## VIII. Membership of the IACUC

Date:7/23/18						
Name of Institution:	SUNY State College	e of Opto	metry			
Assurance Number:						
IACUC Chairperson						
Name*: Dr. Jose Man	uel Alonso					
Title*: SUNY Distinguished Professor			Degree/Credentials*: MD/PhD			
Address*: 33 West 42 New York,						
E-mail*: jalonso@sun	E-mail*: jalonso@sunyopt.edu					
Phone*:	(b) (6)	Fax*:		(b) (6)		
IACUC Roster						
Name of Member/ Code <sup>**</sup>	Degree/ Credentials	Position		PHS Policy Membership Requirements****		
			(b) (6	Member (affiliated)		
Jose Manuel Alonso	MD/PhD	Faculty, Science		Scientist		
			(b) (6	Scientist		
				Member (affiliated)		
				Veterinarian		
				Non-affiliated		
				Member (affiliated)		
				Non-Scientist (affiliated)		

## X. Facility and Species Inventory

Date: 7/23/18	2		
Name of Institution:		ge of Optometry	
Assurance Number:	A4329-01		
Laboratory, Unit, or Building <sup>*</sup>	Gross Square Feet [ <i>include</i> <i>service areas</i> ]	Species Housed [ <i>use</i> <i>common names, e.g.,</i> <i>mouse, rat, rhesus,</i> <i>baboon, zebrafish, African</i> <i>clawed frog</i> ]	Approximate Average Daily Inventory
(b) (4	52 sq. ft.	Cat	3
	141 sq. ft.	Macaque	4
	141 sq. ft.	Macaque	2
	141 sq. ft.	Marmoset	12
	141 sq. ft.	Mouse	200
	141 sq. ft.	Mouse	200
	112 sq. ft.	Marmoset	12
	112 sq. ft.	Marmoset	12
	20		