Annual Report to OLAW

Institution: Queens College, CUNY
Assurance Number: D16-00424 (A3721-01)
Reporting Period: January 1, 2020 to September 30, 2020

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
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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:

[]	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.]
[X]	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
- 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.]

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.]

Da	te 1: 4/22/20	Date 2: 9/17/20

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 <u>PHS</u> <u>Policy IV.F.</u> for this reporting cycle are attached.

IV. Signatures

IACUC Chairperson	Institutional Official	
Name: Robert Ranaldi, PhD	Name: Frank H. Wu, JD.	
(b) (6)	(b) (6)	
Signature:	Signature:	
Date: 12-01-2020	Date:12.1.2020	

V. Change in Institutional Official

Name: Frank H. Wu, JD.				
Title: President	Degree/Credential: JD			
Name of Institution: Queens College				
Address: [street, city, state, zip code]				
65-30 Kissena Blvd, Kiely Hall 12 th Floor Queens, New York 11367				
E-mail: qcpres@qc.cuny.edu				
Phone: (b) (6)	Fax: (b) (6)			

VI. Change in IACUC Membership [Current roster]

Institution: Queens College – City University of New York					
IACUC Contact Informati	on				
Address: [street, city, state	, zip code]				
65-30 Kissena Blvd, Delany Hall (b) (4) Queens, New York 11367					
E-mail: Sandra.Yauri@qc.cu	ıny.edu				
Phone: (b) (6)		Fax:	(b) (6)		
IACUC Chairperson			_		
Name: Robert Ranaldi					
Title: Professor		Degree/Creder	ntials: P	hD	
PHS Policy Membership Req	uirements***: Scie	ntist			
IACUC Roster [Provide bel	ow or attach]				
Name of Member/ Code*	Degree/ Credential	Position Title/ Occupational Background**	4) (5)	PHS Policy Membership Requirements***	
			(b) (6	Scientist	
				Scientist	
				Scientist	
				Non-Scientist	
				Veterinarian	
				Non-Affiliated (Community) Member	
				Non-Voting Member	
				Alternate Veterinarian	
				Alternate Scientist	
				Alternate Scientist	
				Alternate Non-Affiliated (Community) member	

*** 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.]