

## VII. Institutional Endorsement and PHS Approval

<b>A. Authorized Institutional Official</b>	
Name: Serpil Erzurum, MD	
Title: Chief Research and Academic Officer	
Name of Institution: Cleveland Clinic Florida Research and Innovation Center	
Address: (street, city, state, country, postal code)  2111 East 96 <sup>th</sup> Street Mail Code NB21 Cleveland, OH 44195	
Phone: (b) (6)	Fax: (b) (6)
E-mail: erzurus@ccf.org	
Acting officially in an authorized capacity on behalf of this Institution and with an understanding of the Institution's responsibilities under this Assurance, I assure the humane care and use of animals as specified above.	
Signature: (b) (6)	Date: 1/13/21

<b>B. PHS Approving Official</b> (to be completed by OLAW)	
Name/Title: Jane J. Na / Director, Division of Assurances Office of Laboratory Animal Welfare (OLAW) National Institutes of Health 6700B Rockledge Drive Suite 2500, MSC 6910 Bethesda, MD USA 20892-6910 (FedEx Zip Code 20817) Phone: +1 (301) 496-7163 Fax: +1 (301) 451-5672	
Signature:	Date: January 13, 2021
Assurance Number: <b>D21-01103</b>	
Effective Date: <b>January 13, 2021</b>	Expiration Date: <b>January 31, 2025</b>

## VIII. Membership of the IACUC

Date: 1/13/21			
Name of Institution: Florida Research and Innovation Center			
Assurance Number: D21-01103			
<b>IACUC Chairperson</b>			
Name*: Neal Peachey			
Title*: Chair Institutional Animal Care and Use Committee			Degree/Credentials*: PhD
Address*: (street, city, state, zip code)			
9500 Euclid Avenue Mail Code I3-152 Cleveland, Ohio 44195			
E-mail*: peachen@ccf.org			
Phone*: (b) (6)		Fax*: (b) (6)	
<b>IACUC Roster</b>			
Name of Member/ Code**	Degree/ Credentials	Position Title***	PHS Policy Membership Requirements****
Tim Myshrall	DVM	Attending Veterinarian	Veterinarian
(b) (6)			Veterinarian
			Scientist w/ previous experience with animals
			Scientist w/ previous experience with animals
			Member
			Non-scientist
			Unaffiliated/Non-scientist
			Scientist w/ previous experience with animals

\* 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").

\*\*\*\* [PHS Policy](#) Membership Requirements:

<i>Veterinarian</i>	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.
<i>Scientist</i>	practicing scientist experienced in research involving animals.
<i>Nonscientist</i>	member whose primary concerns are in a nonscientific area (e.g., ethicist, lawyer, member of the clergy).
<i>Nonaffiliated</i>	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

[illegible]

\*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.