VIII. Membership of the IACUC

Date: April 26, 2019 Name of Institution: Central Connecticut State University Assurance Number: A4033-01 IACUC Chairperson Name*: Dr. Ruth E. Rollin Title*: Professor of Biology Degree/Credentials*: BS, MS, Address*: Degree/Credentials*: BS, MS, Address*: Degree/Credentials*: BS, MS, Address*: Degree/Credentials*: BS, MS, Address*: Permail*: Rollin@ccsu.edu Phone*: (b)(0) Fax*: (b)(0) IACUC Roster Fax*: (b)(0) Name of Member/ Degree/ Credentials PHS Policy Memil Requirements**** Daniel Schwartz DVM, DACLAM Consultant Attending Veter Scientist Scientist Scientist Scientist Scientist Scientist Scientist Scientist
Assurance Number: A4033-01 IACUC Chairperson Name*: Dr. Ruth E. Rollin Title*: Professor of Biology Address*: Department of Biology, Central Connecticut State University New Britain, CT 06050 E-mail*: Rollin@ccsu.edu Phone*: (0)(6) Fax*: (0)(6) IACUC Roster Name of Member/ Credentials Position Title*** PHS Policy Memi Requirements*** Daniel Schwartz DVM, DACLAM Consultant PHS Policy Memi Requirements*** Scientist Scientist Scientist
IACUC Chairperson Name*: Dr. Ruth E. Rollin Title*: Professor of Biology Degree/Credentials*: BS, MS, Address*: Department of Biology, Central Connecticut State University New Britain, CT 06050 Fax*: (b) (6) E-mail*: Rollin@ccsu.edu Fax*: (b) (6) Phone*: (b) (6) Fax*: (b) (6) IACUC Roster Fax*: Name of Member/ Degree/ Credentials Daniel Schwartz DVM, DACLAM Consultant Attending Veter Scientist Scientist
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Department of Biology, Central Connecticut State University New Britain, CT 06050 E-mail*: Rollin@ccsu.edu Phone*: (b)(6) Fax*: (b)(7) Fax*: (b)(7) Fax*: (b)(7) Fax*: (c)(7) Fax*: (b)(7) Fax*: (c)(7) Fax*: F
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Scientist
Scientist
Scientist
Nonscientist
Nonscientist
Nonaffiliated

* 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

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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").

**** 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.]

X. Facility and Species Inventory

Date: April 26, 2019			
Name of Institution: Cer	ntral Connecticut S	tate University	
Assurance Number: A4	4033-01		
Laboratory, Unit, or Building [*]	Gross Square Feet	Species Housed	Approximate Average Daily Inventory
(b) (4)	110 sq. ft.	Rats	22
	110 sq. ft. each	Mice	166 total for two rooms
	320 sq. ft.		
		Rats	<1
	126/168 sq. ft.	Rats	<1
	990 sq. ft.	Frogs Rats	<1 <1
	108 sq. ft.	Zebrafish	336
	928 sq. ft.	Rats	<1

*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.

Memorandum to:	Glynis Fitzgerald Associate Vice President for Academic Affairs and Dean for Graduate Studies
From:	Ruth Rollin Institutional Animal Care and Use Committee
Subject:	Semiannual Report of the Program Review and Facility Inspection
Date:	April 26, 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 *Guide for the Care and Use of Laboratory Animals* (*Guide*), 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 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 <u>IV.A.1.a.-i.</u>): [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:

- [X] 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): Select A or B:

- [X] 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): Select A or B:

- [X] 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:

[X] 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]

Not applicable

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

