

Accredited Unit Annual Report

Report Year: 2018

Accredited Unit: East Carolina University

Parent Organization: East Carolina University

Unit Number: 000677

**Date Completed:
December 20, 2018**

Unit Reporting Period

From (MM/YY): 10/17

To (MM/YY): 09/18

Please submit following the end of the unit reporting period.

Units are encouraged to submit Annual Reports in accord with the unit's reporting period, (i.e., calendar or fiscal year, or USDA reporting period). If you change your reporting period, please be sure that there are no gaps from previous report.

In sections 1-4, please make corrections to reflect current contact information. In sections 5-16, enter the information for your Unit's reporting period.

1. AAALAC International Unit Contact

Label	Current Information	Changed Information
Name		
Job Title		
Department		
Organization		
Address		
Street Address Line 1		
Street Address Line 2		
City		
State/Province		
Zip Code		
Country		
Telephone		
Fax		
Email		

2. Responsible Institutional Official

Label	Current Information	Changed Information
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Name Michael R. Van Scott, Ph.D.
 Job Title Senior Associate Vice Chancellor
 Department Physiology/Research and Grad Studies
 Organization East Carolina University
 Address
 Street Address Line 1 1500 Greenville Centre
 Street Address Line 2 2200 South Charles Boulevard
 City Greenville
 State/Province NC
 Zip Code 27834
 Country
 Telephone 252/328-9471
 Fax
 Email vanscottmi@ecu.edu

Senior Associate Vice Chancellor for Research

3. Attending Veterinarian

Label	Current Information	Changed Information
Name	Dorcas P. O'Rourke, D.V.M., M.S.	
Job Title	Chair	
Department	Department of Comparative Medicine	
Organization	East Carolina University	
Address		
Street Address Line 1	The Brody School of Medicine	
Street Address Line 2	600 Moye Boulevard	
City	Greenville	
State/Province	NC	
Zip Code	27834	
Country		
Telephone		
Fax	252/744-2355	
Email	orourked@ecu.edu	

4. IACUC/ACC/EC (if applicable) Chairperson

Label	Current Information	Changed Information
Name	Susan McRae, Ph.D.	
Job Title	Teaching Assistant Professor	
Department	Department of Biology	
Organization	East Carolina University	
Address		
Street Address Line 1	5210 Howell Science Complex	
Street Address Line 2		
City	Greenville	
State/Province	NC	
Zip Code	27834	
Country		
Telephone		
Fax	252/328-4178	
Email	mcraes@ecu.edu	

5. Please verify the information provided regarding the physical areas supporting your animal care and use program. If this information differs from what was provided in your most recent Program Description or last annual report (whichever is most current), please note and explain:

Label	Current Information	Change to Information
Number of buildings	7	
Outdoor pens/pastures	1	
Total square footage	73948	
Number of sites	4	

6. Note addition or deletion of animal rooms, laboratories, units, or buildings:

N/A

7. The Council on Accreditation notes that there is no obligation for institutions to make program changes based on suggestions for improvement identified during a site visit and described in the subsequent letter from Council. However, if your institution implemented program modifications in response to those suggestions, you may take this opportunity to summarize the actions taken:

N/A

8. State and describe changes in organizational structure of the program:

N/A

9. Were any research, testing, or teaching protocols suspended during this reporting period for animal welfare related reasons?

No

If yes, provide details regarding suspension(s):

10. AAALAC's Rules of Accreditation (Section 2.f) require accredited units to promptly report adverse events relating to their animal care and use programs, including investigations by national oversight bodies (e.g., USDA, OLAW, Home Office, CCAC) and other serious incidents or concerns that negatively impact animal well-being.

a) Were any major problems identified or deficiencies noted by animal welfare oversight authorities/bodies/agencies during this reporting period?

No

If yes, provide explanatory documentation:

b) Did you self-identify any serious deviations from your institutional animal care and use program requirements or policies?

Yes

If yes, provide details of the deviations:

Copies of correspondence with OLAW (dated April 9, December 12 and December 13, 2018) were sent to the AAALAC Office,

11. Using the drop-down menu to select the animal species, please enter the approximate annual usage for the above stated reporting period (for U.S. units, USDA Annual Report figures may be used for regulated species):

a)

Animal Type	Annual Animal Usage	Other Description
Fish	22678	
Reptiles	16	
Swine	13	
Rabbits	2	
Rats	462	
Dogs	0	
Primates - Old World	20	
Amphibians	273	
Birds	1100	
Mice	20428	



12. List key personnel changes since last reporting period:

Name/Degree	Position	Year of Addition	Year of Deletion
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13. Would you like your unit name to appear on AAALAC International's listing of accredited units in the AAALAC International Directory and on the AAALAC International website?

Yes

14. Please describe your experiences with the service you received from AAALAC International this year (e.g., site visit, office contacts, etc.). Any suggestions you might have for improving our service are welcome.

The AAALAC office staff continues to be extremely helpful answering questions and providing information to us.

15. Please identify any special expertise you would like to have on your next site visit team.

16. Any additional information (to include changes in the name of the accredited unit or parent organization):