

ATTACHMENT A

MEMBERSHIP OF THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

DATE: January 2016

NAME OF INSTITUTION: Powered Research, LLC.

ASSURANCE NUMBER: A4666-01

Chairperson Name, Title, and Degree/Credentials	Business Address, Phone, Fax, and Email of Chairperson
Name*: Peyton Anderson	Address*: 617 Davis Drive
Title*: CEO	(b) (4) Durham, NC 27713

Degree/credentials*: B.A., MBA	Phone*: (b) (6)	Fax*: (b) (6)	Email*: panderson@affinergy.com
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Name of Member/Code**	Degree/Credentials	Position Title	PHS Policy Requirements***
			(b) (6) Veterinarian
			Scientist
			Scientist
			Nonscientist, Chairperson
			Non-Affiliated

*This information is mandatory.

**Names of members, other than the chairperson and veterinarian, may be represented by a number or symbol in this submission 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.

***PHS Policy Requirements - identify which IACUC members meet the four criteria below:

- Veterinarian (V) - a veterinarian with direct or delegated program responsibility.
- Scientist (S) - a practicing scientist experienced in research involving animals.
- Nonscientist (NS) - a member whose primary concerns are in non-scientific areas (e.g. ethicist, lawyer, member of the clergy).
- Nonaffiliated (NA) - a member who is not affiliated with the Institution in any way other than as a member of the IACUC, and who is not a member of the immediate family of a person who is affiliated. This member is expected to represent the interests of the general community in the proper care and use of animals and should not be a laboratory animal user. A consulting attending veterinarian may not be considered nonaffiliated.

Notes:

1. All members must be appointed by the GENERAL MANAGER (or individual with specific written delegation to appoint members) and must be voting members. Ad hoc or nonvoting members may be listed and identified as such, but are not considered members for the purpose of the PHS Policy, and do not contribute to a quorum.
2. If Alternate members are listed, identify for whom (by name or code number, not specialty) they will serve as Alternates.



ATTACHMENT B

FACILITY AND SPECIES INVENTORY

DATE: January 2016

NAME OF INSTITUTION: Powered Research, LLC,

ASSURANCE NUMBER: A4666-01

Laboratory, Unit, or Building*	Gross Square Feet (including service areas)	Species Housed in Unit (use complete common names)	Approx. Average Daily Inventory
(b) (4)	400	Rabbits	66
	112	Rabbits	21
	140	Rabbits	30
	112	Rabbits	27
	112	Rabbits	27
	117	None	None
	141	Rabbits	24
	350	Mice/Rats	180 mice/180 rats

*Institutions may identify animal areas in any manner, e.g., initials, ID number, etc. However, the name and location must be provided to OLAW upon request.

¹Mice and Rats means mice of the genus *mus* and rats of the genus *rattus* that are purposely bred for research.



Affinergy LLC
PO Box 14650
RTP, NC 27709
919-433-2200

April 26, 2016

To Whom it May Concern:

Affinergy's requests to be included as a covered component of the Animal Welfare Assurance for Powered Research, LLC, (A4666-01).

Affinergy, LLC., agrees to comply with the Public Health Service Policy on Humane Care and Use of Laboratory Animals (PHS Policy) and accepts oversight by Powered Research's IACUC and Institutional Official for all components of their animal care and use program.

Sincerely,

(b) (6)

A large rectangular area of the document is completely redacted with a solid grey box, covering the signature and any accompanying text.

CONFIDENTIAL

Memorandum to:

(b) (6)

From:

Institutional Animal Care and Use Committee

Subject:

Semiannual Report of the Program Review and Facility Inspection

Date:

12/21/2015

This report summarizes the IACUC's results of its most recent program review and facility inspection, as required by the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals (Policy), Section IV.B.1.-3., the *Guide for the Care and Use of Laboratory Animals (Guide)*, and the Animal Welfare Act (AWA) regulations, as applicable. Submission of semiannual reports to the Institutional Official is a condition of this institution's Animal Welfare Assurance with the NIH Office of Laboratory Animal Welfare (OLAW).

Since the last review, the following changes have occurred in the institution's program for animal care and use (PHS Policy IV.A.1.a.-i.): [optional]

I. Description of the Nature and Extent of the Institution's Adherence to the PHS Policy, the Guide, and the AWA

Departures from the PHS Policy, the Guide, and the AWA.

Select A or B:

- ☒ A. There were no departures during this reporting period.
☐ B. The following departures have been reviewed and approved by the IACUC: [include reason for each departure]

II. Deficiencies in the Institution's Animal Care and Use Program

Animal Care and Use Program Review Date(s): 12/21/2015

Select A or B:

- ☒ A. There were no deficiencies in the program during this reporting period.
☐ B. The following deficiencies have been identified: [describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]

III. Deficiencies in the Institution's Animal Facility

Animal Facility Inspection Date(s): 12/21/15

Select A or B:

- ☒ A. There were no deficiencies in the animal facility during this reporting period.
☐ B. The following deficiencies have been identified: *[describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*

IV. Minority Views

Select A or B:

- ☒ A. No minority views were submitted or expressed.
☐ B. The following minority views were expressed: *[insert minority views here or attach]*

V. Status of AAALAC Accreditation *[identify accredited facilities, if applicable]*

N/A

VI. Signatures *[signatures of a majority of the IACUC members]*

Names of IACUC Members	Signatures
 (b) (6)	 (b) (6)
Peyton Anderson	
 (b) (6)	

III. Deficiencies in the Institution's Animal Facility

Animal Facility Inspection Date(s): 12/21/15

Select A or B:

- ☒ A. There were no deficiencies in the animal facility during this reporting period.
- ☐ B. The following deficiencies have been identified: *[describe each deficiency, and for each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be detailed in a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*

IV. Minority Views




Select A or B:

- ☒ A. No minority views were submitted or expressed.
- ☐ B. The following minority views were expressed: *[insert minority views here, if any]*

V. Status of AAALAC Accreditation *[identify accredited facilities, if applicable]*

N/A

VI. Signatures *[signatures of a majority of the IACUC members]*

Names of IACUC Members	Signature
 (b) (6)	 (b) (6)
Peyton Anderson	
 (b) (6)	