Annual Report to OLAW

| Institution: University of New Mexico |
|---|
| Assurance Number: D16-00228 (A3350-01) |
| Reporting Period: January 1, 2018 – December 31, 2018 |

This institution's Institutional Animal Care and Use Committee (IACUC), through the Institutional Official, provides this annual report to the Office of Laboratory Animal Welfare (OLAW).

| I. | Program | Changes | Select A | or B1 |
|----|----------------|---------|----------|-------|
| | | | | |

- [] A. There have been **no changes** in this institution's program for animal care and use as described in the Assurance. [Skip to Item II.]
- [**X**] B. Change(s) in this institution's program for animal care and use as described in the Assurance have occurred during this reporting period. (FAQ 6)

Select all that apply:

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|-----|------------|--|
| [|] | This institution's AAALAC accreditation status has changed (PHS Policy IV.A.2.). |
| | | [] AAALAC Accredited - Category 1 |
| | | Non-Accredited – Category 2 |
|] |] | This institution's program for animal care and use has changed (PHS Policy IV.A.1.a-i.) |
| I | 1 | The individual designated by this institution as the Institutional Official has changed. [Provide name, $title(s)$, address, e -mail, phone, and fax numbers in Item V .] |
| [] | X] | The membership of this institution's IACUC has changed. [Provide current roster of members in Item VI.] |

II. Semiannual Evaluations

This IACUC has conducted semiannual evaluations of the institution's program and inspections of the institution's facilities (including satellite facilities) on the dates below. Reports of the evaluations and inspections have been submitted to the Institutional Official. The reports include any IACUC-approved departures from the *Guide* with a reason for each departure, any deficiencies (significant or minor) that were identified, and a plan and schedule for correction of each deficiency. [*Do not provide semiannual reports unless they include a minority view.*]

A. Program 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.]

| Date 1: April 5, 2018 | Date 2: October 4, 2018 |
|-----------------------|-------------------------|

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: March, 2 thru 16, 2018 | Date 2: September 4 thru 14, 2018 |
|--------------------------------|-----------------------------------|
| , | · - · F |

III. Minority Views [Select A or B]

- [X] A. There were **no minority** views during this reporting cycle.
- [] B. Any minority views submitted by members of the IACUC regarding reports filed under <u>PHS</u> <u>Policy IV.F.</u> for this reporting cycle are attached.

IV. Signatures

| IACUC Chairperson | Institutional Official | | |
|-------------------|------------------------|--|--|
| Name: | Name: | | |
| Signature: | Signature: | | |
| Date: | Date: | | |

V. Change in Institutional Official

| Name : | |
|--|-------------------------------|
| Title: Executive Vice Chancellor, Vice Chancellor for Research | Degree/Credential: M.D., Ph.D |
| Name of Institution: University of New Mexico | |
| Address: [street, city, state, zip code] | |
| Albuquerque, | |
| E-mail: | |
| Phone: | Fax: |

VI. Change in IACUC Membership [Current roster]

| Institution: University of New Mexico | | | | |
|---------------------------------------|---|--|--|---|
| IACUC Contact Informati | on | | | |
| Address: [street, city, sta | ate, zip code] | | | |
| Senior Operations Manager | Office of Anim | al C | are Compliance | |
| Semor Operations Wanager | , office of Admin | iai C | are compliance | |
| Albuquerque, NM | | | | |
| E-mail: | E-mail: | | | |
| Phone: | | | Fax: | |
| IACUC Chairperson | | | | |
| Name: | | | | |
| Title: Professor, Cell Biolo | gy and Physiolog | gy | Degree/Credentials | : Ph.D. |
| PHS Policy Membership Req | uirements***: | | | |
| IACUC Roster [Provide bel | ow or attach] | | | |
| Name of Member/ Code* | Degree/ Credential | Oc | sition Title/ cupational ckground** | PHS Policy Membership Requirements*** |
| ***Member #8 | M.P.H. (Masters of Public Health) | Retired Laboratory Technician | | Community Member, Non-affiliated, Non- scientific Voting Member |
| ***Member #11 | Ph.D. | Associate Professor, Molecular Genetics and Microbiology | | Scientific Voting Member |
| ***Member #12 | Ph.D. | Associate Professor, Neurosciences | | IACUC Vice-Chair, Scientific Voting Member |
| ***Member #17 | Ph.D. | Research Professor, Neurosurgery | | Scientific Voting Member |
| ***Member #18 | Ph.D. | Associate Professor, Pharmaceutical Sciences | | Scientific Voting Member |
| ***Member #20 | Ph.D. | Research Assistant Professor, Pathology | | Scientific Voting Member |
| ***Member #22 | Ph.D. | Associate Professor, Neurosciences | | Scientific Voting Member |
| ***Member #23 | M.S.L.I.S. (Library and Information Science) | Librarian | | Community Member, Non-affiliated, Non- scientific Voting Member |
| ***Member #24 | Ph.D. | Bi | sociate Professor, ochemistry and olecular Biology | Scientific Voting Member |

| ***Member #25 | Ph.D. | Assistant Professor, Internal Medicine Global Health | Scientific Voting Member |
|--|-------------------|---|---|
| ***Member #26 | Ph.D. | Assistant Professor, Cell Biology and Physiology | Scientific Voting Member |
| ***Member #27 | Ph.D. | Associate Professor, IM Gastroenterology | Scientific Voting Member |
| ***Attending Veterinarian | D.V.M., DACLAM | Director, ARF; Professor, School of Medicine, Pathology | Attending Veterinarian, Scientific Voting Member |
| Animal Resource Facility, Supervisor | B.S., LATg | ARF Supervisor | Non-Voting Member |
| Biohazard Compliance Representative | M.S., CBSP | University Biosafety Office | Non-Voting Member |
| Chemical Safety Representative | B.S. | Industrial Hygienist (External/Contractor) | Non-Voting Member |
| Employee Occupational Health & Safety Representative | M.D. | Center for Occupational and Environmental Health Promotion | Non-Voting Member |
| Safety and Risk Services Representative | Ph.D. | Safety Specialist | Non-Voting Member |
| IACUC Administrator | B.S. | Compliance Specialist, OACC | Non-Voting Member |
| ***IACUC Chair | Ph.D. | Associate Professor, Cell Biology and Physiology | IACUC Chair, Scientific Voting Member |
| Office of Animal Care Compliance Senior Operations Manager | M.S., CPIA | Senior Operations Manager, OACC | Non-Voting Member |
| Radiation Safety Representative | B.S. | HSC Radiation Safety Specialist | Non-Voting Member |

^{*} 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 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 (for example,

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

^{***} PHS Policy Membership Requirements:

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.]