# VIII. Membership of the IACUC

Date: September 24, 20	19		
Name of Institution: C	harles River Labora	tories, South San Franc	isco
Assurance Number: D1	.6-00391		9
IACUC Chairperson			*
Name*: Holden Brown Ja	nssens		
Title*: Director		Degree/Ci	redentials*: PhD
Address*: (street, city, st 225 Gateway Blvd, South San Francisco, CA	(b) (4)	-	* * * * * * * * * * * * * * * * * * *
E-mail*: holden.janssens	@crl.com		1
Phone* (b) (6)	2	Fax*:	b) (6)
IACUC Roster			
Name of Member/ Code**	Degree/ . Credentials	Position Title***	PHS Policy Membership Requirements****
Joanne Blum	DVM, DACLAM	Consulting Attending Veterinarian	Attending Veterinarian
		(b)	(6) Nonscientist; Nonaffiliated
			Scientist
			Scientist
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#### \*\*\*\* 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 (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. 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.]



<sup>\*</sup> This information is mandatory.

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> List specific position titles for all members, including nonaffiliated (e.g., banker, teacher, volunteer fireman; not "community member" or "retired").

### X. Facility and Species Inventory

Date: September 24, 20	19		
Name of Institution: Ch	arles River Laboratori	es, South San Francisco	
Assurance Number:	016-00391		
Laboratory, Unit, or Building*	Gross Square Feet [include service areas]	Species Housed [use common names, e.g., mouse, rat, rhesus, baboon, zebrafish, African clawed frog]	Approximate Average Daily Inventory
(b) (	Approximately 5,500 square feet	Rat and Mouse	Rat- 400 Mouse- 1250

<sup>\*</sup>Institutions may identify animal areas (buildings/rooms) by a number or symbol in this submission to OLAW. However, the name and location must be provided to OLAW upon request.

James C. Foster, Institutional Official, Charles River Laboratories,

Memorandum to:

Inc.

Arash Rassoulpour, Local Administrative Official

From:

Institutional Animal Care and Use Committee of Charles River

Laboratories, Inc. South San Francisco

Subject:

Semiannual Report of the Program Review and Facility Inspection

Date:

October 8, 2019

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 (<u>Policy</u>), Section <u>IV.B.1.-3.</u>, the <u>Guide for the Care and Use of Laboratory Animals (<u>Guide</u>), and the Animal Welfare Act (<u>AWA</u>) regulations, as applicable. Submission of semiannual reports to the Institutional Official is a condition of this institution's registration with the California Department of Health Services and Animal Welfare Assurance with the NIH Office of the Laboratory Animal Welfare (OLAW).</u>

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.):

Starting in 2019, all IACUC protocols will be reviewed and approved for 3 years, with an annual update. We also reviewed and updated many of the general BOPs for the animal facility.

# 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.

[X] B. The following departures have been reviewed and approved by the IACUC: [include reason for each departure]

There is one departure from the *Guide* which has been approved by the IACUC committee. Non-pharmaceutical grade compounds will be used when required with the appropriate scientific justification. The Standard Operating Procedures (SOP) for the "Use of Non-Pharmaceutical Grade Compounds" specifies when a non-pharmaceutical grade compound can be used and how it must be prepared and used. This BOP was reviewed and approved at this meeting.

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

Animal Care and Use Program	Review	Date(s):	September 20,	2019
Select A or B:				

[X] A. There were no deficiencies in the program during this reporting period.

[ ] B. The following deficiencies have been identified:

See attached checklist

#### III. Deficiencies in the Institution's Animal Facility

Animal Facility Inspection Date(s): September 20, 2019

Select A or B:

[ ] A. There were no deficiencies in the animal facility during this reporting period.

[X ] B. The following deficiencies have been identified:

See attached inspection report

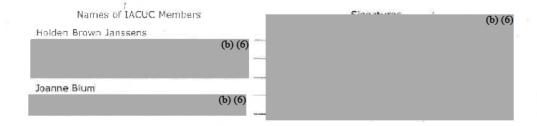
#### IV. Minority Views

Select A or B:

[X ] A. No minority views were submitted or expressed.

[ ] B. The following minority views were expressed:

## V. Signatures



# I. Semiannual Program Review and Facility Inspection Report

II.

Date: from September 20, 2019

Members in Attendance: Joanne Blum, Holden Janssens, Marie Monbureau, Michael Li

Deficiency Category*	<b>√</b>	Location	Deficiency and Plan for Correction	Responsible Party	Correction Schedule and Interim Status	Date Complete
M1		Controlled Substances Cabinet	Phencyclidine bottle in safe needs a compound number and associated paperwork	Harm Kooijker	9/23/2019	9/23/2019
M2		Room 426	CO <sub>2</sub> tank on temporary storage, needs to be anchored to the wall	Nadege Morisot	10/30/2019	
		2				
11.97						

\* A = acceptable

**M** = minor deficiency

**S** = significant deficiency (is or may be a threat to animal health or safety)

C = change in program NA = not applicable

√ Check if repeat deficiency