# **Annual Report to OLAW**

	Institution: Boston University				
	Assurance Number: D1600204 (A3316-01)				
	Reportin	ng Period: January 1, 2020 - September 30, 2020			
	This instit provides	tution's Institutional Animal Care and Use Committee (IACUC), through the Institution this annual report to the Office of Laboratory Animal Welfare (OLAW).	al Official		
I.	Prog	gram Changes [Select A or B]			
	[ 🗌 ] A.	There have been <b>no changes</b> in this institution's program for animal care and use as described in the Assurance. [Skip to Item II.]	5		
	[🛛 ] В.	Change(s) in this institution's program for animal care and use as described in the Ashave occurred during this reporting period.	surance		
	Sel	lect all that apply:			
	[ [	This institution's AAALAC accreditation status has changed (PHS Policy IV.A.2.).			
		[ ] AAALAC Accredited – Category 1			
		[ ] Non-Accredited – Category 2			
	[ 🗵	$oxed{\square}$ ] This institution's program for animal care and use has changed (PHS Policy IV.A.1.	a-i.).		
		Applicability of Assurance – "This Assurance applies whenever this Institution cond following activities: all research, research training, experimentation, biological test related activities involving live vertebrate animals supported by the PHS, NSF, HHS NASA. This Assurance covers only those facilities and components listed below."	ucts the		
	[ [	The individual designated by this institution as the Institutional Official has change [Provide name, title(s), address, e-mail, phone, and fax numbers in Item V.]	d.		
	[ 🗵	The membership of this institution's IACUC has changed. [Provide current roster of members in Item VI.]	-		
		annual Evaluations			
	inspect approv or min	ACUC has conducted semiannual evaluations of the institution's program and inspection ition's facilities (including satellite facilities) on the dates below. Reports of the evaluations have been submitted to the Institutional Official. The reports include any IACUC-ved departures from the <i>Guide</i> with a reason for each departure, any deficiencies (sign for) that were identified, and a plan and schedule for correction of each deficiency. [Do le semiannual reports unless they include a minority view.]	ions and		
	A. Pro	ogram 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.]				
	1	ate 1: 6/2/20 Date 2:			

II.

#### **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: waiver obtained	Date 2: 9/22/20 - 9/30/20
	Date 2. 3/22/20 - 3/30/20

### III. Minority Views [Select A or B]

- [  $\boxtimes$  ] A. There were **no minority** views during this reporting cycle.
- [ ] B. Any minority views submitted by members of the IACUC regarding reports filed under <a href="PHS Policy IV.F.">PHS Policy IV.F.</a>, for this reporting cycle are attached.

### IV. Signatures

IACUC Chairperson	Institutional Official  Name: Kathryn Mellouk		
Name: Shannon Fisher			
(b) (6) Signature:	(b) (6) Signature:		
Date: [1/17/2070	Date: 11/16/2020		

## V. Change in Institutional Official

Name:		
Title: Degree/Credentials:		
Name of Institution:		
Address: [street, city, state, z	ip code]	
Phone: Fax:		
E-mail:		

# VI. Change in IACUC Membership [Current roster]

Institution: Boston Un	iversity			
IACUC Contact Inform	ation			
Address: [street, city, sta 85 East Newton Street, Boston, MA 02118	ate, zip code] (b) (4)			
E-mail: IACUC@bu.edu				
Phone: (b) (6)		Fax:	(b)	(6)
IACUC Chairperson				
Name: Shannon Fisher			50 X X 30 10 10 10 10 10 10 10 10 10 10 10 10 10	
Title: Associate Professor	, Pharmacology	Degree/Cre	dentials:	MD, PhD
PHS Policy Membership R	tequirements***: Scie	entist		
IACUC Roster [Provide	below or attach]			
Name of Member/ Code*	Degree/ Credentials	Position Title/ Occupational Background**		PHS Policy Membership Requirements***
Panduranga Rao Varada	DVM, PhD, Diplomate ACLAM	Animal Science Director		Attending Veterinarian
			(b) (6)·	Scientist; Vice Chair
				Scientist; Vice Chair
				Nonaffiliated / Nonscientist
				Nonaffiliated / Nonscientist
				Scientist
				Veterinarian
				Scientist
				Veterinarian, alternate for R. Varada and 6

(b) (6)
Veterinarian, alternate for R. Varada and 6

<sup>\*</sup> 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.

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

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 or former user. A consulting veterinarian may

not be considered nonaffiliated.

[Note: all members must be appointed by the Chief Executive Officer (or individual with specific written delegation to appoint members) and must be voting members. Non-voting members and alternate members must be so identified.]

#### Statement of Burden

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0765). Do not return the completed form to this address.

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

<sup>\*\*\*</sup> PHS Policy Membership Requirements: