Annual Report to OLAW

Institution:	Bethyl Laboratories, Inc/Fortis Life Science
Assurance Numb	per: A3991-01
Reporting Period	d: 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	7
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L	Α.	There have been no changes in this institution's program for animal care and use as described in the Assurance. [Skip to Item II.]
		to nem 11.]

[х] в.	Change(s) in this institution's program for animal have occurred during this reporting period.	care and use as described in the Assurance
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Select all that apply:

LL]	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 [Attach a full description of the changes.]	has changed (PHS Policy IV.A.1.a-i.)

- [] 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: May 12, 2021	Date 2: November 17, 2021	

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: May 12, 2021 Date 2: November 17, 2021

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 Chair	person	Institution	nal Official
Name:	Stacy Carwile	Name:	John Carwile
Signature:		Signature:	(b) (6)
Date: 띡	15/2022	Date:	

V. Change in Institutional Official

Name:	
Title:	Degree/Credentials:
Name of Institution:	
Address: [street, city, state, z	p code]
Phone:	Fax:
E-mail:	1.520.00

VI. Change in IACUC Membership [Current roster]

Institution: Bethyl	Laboratories, Inc.	Fortis Life Science		
IACUC Contact Info				
Address: 25043 W FM				
Montgomery, Tx 7735	56			
E-mail: scarwile@fort	islife.com			-
Phone: (b)	(6)	Fax:	(b) (6)	
IACUC Chairperson				
Name: Stacy Ca	arwile (new chairpe	rson will be assigned b	Dy June 2022)	
Title: Attending Veteri			entials: BS, DVM	
PHS Policy Membershi	p Requirements***;		The state of the s	
IACUC Roster [Providence of the control of the cont	de below or attach]			-
Name of Member/ Code*	Degree/ Credentials	Position Title/ Occupational Background**	PHS Policy Membership Requirements***	
			Scientist	
			Member	
			Nonaffiliated member	
			Nonaffiliated member	

^{*} 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 Veterinarian

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.

practicing scientist experienced in research involving animals. Scientist

member whose primary concerns are in a nonscientific area (e.g., ethicist, Nonscientist

lawyer, member of the clergy).

individual who is not affiliated with the institution in any way other than as a Nonaffiliated

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.