Annual Report to OLAW

Inst	titutio	on:	Roble	ey	Rex VAMC			
Ass	 uran	ce I	Numb	er	: A4531-01			
Rep	ortin	rance Number: A4531-01 riting Period: January 1 - December 31, 2019 stitution's Institutional Animal Care and Use Committee (IACUC), through the Institutional I, provides this annual report to the Office of Laboratory Animal Welfare (OLAW). **Cogram 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.] [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 members in Item VI.] **Permiannual Evaluations** Is IACUC has conducted semiannual evaluations of the institution's program and inspections of a institution's facilities (including satellite facilities) on the dates below. Reports of the aluations and inspections have been submitted to the Institutional Official. The reports include y IACUC-approved departures from the Guide with a reason for each departure, any deficiencies gnificant or minor) that were identified, and a plan and schedule for correction of each ficiency. [Do not provide semiannual reports unless they include a minority view.]						
I. I	rog	rai	m Ch	ıaı	nges [Select A or B]			
[]	Α.							
[X]	В.							ance
	Sel	ect	all th	at	apply:			
	[]	This	ins	stitution's AAALAC accre	ditation state	tus has changed (PHS Policy IV.A.2.).	
			[]		<u> AAALAC Accredited</u> – Ca	ategory 1		
			[]		Non-Accredited - Categ	ory 2		
	[]						and use has changed (<u>PHS Polic</u> y <u>IV.A.1.a-i.</u>).
	[X]							
]]			•	tion's IACUC	C has changed. [Provide current roster of	
t 6 6 (he in evalua ny I <i>k</i> (signi	stit atio ACU fica	ution ons ar JC-ap int or	's nd pr	facilities (including satel inspections have been s oved departures from th inor) that were identifie	llite facilities submitted to ne <i>Guide</i> with d, and a plar	s) on the dates below. Reports of the the the institutional Official. The reports include the areason for each departure, any deficience and schedule for correction of each	e
,	4. Pi	rog	ram	E١	/aluations			
	eı	alu	iation	15	be done at 6 month inte	rvals. If the	to satisfy the PHS Policy requirement that IACUC conducted more than 2 evaluations attach a list showing the dates.]	of
	· :	Dat	e 1: N	Чa	rch 26, 2019		Date 2: October 22, 2019	

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 26, 2019	Date 2: October 22, 2019
,	

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: ^{(b)(6)}	Name: Stephen D. Black, FACHE		
(b)(6)	(b)(6)		
Signature:	Signature:		
Date: 1-30-2020	Date: 1-30-2020		

V. Change in Institutional Official

Degree/Credential: FACHE							
Name of Institution: Robley Rex VA Medical Center							
Fax: (b)(6)							

VI. Change in IACUC Membership [Current roster]

Institution: Roblev Rex VA Medical Center

<u> </u>			
IACUC Contact Info	rmation		
Address: [street, city, 800 Zorn Avenue (15 Louisville, KY 40206-1	1)		
E-mail:(b)(6)	@va.qov; (b)(6)	@louisville.edu	
Phone: (b)(6)	<u> </u>	Fax:(b)(6)	
IACUC Chairperson			
Name: (b)(6)			
Title: VA Research Sc	ientist	Degree/Credentials	: PhD
PHS Policy Membersh	ip Requirements***:	'	
IACUC Roster [Provi	de below or attach]	1 - 100	
Name of Member/ Code*	Degree/ Credential	Position Title/ Occupational Background**	PHS Policy Membership Requirements***
(0)(0)	PhD	VA Research Scientist	Scientist
	DVM, MS. DACLAM	VA Veterinary Medical Officer	Veterinarian
	OFM	VA Chaplain	Non-scientist
	PhD	VA Research Scientist	Scientist
	PhD	VA Research Scientist	Scientist
	MA	Retired Teacher	Non-affiliated member
	•	Administrative Officer VA R&D	Ex-officio, without vote
	DVM, PhD	VA Research Scientist	Scientist
	MD	Associate Chief of Staff VA R&D	Ex-officio, without vote
	····		
	i		<u>:</u>

^{*} 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:

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 (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.]