## VIII. Membership of the IACUC

Date:							
Name of Institution:							
Assurance Number:							
IACUC Chairperson							
Name*: Jeremy White							
Title*: Lecturer		Degree/Cre	dentials*: Ph.D				
Address*: (street, city, state, zip code) University of Nebraska at Omaha, 6001 West Dodge Road, Department of Biology, Omaha, NE 68182-0040							
E-mail*: jeremywhite@u	nomaha.edu						
Phone*:		Fax*: (b) (6)					
IACUC Roster							
Name of Member/ Code**	Degree/ Credentials	Position Title***	PHS Policy Membership Requirements****				
		(b) (c	Scientist				
			Scientist				
Noel Johnson	DVM, MPH/ DACLAM	Attending Veterinarian	Veterinarian				
		(b) (	Non-scientist				
			Non-affiliated				

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

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 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.

[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.]



<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:

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

Date: March 31, 2020						
Name of Institution: University of Nebraska Omaha						
Assurance Number: (tba)						
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			
	1600	Marmoset	80			
	5392	Mouse Rat Zebra finch Zebrafish	300 80 70 3000			
	400 (Barn/field lab)	Snake	0			

<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.