## **Annual Report to OLAW**

	Institution: St. Joseph's Hospital & Medical Center			
Assurance Number: A3519-01				
	Reporting Period: January 1, 2019 – December 31, 2019			

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]

- [ ] A. There have been **no changes** in this institution's program for animal care and use as described in the Assurance. [Skip to Item II.]
- [ X ] B. Change(s) in this institution's program for animal care and use as described in the Assurance have occurred during this reporting period. (FAQ 6)

#### Select all that apply:

]	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 has changed (<u>PHS Policy IV.A.1.a-i.</u>). [Attach a full description of the changes.]
- [ ] 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: February 4, 2019	Date 2: August 5, 2019
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### **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 1A*: January 29, 2019	Date 2A*: July 29, 2019	
	*additional dates for inspections for this 6	*additional dates for inspections for this 6	
-	month interval – included on last page	month interval – included on last page	

#### **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 <u>PHS</u> <u>Policy IV.F.</u> for this reporting cycle are attached.

#### IV. Signatures

Institutional Official	
Name: Robert Bowser, Ph.D.	
(b) (6)	
Signature:	
Date: /2//7/2019	
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V. Change in Institutional Official

	(b) (6)	
Name: Robert Bowser, Ph.D.		
Title: Interim Chief Scientific Officer Chairman, Department of Neurobiology	Degree/Credential: Ph.D.	
Name of Institution: St. Joseph's Hospital/ Barrow Neurological Institute		
Address: 350 West Thomas Road Phoenix, Arizona 85013		
E-mail: Robert.Bowser@DignityHealth.org		
Phone: (b) (6)	Fax: (b) (6)	

## **VI.** Change in IACUC Membership [Current roster]

Institution: St. Joseph's Hospital and Medical Center/Barrow Neurological Institute						
IACUC Contact Information						
Address: [street, city, state, zip code]						
St. Joseph's Hospital/ Barrow Neurological Institute 350 W. Thomas Road, Phoenix, AZ 85013						
E-mail: (b) (6) @dignityhealth.org						
Phone: (b) (6)	man ann ann ann an Aireann an Aideann air aig ann Airt All Aide Airt An Airt an Aidean Airt aig an Aidean Airt	Fax: (b) (6	)			
IACUC Chairperson						
Name: Suk Paul Oh						
Title: Professor, Division of Neurobiology Degree/Credentials: PhD			PhD			
PHS Policy Membership F	Requirements***:					
IACUC Roster [Provide	below or attach]		HWATI-M-W-A-Line - No. of the control of the contro			
Name of Member/ Code <sup>*</sup>	Degree/ Credential	Position Title/ Occupational Background**	PHS Policy Membership Requirements***			
Suk Paul Oh	PhD	Professor	Chairperson			
Timothy A. Martin	DVM, MBA	Director Animal Care Program	Veterinarian			
		(b) (б	Member			
			Nonaffiliated and Non- Scientific Member			
			Scientist			
			Member			
			Scientist			
			Scientist			
			VA Alternate			
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<sup>\*</sup> 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.

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 (for example,

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.]

#### Facility Inspections – additional dates

Date 1B: January 30, 2019	Date 2B: July 30, 2019
Date 1C: January 31, 2019	Date 2C: July 31, 2019

<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:

# **Program Changes Addendum**

None since the last reporting period.