | | |
| | | | and more than 30 years | | |
| | | | experience in laboratory | | |
| | | | animal science and medicine | | |
| | | | and in the use of the species | | |
| | | | at the institution; has direct | | |
| | | | program authority and | | |
| | | | responsibility for activities | | |
| | | | involving animals at the | | |
| | | | institution. | | |
| | | (b) | (6) Scientist (b) (6) | | |
| | | | Member (b) (6) | | |
| | | | Non-affiliated member | | |
| | | | Non-scientist (b) (6) | | |
| | | | Scientist (b) (6) | | |

| X. Facility and Species Inventory Date: September 6, 2019 | | | | | | | |
|--|---|---|--|--|--|--|--|
| Name of Institution: CUNY Advanced Science Research Center | | | | | | | |
| Assurance Number: A4741-01 | | | | | | | |
| 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) | 20,000 | Mice, rats, cats, peromyscus | 3,500 mice, 25 rats, 8 cats, 20 peromyscus | | | | |

I. Semiannual Program Review and Facility Inspection Report

Date: October 16, 2019

Members in Attendance: Steven Nicoll,

| Deficiency Category* √ | Location | Deficiency and Plan for Correction | Responsible Party | Correction Schedule and Interim Status | Date Complete |
|---------------------------|----------|--|----------------------|--|------------------|
| M | (b) (4) | Sharps container lid should be closed at all times to prevent contents from falling out in the event that animals may knock it down. | | Email notification sent to lab. | 11/1/2019 |
| М | | Anesthetic gases charcoal canister – Ensure to record the weight after each use (so it can be discarded when indicated weight is reached). | | Email notification sent to lab. | 11/1/2019 |
| М | | Discard expired bacitracin zinc ointment. | | Discarded. | 11/1/2019 |
| М | | Denture material was dated 8/18.Need to determine if the date is the manufacture date or the expiration date. | | The date was determined to be the manufacture date. The material has been labeled with the manufacture date and the expiration date. | 11/1/2019 |
| М | | Discard Isopropanol (70%) lacking a preparation or expiration date. | | Value of the second of the sec | 11/1/2019 |

(b) (6)

* A = acceptable

M = minor deficiency

S = significant deficiency (is or may be a threat to animal health or safety)
C = change in program (PHS Policy <u>IV.A.1.a.-i.</u>) (include in semiannual report to IO and in annual report to OLAW)

NA = not applicable

Check if repeat deficiency

Obtained by Rise for Animals.