## VIII. Membership of the IACUC

Date: August 2020						
Name of Institution: University of Massachusetts Boston						
Assurance Number: D16-0024	6 (A3383-01)					
IACUC Chairperson						
Name*: Jill Macoska						
Title*: Alton J. Brann Endowed Distinguished Professor in Science and  Mathematics & Cancer Biology; Director, Center for Personalized Cancer  Therapy  Degree/Credentials*: PhD						
Address*: 100 Morrissey Blvd., Boston, MA 02125						
E-mail*: Jill.Macoska@umb.edu	ı					
Phone*: (b) (6)		Fax*:	Fax*: (b) (6)			
IACUC Roster						
Name of Member/ Code**	Degree/ Credentials	Position Title***		PHS Policy Membership Requirements****		
Michael Duggan	DVM	Attending Veterinarian		Scientist		
				(1	b) (6)	Scientist
						Scientist
						Scientist
						Scientist
						Non-affiliated, Non-scientist
						Scientist
						Scientist
						Scientist
						Scientist

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

<sup>\*</sup> This information is mandatory.

<sup>\*\*</sup> Names of members, other than the chairperson and veterinarian, may be represented by a number or symbol in this submission 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.

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

<sup>\*\*\*\*</sup> PHS Policy Membership Requirements:

activities involving animals at 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 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.

## X. **Facility and Species Inventory**

Date: July 2020			
Name of Institution: Universi	ty of Massachusetts Bost	on	
Assurance Number: D16-002	46 (A3383-01)		
Laboratory, Unit, or Building Gross Square Feet [include service areas		Species Housed [use common names, e.g., mouse, rat, rhesus, baboon, zebrafish, African clawed frog]	Approximate Average Daily Inventory
(b) (4)	10,000		
		Axolotl	480
		Crayfish	60
		Frog	207
		Mice	800
		Rat	80
		Salamander	100
		Turtle	20
		Zebrafish	1200

<sup>\*</sup>Institutions may identify animal areas (buildings/rooms) by a number or symbol in this submission to OLAW. However, the name and location must be provided to OLAW upon request.

Memorandum to.					
From:	Institutional Animal Care and Use Committee				
Subject:	Semiannual Report of the Program Review and Facility Inspection				
Date:	June 2020				
as required by the Public H ( <u>Policy</u> ), Section <u>IV.B.13.</u> Animal Welfare Act ( <u>AWA</u> )	e IACUC's results of its most recent program review and facility inspection, ealth Service (PHS) Policy on Humane Care and Use of Laboratory Animals, the <i>Guide</i> for the Care and Use of Laboratory Animals ( <u>Guide</u> ), and the regulations, as applicable. Submission of semiannual reports to the ndition of this institution's Animal Welfare Assurance with the NIH Office of (OLAW).				
	the following changes have occurred in the institution's are and use (PHS Policy <a href="IV.A.1.ai.">IV.A.1.ai.</a> ):				
Changes to commi	ttee body: (b) (6)				
Description of the Nature and Extent of the Institution's Adherence to the PHS Policy, the <i>Guide</i> , and the AWA  Departures from the PHS Policy, the <i>Guide</i> , and the AWA.					
Select A or B:	e no departures during this reporting period.				
[ ] B. The follow	ing departures have been reviewed and approved by the IACUC:				
Deficiencies in the Institution's Animal Care and Use Program  Animal Care and Use Program Review Date(s): 10 June 2020 Select A or B:  [X] A. There were no deficiencies in the program during this reporting period.  [ ] B. The following deficiencies have been identified:					
į j b. The follow	ing deficiencies flave been identified.				

(b) (6)

I.

II.

III.	Deficiencies in the Institution's Animal Facility
	Animal Facility Inspection Date(s): 27 May 2020 Select A or B:  [ ] A. There were no deficiencies in the animal facility during this reporting period.
	[X] B. The following deficiencies have been identified:  See attached Deficiency Summary sheet.
IV.	Minority Views
	Select A or B:  [X] A. No minority views were submitted or expressed.  [ ] B. The following minority views were expressed:
V.	Status of AAALAC Accreditation
	NA