

Annual Report to OLAW

Institution: Boise VAMC

Assurance Number: A3256-01

Reporting Period: January 1, 2019 to December 31, 2019

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]

- ☒ 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.]
- ☐ 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.]

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.]

Date 1: January 7, 2019

Date 2: July 22, 2019

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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: December 11, 2018

Date 2: July 01, 2019

III. Minority Views [Select A or B]

- ☒ A. There were **no minority** views during this reporting cycle.
- ☐ 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: (b)(6)	Name: David Wood, MHA, FACHE, Medical Center Director
(b)(6)	(b)(6)
Signature: (b)(6)	Signature: (b)(6)
Date: 1/27/2020	Date: 1/27/2020

V. Change in Institutional Official

Name: (b)(6)	Degree/Credential: PhD
Title: ACOS	
Name of Institution:	
Address: [street, city, state, zip code]	
500 W. Fort Street	
E-mail: (b)(6)@va.gov	
Phone: (b)(6)	Fax:

VI.

Institution: Boise VAMC

IACUC Contact Information

Address: [street, city, state, zip code]

500 W. Fort St. Boise, Idaho 83702

E-mail: (b)(6)@va.gov

Phone: (b)(6) Fax:

IACUC Chairperson

Name: (b)(6)

Title: Research Scientist

Degree/Credentials: PhD

PHS Policy Membership Requirements^{***}: Boise VAMC

IACUC Roster *[Provide below or attach]*

[illegible]

* 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.