Annual Report to OLAW

Insti	tution: NYU Grossman School of Medicine	
Assu	rance Number: D16-00274 (A3435-01)	
Repo	orting Period: 10/01/2020 - 09/30/2021	
	nstitution's Institutional Animal Care and Use Comi les this annual report to the Office of Laboratory A	
I. Pi	rogram Changes	
[🗆]	A. There have been no changes in this institution described in the Assurance.	n's program for animal care and use as
[⊠]	B. Change(s) in this institution's program for ani have occurred during this reporting period.	mal care and use as described in the Assurance
	Select all that apply:	
	[\square] This institution's AAALAC accreditation state	us has changed (PHS Policy IV.A.2.).
	[] AAALAC Accredited – Category 1	
	[] Non-Accredited – Category 2	
	[\square] This institution's program for animal care a	nd use has changed (PHS Policy IV.A.1.a-i.).
	[$\ \square$] The individual designated by this institution	as the Institutional Official has changed.
	[\boxtimes] The membership of this institution's IACUC	has changed.
II. Se	emiannual Evaluations	
Th ins ins ap or	is IACUC has conducted semiannual evaluations of stitution's facilities (including satellite facilities) on spections have been submitted to the Institutional proved departures from the <i>Guide</i> with a reason forminor) that were identified, and a plan and schede Program Evaluations	the dates below. Reports of the evaluations and Official. The reports include any IACUC- or each departure, any deficiencies (significant
	Date 1: 12/09/2020	Date 2: 06/09/2021
		5440 E. 00/05/E021

B. Facility Inspections

Date 1: See Section VII	Date 2: See Section VII

III. Minority Views

- [\boxtimes] 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: Ann Marie Schmidt, MD	Name: Jeremy Paul, PhD
(b) (6) Signature:	(b) (б)
Date: 11/04/2021	Date: 11/04/21

V. Change in Institutional Official

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

VI. Change in IACUC Membership

Institution: NYU Grossman School of Medicine			
IACUC Contact Information			
(b) (4)			
e.org			
	Fax: n/a		
ine, Biochemistry yy and Pathology	Degree/Credentials: MD		
quirements***:			
	-	ē	
Degree/ Credentials	Position Title/ Occupational Background**	PHS Policy Membership Requirements***	
M.D.	Chair (Professor of Medicine, Biochemistry and Molecular Pharmacology and Pathology)	Scientist	
		Scientist	
	ion , (b) (4) e.org ine, Biochemistry y and Pathology quirements***: Degree/ Credentials	e.org Fax: n/a Fax: n/a Degree/Credentials: MD puirements***: Degree/Credentials: MD puirements***: Credentials M.D. Chair (Professor of Medicine, Biochemistry and Molecular	

(b)	6) Scientist
	Scientist
	Scientist

(b) (6)	Scientist
	Scientist
	Member
	Member
	36 1
	Member
	Member
	Member
	36.1
	Member
	Veterinarian
	Veterinarian
	Veterinarian
	Veterinarian Veterinarian
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	Veterinarian
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	Member
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(b) (6)	Nonscientist
	Nonscientist
	Nonaffiliated
	Nonaffiliated
	Member
	Member

^{***} PHS Policy Membership Requirements:

Veterinarian	veterinarian with training or experience in laboratory animal science and	
vetermanan	veterinarian with training or experience in laboratory animal science and	į

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 or former user. A consulting veterinarian may

not be considered nonaffiliated.

^{*} 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").

VII. Inspections during this reporting period

		Inspection Dates 10/1/2020-9/30/2021	
Laboratory, Unit or Building		First Inspection	Second Inspection
(b) (4)			
		3/23/2021	9/24/2021
		3/19/2021	
		3/17/2021	9/15/2021
		3/10/2021	8/23/2021
		3/18/2021	9/17/2021
		10/15/2020	4/9/2021
Satellite Housing Facilities / Locations			
7,1			
(b) (4)		10/23/2020	6/30/2021
		10/15/2020	4/23/2021
		3/12/2021	8/5/2021
		3/12/2021	9/15/2021
		3/19/2021	
		3/12/2021	9/15/2021
		3/12/2021	9/15/2021
		3/18/2021	9/15/2021
		3/18/2021	9/15/2021
		3/18/2021	9/15/2021
		3/18/2021	9/15/2021
		3/18/2021	9/15/2021
		3/18/2021	9/15/2021
		3/18/2021	8/5/2021
		3/18/2021	9/15/2021
		3/18/2021	9/15/2021
		3/18/2021	9/15/2021
		10/15/2020	4/23/2021
		4/8/2021	
		3/12/2021	9/15/2021
		3/12/2021	9/15/2021
	10/15/2020-	4/25/2021-	8/5/2021-
Labs	12/31/2020	6/30/2021	ongoing