OMB Number 0925-0765 Expiration Date: 11/30/2022

Annual Report to OLAW

Institution: New York University
Assurance Number: A3317-01
Reporting Period: January 1, 2020 - September 30, 2020

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).

 Progra 	ım Chang	ıes [<i>Sel</i>	ect A	or B
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- [\square] 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.]
- [🛛] B. Change(s) in this institution's program for animal care and use as described in the Assurance have occurred during this reporting period.

Select all that apply:

[🗆]	This in	stitution'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.). [Attach a full description of the changes.]
- [\square] 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.]
- [⋈] 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.]

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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: *Waived*	Date 2: 11/13/20 - 11/23/20

III. Minority Views [Select A or B]

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

IV. Signatures

IACUC Chairperson	Institutional Official		
Name: Dan Sanes	Name: Stacie Bloom		
(b) (6) Signature	Signature: (b) (6)		
Date: 11/24/20	Date: 11/24/20		

V. Change in Institutional Official

Name:					
Title:	Degree/Credentials:				
Name of Institution:	•				
Address: [street, city, state, zip code]					
Phone:	Fax:				
E-mail:					

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VI. Change in IACUC Membership [Current roster]

Institution: New York University							
IACUC Contact Information							
Address: [street, city, state, zip code]							
665 Broadway, (b) (4) New York, NY 10012							
E-mai l : ^{(b) (6)} @n	ıyu . edu						
Phone: (b) (6)			Fax:		(b) (6		
IACUC Chairperson							
Name: Dan Sanes							
Title: Professor			Degr	ee/Credenti	ia l s:	Ph.D	
PHS Policy Membership Re	equirements***:						
IACUC Roster [Provide b	nelow or attach **Se	e up	dated	l roster atta	che	d ***]	
Name of Member/ Code*	Degree/ Credentials	Position Title/ Occupational Background**				PHS Policy Membership Requirements***	

^{*} 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

	tion titles for all members, including nonaffiliated (e.g., banker, teacher, volunteer munity member" or "retired").
*** PHS Policy Mem	bership Requirements:
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 a the institution.
Scientist	practicing scientist experienced in research involving animals.
Nonscientist	member whose primary concerns are in a nonscientific area (e.g., 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 persor 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 or former user. A consulting veterinarian may not be considered nonaffiliated.

Statement of Burden

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0765). Do not return the completed form to this address.

UAWC Membership Roster

Chairperson Name, Title, and Degree/Credentials	Business Address, Phone, Fax, and Email of Chairperson						
Name: Dan Sanes	Address: Center for Neural Science/Meyer, 2-4 Washington Place New York, NY 10003						
Title: Professor		ork, NY 10003					
Degree/Credential: Ph.D.	Phone: (b) (6) (7)	Fax: (b) (6)	Email: dhs1@nyu.edu Active: September 2020 - Pre	sent			
Name of Member *	Degree	Position Title	PHS Policy Membership Requirements**	Years Active			
Mark Klinger	D.V.M.	Attending Veterinarian, OVR Director	Veterinarian	2007 - Present			
		(b) (6)	Veterinarian	2018 - Present			
			Scientist	2019 - Present			
			Vice Chair, Scientist	2019 to Present			
			Scientist	2020 - Present			
			Non-Affiliated Member	2017- Present			
			Alternate for Dorothy Sobol	2019 - Present			
			Non-Scientist	2016 - Present			
			Voting Member	2015 - Present			
			Alternate for (b) (6)	2019 - Present			
			Non-Scientist (Alternate for Ilene Jacobs)	2010 - Present			
			Member (Alternate for Mark Klinger or	2016 - Present			
			Member (Alternate for Mark Klinger or (b) (6)	2019 - Present			

Member (<i>Alternate for Mark Klinger or</i>	2018 - Present	
Member (<i>Alternate for Mark Klinger</i> or ^{(b) (6)})	2020 - Present	

^{*} An alternate member only votes when their designated full voting member is absent