

## Annual Report to OLAW

Institution: Yale University
Assurance Number: D16-00146
Reporting Period: 10/01/2020 -09/30/2021

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 B]*

- ☐ 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 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.](#)). *[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.]*
- ☒ 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: 01/27/2021	Date 2: 07/22/2021
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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: See attachment	Date 2: See attachment
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## 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: Adam Wisniewski	Name: Pamela S. Caudill
Signature:  (b) (6)	Signature:  Digitally signed by Pamela Caudill Date: 2021.11.30 11:11:20 -05'00'
Date: 11/29/2021	Date:

## V. Change in Institutional Official

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

## VI. Change in IACUC Membership [*Current roster*]

<b>Institution: Yale University</b>			
<b>IACUC Contact Information</b>			
Address: 150 Munson Street P.O. Box 208327 New Haven, CT 06520-8327			
E-mail: <a href="mailto:iacuc@yale.edu">iacuc@yale.edu</a>			
Phone: (b) (6)		Fax: (b) (6)	
<b>IACUC Chairperson</b>			
Name: Adam Wisnewski			
Title: Senior Research Scientist in Medicine		Degree/Credentials: PhD, D(ABMLI)	
PHS Policy Membership Requirements***:			
<b>IACUC Roster</b> [ <i>Provide below or attach</i> ]			
Name of Member/ Code*	Degree/ Credentials	Position Title/ Occupational Background**	PHS Policy Membership Requirements***
Please see attachment			

\* 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

## IACUC Roster

Name of Member/ Code*	Degree/ Credential	Position Title/ Occupational Background**	PHS Policy Membership Requirements***
Dr. Adam Wisnewski	PhD	Sr. Research Scientist, in Medicine (Occupational Medicine)	Scientist, Chair
(b) (6)			Scientist, Vice Chair
Dr. James Macy	DVM, DACLAM	Director, Yale Animal Resources Center Professor, Comparative Medicine	Attending Veterinarian
(b) (6)			Nonaffiliated
			Nonaffiliated, Non-scientist
			Member
			Non-scientist
			Member
			Member
			Scientist
			Scientist
			Scientist
			Scientist
			Scientist
			Scientist
			Scientist
			Scientist
			Veterinarian
			Alternate for Office Director

<div>(b) (6)</div>	Vet Alternate
	Vet Alternate
	Vet Alternate
	Vet Alternate

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:

<i>Veterinarian</i>	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.
<i>Scientist</i>	practicing scientist experienced in research involving animals.
<i>Nonscientist</i>	member whose primary concerns are in a nonscientific area (e.g., ethicist, lawyer, member of the clergy).
<i>Nonaffiliated</i>	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 or former user. A consulting veterinarian may not be considered nonaffiliated.

*[Note: all members must be appointed by the Chief Executive Officer (or individual with specific written delegation to appoint members) and must be voting members. Non-voting members and alternate members must be so identified.]*

### 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.

### Changes to the membership of this institution's IACUC:

Adam Wisnewski became IACUC Chair on 10/01/21

(b) (6)

(b) (6)

### Other Program Changes:

OLAW approved an amendment to the Yale Assurance D16-00146 (A3230-01) to include Kruger National Park as a covered component specific to NIH award R01GM131319 (letters attached).

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## Yale University

**Attachment I: Facility Inspections:** The Institutional Official has access to the building codes.

Facility	Facility Code	1st Inspection Date	2nd Inspection Date
(b) (4)		3-16-21	9-27-21
		4-16-21	9-28-21
		6-30-21	11-19-21
		6-30-21	11-19-21
		6-30-21	11-19-21
		6-30-21	11-19-21
		6-30-21	11-19-21
		6-30-21	11-19-21
		4-22-21	10-20-21
		4-22-21	10-20-21
		4-22-21	10-20-21
		4-16-21	10-26-21
		2-11-21	8-20-21
		4-22-21	10-22-21
		4-22-21	10-22-21
		5-14-21	11-17-21
		1-20-21	7-28-21
		3-16-21	9-27-21
		3-16-21	9-27-21
		7-2-21	9-16-21
		3-16-21	9-27-21
		3-16-21	9-27-21
		3-16-21	9-27-21
		1-20-21	7-28-21
		N/A	9-24-21
		2-11-21 and 2-18-21	8-26-21
		2-18-21	8-26-21
		2-18-21	8-26-21
		2-18-21	8-26-21
		4-27-21	10-28-21
		4-27-21	10-28-21
		5-14-21	11-17-21
		4-27-21	10-28-21
		1-28-21	7-26-21
		5-27-21	11-24-21

