## VIII. Membership of the IACUC

| Date: 2/7/17 |  |  |
| :---: | :---: | :---: |
| Name of Institution: Cold Spring Harbor Laboratory |  |  |
| Assurance Number: A 3280-01 |  |  |
| IACUC Chairperson |  |  |
| Name*: Raffaella Sordella |  |  |
| Title*: Associate Professor |  | Degree/Cred |
| Address*: (street, city, state, zip code) <br> Cold Spring Harbor Laboratory <br> Demerec Building <br> Cold Spring Harbor, NY 11724 |  |  |
| E-mail*: sordella@cshl.edu |  |  |
| Phone* (b) (6) | Fax | (b) (6) |

## IACUC Roster

| Name of Member/ Code** | Degree/ Credentials | Position Title*** | PHS Policy Membership Requirements |
| :---: | :---: | :---: | :---: |
| (b) (6) |  |  | Non-voting member |
| Lisa Bianco | BS, MS, LATG, CMAR | Director of Husbandry and Operations, LAR |  |
| (b) (6) |  |  | Scientist |
| Sydney Gary | Ph.D. | Director of Research Operations | Scientist |
| Chris Hubert | BS, CSP | Director of EH\&S |  |
| Diane Esposito | Ph.D. | Director of Research Compliance/Research Investigator | Scientist |
| (b) (6) |  |  | Nonaffiliated member Nonscientist member |
|  |  |  | Scientist |
|  |  |  | Scientist |
|  |  |  | Scientist |
|  |  |  | Veterinarian |
| Rachel Strittmatter | DVM | Attending Veterinarian | Veterinarian |

[^0]PHS Policy Membership Requirements:

| Veterinarian | veterinarian with training or experience in laboratory animal science and medicine or <br> in the use of the species at the institution, who has direct or delegated program <br> 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, <br> member of the clergy). |
| Nonaffiliated $\quad$individual who is not affiliated with the institution in any way other than as a member <br> of the IACUC, and is not a member of the immediate family of a person who is <br> affiliated with the institution. This member is expected to represent general <br> community interests in the proper care and use of animals and should not be a <br> laboratory animal user. A consulting veterinarian may not be considered nonaffiliated. |  |
| land |  |

[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.]

## X. Facility and Species Inventory

Date: 2/7/17
Name of Institution: Cold Spring Harbor Laboratory
Assurance Number: D16-00179 (A 3280-01)

| Laboratory, Unit, or Building ${ }^{*}$ | Gross Square Feet [include service areas] | Species Housed [use common names, e.g., mouse, rat, rhesus, baboon, zebra fish, African clawed frog] | Approximate Average Daily Inventory |
| :---: | :---: | :---: | :---: |
| (b) (4) | 7,223 | Mouse | 5400 |
|  |  | African clawed frog | 36 |
|  |  |  |  |
|  |  |  |  |
|  | 461 | Mouse | 600 |
|  |  | Rat | 60 |
|  |  |  |  |
|  | 4,051 | Mouse | 6600 |
|  |  |  |  |
|  |  |  |  |
| - | 20,292 | Mouse | 9800 |
|  |  | Rat | 20 |
|  |  |  |  |
|  | 268 | Mouse | 420 |
|  |  |  |  |
|  | 1081 | Mouse | 700 |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

"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.


[^0]:    * 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.
    *** List specific position titles for all members, including nonaffiliated (e.g., banker, teacher, volunteer fireman; not "community member" or "retired").

