

VIII. MEMBERSHIP OF THE IACUC

Date: January 15, 2020

NAME OF INSTITUTION: Mount Holyoke College
ASSURANCE NUMBER : A3618-01

Chairperson Name, Title, and Degree/Credentials:

Gary Gillis, Ph.D.
Associate Dean of Faculty and Professor of Biology

Business Address: Mount Holyoke College
Department of Biological Sciences
50 College Street
South Hadley, MA 01075-6418

(b) (6)

E-mail: ggillis@mtholyoke.edu

| Name of Member | Degree/Credentials | Position Title | PHS Policy Membership Requirements |
|----------------|--------------------|----------------|------------------------------------|
| (b) (6) | | | Scientist |
| Samantha Adams | D.V.M. | Veterinarian | Veterinarian |
| (b) (6) | | | Non-affiliated member |
| (b) (6) | | | Scientist |
| | | | Non-scientist |
| | | | Non-scientist |

(b) (6)

X. FACILITY AND SPECIES INVENTORY**DATE: October 21, 2019**

NAME OF INSTITUTION: Mount Holyoke College

ASSURANCE NUMBER: A3618-01

| Laboratory, Unit, or Building | Gross Square Feet (including service areas) | Species Housed in Unit (use complete common names) | Approx. Average Daily Inventory |
|-------------------------------|---|--|---------------------------------|
| (b) (4) | 1068 | Betta fish | 18 |
| | | | |
| | | | |
| | | | |
| | 1756 | Laboratory mice | 100 |
| | | | |
| | | | |
| | 1456 | Laboratory rats | 15 |
| | | Laboratory mice | 75 |
| | | | |

Memorandum to: Jon Western, Dean of Faculty
From: Institutional Animal Care and Use Committee
Subject: Semiannual Report of the Program Review and Facility Inspection
Date: November 15, 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 (*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]

No changes.

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): 11/15/19

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): 11/15/19

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]*

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 |
|------------------------|--------------------|
| Samantha Adams | <div>(b) (6)</div> |
| <div>(b) (6)</div> | |
| Gary Gillis | |
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