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## Yale University

(b) (4)	5-27-21	11-24-21
	5-27-21	11-24-21
	1-28-21	7-26-21
	1-28-21	7-26-21
	2-18-21	8-20-21
	2-18-21	8-20-21
	No animal work being done	No animal work being done
	5-14-21	11-17-21
	5-14-21	11-17-21
	4-19-21	No animal work being done
	4-27-21	No animal work being done
	4-27-21	No animal work being done
	1-28-21	7-26-21
	1-28-21	7-26-21

### \*Satellite Housing

If an area is described as “no animal work being done”, the responsible party of the area notifies OARS *prior to* using animals again, then OARS/IACUC schedules the inspection.



July 27, 2021

OLAW Division of Assurances  
Office of Laboratory Animal Welfare  
National Institutes of Health  
6700B Rockledge Drive, Suite 2500  
Bethesda, MD 20892-6910

**RE: Yale University, PHS Assurance Number: D16-00146 (A3230-01)**

OLAW Division of Assurances,  
I am writing with regards to the Yale University's Assurance providing coverage for a specific NIH funded project at Kruger National Park.

For purposes of grant R01GM131319, "Coupled Macroparasite-Microparasite Interactions: Ecological and Evolutionary Consequences of Co-infection", Kruger National Park accepts the authority of the Yale University's Institutional Official and Institutional Animal Care and Use Committee regarding humane care and use of animals; and will comply with the Public Health Service Policy on Humane Care and Use of Laboratory Animals, the provisions of the Guide for the Care and Use of Laboratory Animals, the AVMA Guidelines for the Euthanasia of Animals, and the conditions of the Yale University Animal Welfare Assurance D16-00146 (A3230-01).

Under the guidelines specified above the main responsibility of Kruger National Park is to follow the approved Yale IACUC protocol (see protocol attached). In addition, the Yale IACUC will request a semiannual review of the facilities associated with the grant in the form of scanned copies of relevant documents (e.g., daily animal care/observation logs, medical records); and photographs of the pens in which animals are being housed, where feed is stored, the drug box and its contents, and other items/locations as appropriate.

Sincerely,

(b) (6)

Cc: Pamela Caudill, Institutional Official, Yale University  
Gary Cline, IACUC Chair, Yale University  
James Macy, Attending Veterinarian, Yale University

(b) (6)

addo elephant  
agulhas  
IAI-IAs / richtersveld  
augrabies  
bontebok  
camdeboo  
garden route  
golden gate highlands  
groenkloof  
karoo  
kgalakgadi transfrontier  
kruger  
mapungubwe  
marakele  
mokala  
mountain zebra  
namaqua  
table mountain  
tankwa karoo  
west coast



DEPARTMENT OF HEALTH & HUMAN SERVICES

PUBLIC HEALTH SERVICE  
NATIONAL INSTITUTES OF HEALTH

FOR US POSTAL SERVICE DELIVERY:

Office of Laboratory Animal Welfare  
Division of Assurances  
6700B Rockledge Drive  
Suite 2500, MSC 6910  
Bethesda, Maryland 20892-6910  
Home Page: <https://olaw.nih.gov>

FOR EXPRESS MAIL:

Office of Laboratory Animal Welfare  
Division of Assurances  
6700B Rockledge Drive, Suite 2500  
Bethesda, Maryland 20817  
Telephone: (301) 496-7163

August 10, 2021

Re: Addition of Covered Component to D16-00146 (A3230-01)

Pamela S. Caudill  
Senior Associate Vice Provost for Research Administration  
Yale University  
25 Science Park, 150 Munson Street, P.O. Box 208327  
New Haven, Connecticut 06520-8327

Dear Ms. Caudill:

The Office of Laboratory Animal Welfare (OLAW) approved the amendment to your Animal Welfare Assurance (Assurance), submitted to OLAW on August 9, 2021, adding Krugar National Park as a covered component specific to NIH award R01GM131319. This letter will be retained in your Assurance file.

Your Assurance, identification number D16-00146 (A3230-01), was approved on May 1, 2019 and will expire on May 31, 2023. Please include the Assurance number on all correspondence to OLAW. The Assurance is a key document in defining the relationship of your Institution to the PHS since it sets forth the responsibilities and procedures of your Institution regarding the care and use of laboratory animals.

Please contact me with any questions or concerns.

Sincerely,

Assurance Officer, Division of Assurances  
OLAW, National Institutes of Health

Cc: IACUC Contact