

## VIII. Membership of the IACUC

Date: 05/25/2019			
Name of Institution: Clarkson University			
Assurance Number: A4536-01			
<b>IACUC Chairperson</b>			
Name*: Thomas Lufkin			
Title*: Professor		Degree/Credentials*: Ph.D.	
Address*: (street, city, state, zip code)			
(b) (4) Science Center			
8 Clarkson Ave.			
Potsdam, NY 13699			
E-mail*: tlufkin@clarkson.edu			
Phone*: (b) (6)			
<b>IACUC Roster</b>			
Name of Member/ Code**	Degree/ Credentials	Position Title***	PHS Policy Membership Requirements****
Dr Richard Latt	D.V.M., DACLAM	President and Cofounder, Mispro	Veterinarian
(b) (6)			Veterinarian (Backup)
			Non-Affiliated member, Non-Scientist
			Scientist (Primary)
			Non-Scientist (Primary)
			Scientist (Primary)
			Scientist (Alternate)
			Scientist (Primary)
			Non-Scientist (Alternate)
Shannon M. Robinson	M.B.A.	Institutional Officer	Non-Voting Member

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\* 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.



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**Memorandum to:** Shannon Robinson, IACUC Institutional Official

**From:** Institutional Animal Care and Use Committee

**Subject:** Semiannual Report of the Program Review and Facility Inspection

**Date:** October 25, 2018

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 (*Policy*), Section IV.B.1.-3., the *Guide for the Care and Use of Laboratory Animals (Guide)*, and the Animal Welfare Act (*AWA*) 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 IV.A.1.a.-i.): [optional]**

None

**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.
- ☐ 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): **October 24, 2018**

Select A or B:

- ☒ 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): **October 24, 2018**

Select A or B:

- ☐ 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]*

**Please see attached Semiannual Evaluation of Animal Care and Use Program and Inspection Report.**

### IV. Minority Views

Select A or B:

- ☒ 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]*

**N/A**

### VI. Signatures *[signatures of a majority of the IACUC members required by AWAR (§2.31,c,3), if applicable]*

Names of IACUC Members

Signatures

Names of IACUC Members	Signatures
(b) (6)	(b) (6)
Dr. Thomas Lufkin	
(b) (6)	



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### IACUC SEMIANNUAL PROGRAM & FACILITY REVIEW REPORT

Date: October 25, 2018

Completed By: (b) (6)

Members in Attendance: (b) (6) T Lufkin (b) (6)

Deficiency Category (S or M) *	Location (P or F)	Deficiency & Plan for Correction	Responsible Party	Correction Schedule & Interim Status	Date Complete
M	(b) (4)	System 1 - conductivity level was less than 300 on at least 10 occasions since April 2018 and on one occasion was greater than 400. pH level was greater than 8 in late July, early August and September.	(b) (6)	Contact several other facilities to determine what they use for pH levels and temperature for Zebra Fish	12/2018

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

P = program, F = fish facility (Clarkson maintains only one facility in the Science Center)

\*\* Recommendations and deficiencies are also verified as part of the next scheduled inspection and program review.

\*Check if repeat deficiency

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