

Annual Report to OLAW

Institution: University of Massachusetts Boston
Assurance Number: D16-00246 (new), A3383-01 (old)
Reporting Period: October 1, 2020 - September 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

- ☒ A. There have been **no changes** in this institution's program for animal care and use as described in the Assurance.
- ☐ 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.](#)).
- ☐ The individual designated by this institution as the Institutional Official has changed.
- ☐ The membership of this institution's IACUC has changed.

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.

A. Program Evaluations

Date 1: 11/18/20	Date 2: 4/27/2021	Date 3: 10/5/2021
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B. Facility Inspections

Date 1: 11/2/20	Date 2: 4/5/2021	Date 3: 9/23/2021
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III. Minority Views

- ☒ 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: Jill A. Macoska	Name: Matthew L. Meyer
Signature:  (b) (6)	Signatur  (b) (6)
Date:	Date:

V. Change in Institutional Official

Name:	
Title:	Degree/Credentials:
Name of Institution:	
Address:	
Phone:	Fax:
E-mail:	