OMB Number 0925-0765 Expiration Date: 11/30/2022

Annual Report to OLAW

| Institution: California Academy of Sciences |
|--------------------------------------------------|
| Assurance Number: D19-01049 |
| Reporting Period: January 1 - 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. | Pr | og | ram | Cha | nge | 5 |
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| - | | | T L | | | |

| [🗌] A. | There have been no changes in this institution's program for animal care and use as |
|----------|--------------------------------------------------------------------------------------------|
| | described in the Assurance. |

| [🛛] B. | Change(s) in this institution's program for animal care and use as described in the Assurance |
|----------|-----------------------------------------------------------------------------------------------|
| | have occurred during this reporting period. |

Select all that apply:

| | 11 / |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| [🗌] 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.). |
| | 0 IACUC meetings and program review were conducted via telecommunications and \prime continue to be held this way as needed in the future. |

| ГΙ | Π. | l The | e individual | designated b | v this | institution | as the | Institutional | Official ha | s changed. |
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[\boxtimes] The membership of this institution's IACUC has changed.

Membership has been establised as 9 voting members, the alternate veterinarian hasl left the IACUC and has not been replaced

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

| Date 1: 5/15/2020 | Date 2: 10/23/2020 |
|-------------------|--------------------|
| | |

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B. Facility Inspections

| Date 1: 5/15/2020 | Date 2: 10/23/2020 |
|-------------------|--------------------|
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III. Minority Views

- [\boxtimes] A. There were **no minority** views during this reporting cycle.
- [\square] 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: Luiz Rocha | Name: Shannon N. Bennett | | |
| DocuSigned by: (b) (6) Signature: | DocuSigned by: (b) (6) Signature: | | |
| Date: 11/2/2020 ^{A699DE5CA6684C3} | Date: 11/2/2020 932E8E03E3A641C | | |

V. Change in Institutional Official

| Name: | | | | | |
|------------------------------------------|--|--|--|--|--|
| Title: Degree/Credentials: | | | | | |
| Name of Institution: | | | | | |
| Address: [street, city, state, zip code] | | | | | |
| Phone: Fax: | | | | | |
| E-mail: | | | | | |

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VI. Change in IACUC Membership

| Institution: California Academy of Sciences | | | | | | | |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|---------------------|------------------------------------------|--|--|--|
| IACUC Contact Informa | ation | | | | | | |
| Address: Freeland Dunker 55 Music Concourse Dr. California Academy of Sciences San Francisco CA 94118 | | | | | | | |
| E-mail: fdunker@calacad | emy.org | | | | | | |
| Phone: (b) (6) | | | Fax: | 6) | | | |
| IACUC Chairperson | | | | | | | |
| Name: Luiz Rocha | | | | | | | |
| Title: Associate Curator, 1 | Ichthyology | | Degree/Credentials: | PhD | | | |
| PHS Policy Membership R | equirements***: | | | | | | |
| IACUC Roster | | | | | | | |
| Name of Member/ Code* | Degree/ Credentials | Position Title/ Occupational Background** | | PHS Policy Membership Requirements*** | | | |
| Freeland Dunker | DVM | Sta | aff Veterinarian | Attending Veterinarian | | | |
| Luiz Rocha | uiz Rocha PhD Associate Curator, Ichthyology | | | Scientist, IACUC Chair | | | |
| | | (b) (6 | Scientist | | | | |
| | | | | Scientist | | | |
| | | | | Scientist | | | |
| | | | | Non-scientist | | | |
| | | | | Veterinarian | | | |
| | | | | Non-affiliate, Non-scientist | | | |
| | | | | Scientist | | | |
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Veterinarian 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 or former user. A consulting veterinarian may

not be considered nonaffiliated.

[Note: all members must be appointed by the Chief Executive Officer (or individual with specific written delegation to appoint members) and must be voting members. Non-voting members and alternate members must be so identified.

Statement of Burden

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0765). Do not return the completed form to this address.

^{*} 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: