Annual Report to OLAW

Institution: UNIVERSITY OF GEORGIA
Assurance Number: D16-00276/A3437-01
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).

I. Program Changes [Select A o	or E	Α	[Select	Changes	Program	I.
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- [] 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. (FAO 6)

Select all that apply:

[]]	Th	is ir	stitution's AAALAC accreditation status has changed (PHS Policy IV.A.2.).
		[]	AAALAC Accredited - Category 1
		[]	Non-Accredited – Category 2
X1		Th	is ir	nstitution's program for animal care and use has changed (PHS Policy IV.A.1.a-

- [X] 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.]
- [] 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: 02/04/2020	Date 2: 08/14/2020
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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.]

SEE ATTACHED

Date 1:	Date 2:

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 PHS Policy IV.F. for this reporting cycle are attached.

IV. Signatures

IACUC Chairperson	Institutional Official				
Name: Dr. Gaylen L. Edwards	Name: Dr. David C. Le		Lee		
(b) (6) Signature:	Signature:				(b) (6)
Date: ((/14/2020	Date:	11	124	12020	

V. Change in Institutional Official

Name: NO CHANGE		
Title:	Degree/Credential:	
Name of Institution:		F () () () () () () () () () (
Address: [street, city, state, zip o	code]	West and the second seco
E-mail:		
Phone:	Fax:	100 100 A (100 100 100 100 100 100 100 100 100 10

VI. Change in IACUC Membership [Current roster]

SEE ATTACHED

Institution: NO CHA	NGE	******		
IACUC Contact Info	rmation			
Address: [street, city	, state, zip code]			
E-mail:				
Phone:			Fax:	
IACUC Chairperson	: NO CHANGE			
Name:		the first section of the section of		
Title:			Degree/Creder	ntials:
PHS Policy Membersh	ip Requirements***:		1	
IACUC Roster SEE A	TTACHED			
Name of Member/ Code*			PHS Policy Membership Requirements***	
And the second s				
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^{*} 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.

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

*** PHS Policy Membership Requirements:

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,

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.]

I.B. Changes to animal care and use program (2020)

1. PERSONNEL CHANGES

(b) (6)

- 2. PROCEDURAL CHANGES, NOTE APPLICABLE SECTION OF ASSURANCE
- III.G: The training for URAR staff has changed. Courses that were previously available from OSHA, but are no longer available, have been removed: "Hazardous Communication", "Personal Protective Equipment", "Back Safety".
- 3. SIGNIFICANT EDITS TO ASSURANCE, NOTE SECTION OF ASSURANCE
- III.D.6: "All "C" protocols, all multiple major survival protocols, all protocols with departures from provisions of the Guide, and any referred..." to "All "C" protocols, all multiple major survival protocols, some protocols with departures from provisions of the Guide, and any referred..."
- 4. FACILITY CHANGES

Locations Removed:

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Removed "D" (- 2,596 sq ft)
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Removed "R" (-3,002 sq ft)

Removed "V" (-20 sq ft)

Locations added/Facilities

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(+310 sq ft)
(+3,341 sq ft)
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Locations added/Satellites

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(+4 acres)
(+525 sq ft)
(+360 sq ft)
(+6 ft)
(+4 ft)
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Changes to locations:

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Added 2 (b) (4) rooms (New sq ft = 11,051)
decreased size to 35 acres
: change in SQ FT (added and removed bldgs.) (New sq ft = 31,999)
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II. B. Facility Inspections

Laboratories, Units	First Inspection	Second Inspection
or Buildings	Date	Date
(b) (4	(1)	
	6/26/2020	10/28/2020
	6/2/2020	10/28/2020
	8/6/2020	11/4/2020
	Unable to perform	11/2/2020;
	due to COVID-19	11/3/2020;
		11/5/2020*
	5/12/2020	10/28/2020
	Unable to perform due to COVID-19	11/6/2020
	7/8/2020	11/11/2020
	6/3/2020;	10/30/2020;
	6/9/2020;	11/4/2020;
	6/16/2020	11/5/2020
	7/21/2020	11/11/2020
	5/14/2020	10/26/2020
	8/26/2020	10/26/2020
	6/10/2020 (Swine); 6/18/2020 (Rodent)	10/29/2020 (Rodent); 11/9/2020 (Swine)
	8/18/2020;	Not yet completed as
	8/24/2020	of this report
	6/24/2020	Not yet completed as of this report
	8/5/2020	Not yet completed as of this report
	7/14/2020	Not yet completed as of this report
	7/23/2020	Not yet completed as of this report

(b) (4)_		
	7/14/2020	Not yet completed as of this report
	Various dates from July-Sep. 2020*	Not yet completed as of this report
	7/30/2020	Not yet completed as of this report
	1/14/2020	8/24-8/26/2020; 9/3/2020; 9/18/2020
	6/5/2020	Not yet completed as of this report
	3/11/2020	9/22/2020
	3/2/2020	10/2/2020
	Unable to be completed due to COVID-19	Not yet completed as of this report

^{*}Not all areas were able to be inspected

VI. IACUC Roster

PRIMARY MEMBERS

Name of Member or Code	Degree/ Credential	Position Title	PHS Policy Membership Requirements
1 Gaylen Edwards	DVM, PhD	Department Head, Physiology & Pharmacology	IACUC Chair
2 Leanne Alworth	DVM, MS, DACLAM	Director, Office of Animal Care and Use; Attending Veterinarian	Veterinarian
		(b)	Scientist
			Non-Scientist, Non-Affiliated
			Scientist
			Scientist
			Scientist
			Member
			Scientist; IACUC Vice Chair
			Scientist
			Veterinarian
			Member

ALTERNATES

Members

Name of Member or Code	Degree/ Credential	Position Title	(b) (b)	PHS Policy Membership Requirements
			(b) (6)	Alternate for WJ, ES, PS
				Alternate for WJ, ES, PS
				Alternate for WJ, ES, PS

Scientists

Degree/ Credential	Position Title	PHS Policy Membership Requirements
	(b) (d)	Alternate for MA, BF, MH, PH, JL, JM
		Alternate for MA, BF, MH, PH, JL, JM
		Alternate for MA, BF, MH, PH, JL, JM
		Alternate for MA, BF, MH, PH, JL, JM
		Alternate for MA, BF, MH, PH, JL, JM
		Alternate for MA, BF, MH, PH, JL, JM
		Alternate for MA, BF, MH, PH, JL, JM
		POSITION LITTE

Veterinarians

Name of Member or Code	Degree/ Credential	Position Title	PHS Policy Membership Requirements
			Alternate for LA, MM
			Alternate for LA, MM
			Alternate for LA, MM