

VIII. Membership of the IACUC

Date: 7/23/18			
Name of Institution: SUNY State College of Optometry			
Assurance Number: A4329-01			
IACUC Chairperson			
Name*: Dr. Jose Manuel Alonso			
Title*: SUNY Distinguished Professor		Degree/Credentials*: MD/PhD	
Address*: 33 West 42 nd Street New York, NY 10036			
E-mail*: jalonso@sunyopt.edu			
Phone*: (b) (6)		Fax*: (b) (6)	
IACUC Roster			
Name of Member/ Code**	Degree/ Credentials	Position Title***	PHS Policy Membership Requirements****
(b) (6)			Member (affiliated)
Jose Manuel Alonso	MD/PhD	Faculty, Bio Sciences	Scientist
(b) (6)			Scientist
			Member (affiliated)
			Veterinarian
			Non-affiliated
			Member (affiliated)
(b) (6)			Non-Scientist (affiliated)

X. Facility and Species Inventory

[illegible]