

Accredited Unit Annual Report

Report Year: 2018

Accredited Unit: The University of New Mexico [REDACTED]

Parent Organization: University of New Mexico

Unit Number: 000222

Date Completed:
January 22, 2019

Unit Reporting Period

From (MM/YY): 01/18

To (MM/YY): 12/18

Please submit following the end of the unit reporting period.

Units are encouraged to submit Annual Reports in accord with the unit's reporting period, (i.e., calendar or fiscal year, or USDA reporting period). If you change your reporting period, please be sure that there are no gaps from previous report.

In sections 1-4, please make corrections to reflect current contact information. In sections 5-16, enter the information for your Unit's reporting period.

1. AAALAC International Unit Contact

Label	Current Information	Changed Information
Name	[REDACTED]	
Job Title	Senior Operations Manager	
Department	Office of Animal Care Compliance	
Organization	University of New Mexico [REDACTED]	
Address		
Street Address Line 1	[REDACTED]	
Street Address Line 2	[REDACTED]	
City	Albuquerque	
State/Province	NM	
Zip Code	[REDACTED]	
Country		
Telephone	[REDACTED]	
Fax	[REDACTED]	
Email	[REDACTED]	

2. Responsible Institutional Official

Label	Current Information	Changed Information
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Name [REDACTED]

Job Title Executive Vice Chancellor

Department Vice Chancellor for Research

Organization University of New Mexico [REDACTED]

Address

Street Address Line 1 [REDACTED]

Street Address Line 2 [REDACTED]

City Albuquerque

State/Province NM

Zip Code [REDACTED]

Country

Telephone [REDACTED]

Fax [REDACTED]

Email [REDACTED]

3. Attending Veterinarian

Label	Current Information	Changed Information
Name	[REDACTED]	
Job Title	Director, Animal Resource Facility,	
Department	and Veterinarian Medical Consultant	
Organization	University of New Mexico	
Address		
Street Address Line 1	[REDACTED]	
Street Address Line 2	[REDACTED]	
City	Albuquerque	
State/Province	NM	
Zip Code	[REDACTED]	
Country		
Telephone	[REDACTED]	
Fax	[REDACTED]	
Email	[REDACTED]	

4. IACUC/ACC/EC (if applicable) Chairperson

Label	Current Information	Changed Information
Name	[REDACTED]	
Job Title	IACUC Chair, Health Sciences Center and	
Department	Associate Professor, Cell Biology	
Organization	University of New Mexico [REDACTED]	
Address		
Street Address Line 1	[REDACTED]	
Street Address Line 2	[REDACTED]	
City	Albuquerque	
State/Province	NM	
Zip Code	[REDACTED]	
Country		
Telephone	[REDACTED]	
Fax	[REDACTED]	
Email	[REDACTED]	

5. Please verify the information provided regarding the physical areas supporting your animal care and use program. If this information differs from what was provided in your most recent Program Description or last annual report (whichever is most current), please note and explain:

Label	Current Information	Change to Information
Number of buildings	4	
Outdoor pens/pastures	0	
Total square footage	38845	
Number of sites	2	

6. Note addition or deletion of animal rooms, laboratories, units, or buildings:

We removed one satellite facility, [REDACTED], which moved out of state and added one mobile lab in which animals are housed for more than 24 hours in remote field sites.

7. The Council on Accreditation notes that there is no obligation for institutions to make program changes based on suggestions for improvement identified during a site visit and described in the subsequent letter from Council. However, if your institution implemented program modifications in response to those suggestions, you may take this opportunity to summarize the actions taken:

N/A

8. State and describe changes in organizational structure of the program:

N/A

9. Were any research, testing, or teaching protocols suspended during this reporting period for animal welfare related reasons?

No

If yes, provide details regarding suspension(s):

10. AAALAC's Rules of Accreditation (Section 2.f) require accredited units to promptly report adverse events relating to their animal care and use programs, including investigations by national oversight bodies (e.g., USDA, OLAW, Home Office, CCAC) and other serious incidents or concerns that negatively impact animal well-being. *If you were unaware of this requirement and have not previously reported the incident(s):*

a) Were any major problems identified or deficiencies noted by animal welfare oversight authorities/bodies/agencies during this reporting period?

No

If yes, provide explanatory documentation:

b) Did you self-identify any serious deviations from your institutional animal care and use program requirements or policies?

Yes

If yes, provide details of the deviations:

We had one incident which was reported to both OLAW and AAALAC on 12/20/18. A letter of acknowledgement was received from AAALAC on 1/7/19.

11. Using the drop-down menu to select the animal species, please enter the approximate annual usage for the above stated reporting period (for U.S. units, USDA Annual Report figures may be used for regulated species):

a)

Animal Type	Annual Animal Usage	Other Description
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12. List key personnel changes since last reporting period:

Name/Degree	Position	Year of Addition	Year of Deletion
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13. Would you like your unit name to appear on AAALAC International's listing of accredited units in the AAALAC International Directory and on the AAALAC International website?

Yes

14. Please describe your experiences with the service you received from AAALAC International this year (e.g., site visit, office contacts, etc.). Any suggestions you might have for improving our service are welcome.

Helpful as usual

15. Please identify any special expertise you would like to have on your next site visit team.



16. Any additional information (to include changes in the name of the accredited unit or parent organization):