University of California – Los Angeles
D16-00124 (A3196-01)
Animal Welfare Assurance

I, Roger M. Wakimoto, Ph.D., Vice Chancellor-Research and Creative Activities, as named Institutional Official for animal care and use at the University of California, Los Angeles, provide assurance that this Institution will comply with the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals (Policy).

I. Applicability of Assurance

This Assurance applies whenever this Institution conducts the following activities: all research, research training, experimentation, biological testing, and related activities involving live vertebrate animals supported by the PHS, Department of Health and Human Services (HHS), National Science Foundation (NSF), or National Aeronautics and Space Administration (NASA). This Assurance covers only those facilities and components listed below.

A. The following are branches and components over which this Institution has legal authority, included are those that operate under a different name: All components of the University (Schools, Colleges, Centers, Departments, etc) that are physically located on the University's main campus in Los Angeles, California. There are no UCLA off-campus satellite facilities and / or other covered components.

B. The following are other institution(s), or branches and components of another institution: Doheny Eye Institute (DEI) is located approximately 25 miles from the UCLA Campus. Attached is a June 10, 2022 letter from the DEI's Chief Operating Officer, requesting animal program and facility oversight by the UCLA IACUC, UCLA veterinary service, and inclusion/coverage under the UCLA PHS Assurance.

II. Institutional Commitment

A. This Institution will comply with all applicable provisions of the Animal Welfare Act and other Federal statutes and regulations relating to animals.

B. This Institution is guided by the "U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training."

C. This Institution acknowledges and accepts responsibility for the care and use of animals involved in activities covered by this Assurance. As partial fulfillment of this responsibility, this Institution will ensure that all individuals involved in the care and use of laboratory animals understand their individual and collective responsibilities for compliance with this Assurance, and other applicable laws and regulations pertaining to animal care and use.

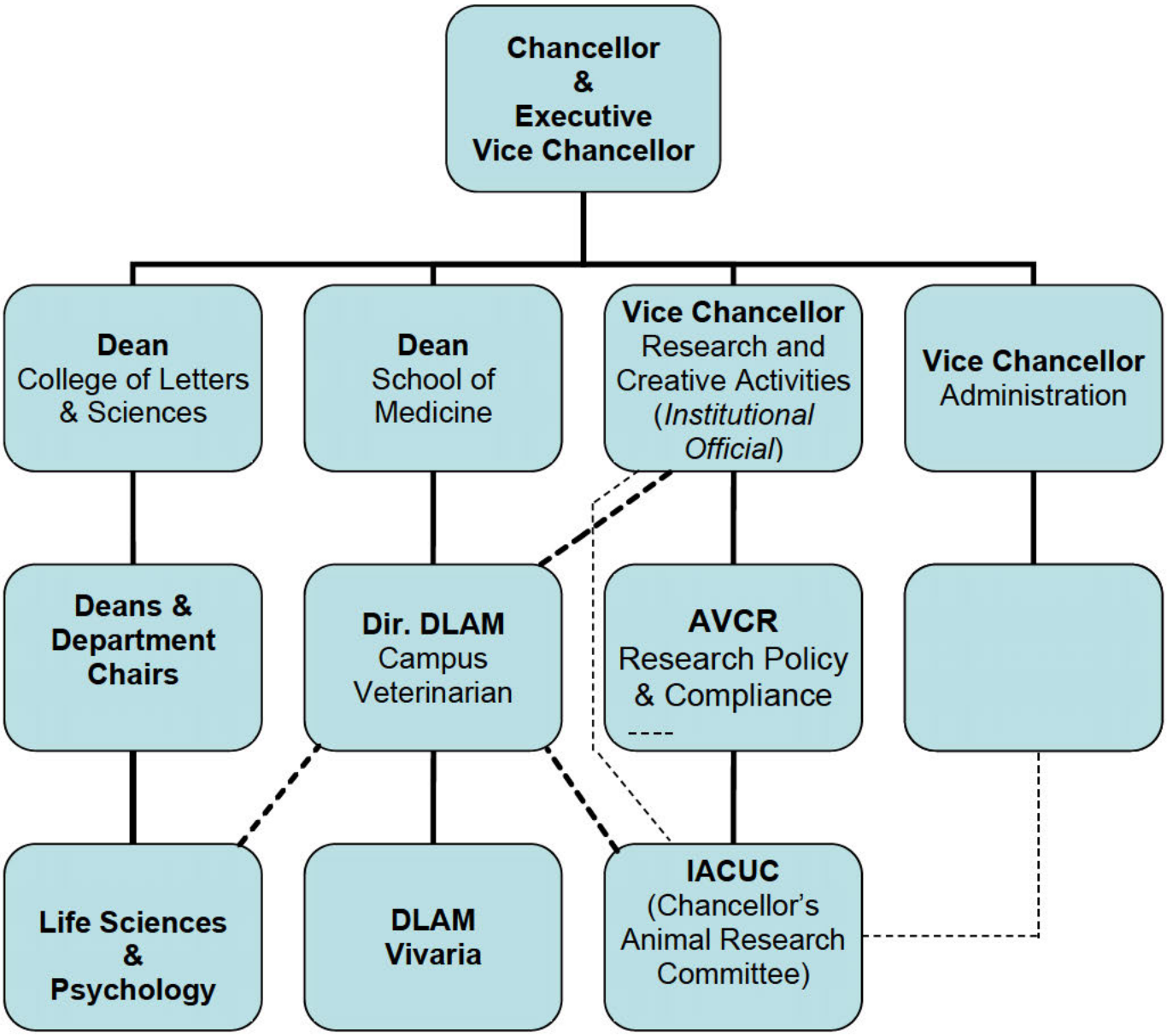
D. This Institution has established and will maintain a program for activities involving animals according to the Guide for the Care and Use of Laboratory Animals (Guide).

E. This Institution agrees to ensure that all performance sites engaged in activities involving live vertebrate animals under consortium (sub-award) or subcontract

agreements have an Animal Welfare Assurance and that the activities have Institutional Animal Care and Use Committee (IACUC) approval.

III. Institutional Program for Animal Care and Use

A. The lines of authority and responsibility for administering the program and ensuring compliance with the PHS Policy are as follows:



Other Schools include:

- School of Dentistry
- School of Engineering
- School of Nursing
- School of Public Health

As indicated above, there are direct and open lines of communication between the IACUC and the Institutional Official (IO) and between the Veterinarian and the IO.

B. The qualifications, authority, and percent of time contributed by the veterinarian(s) who will participate in the program are as follows:

1. Name: Jeffrey L. Goodwin, Campus Veterinarian and Executive Director, DLAM

   Qualifications:

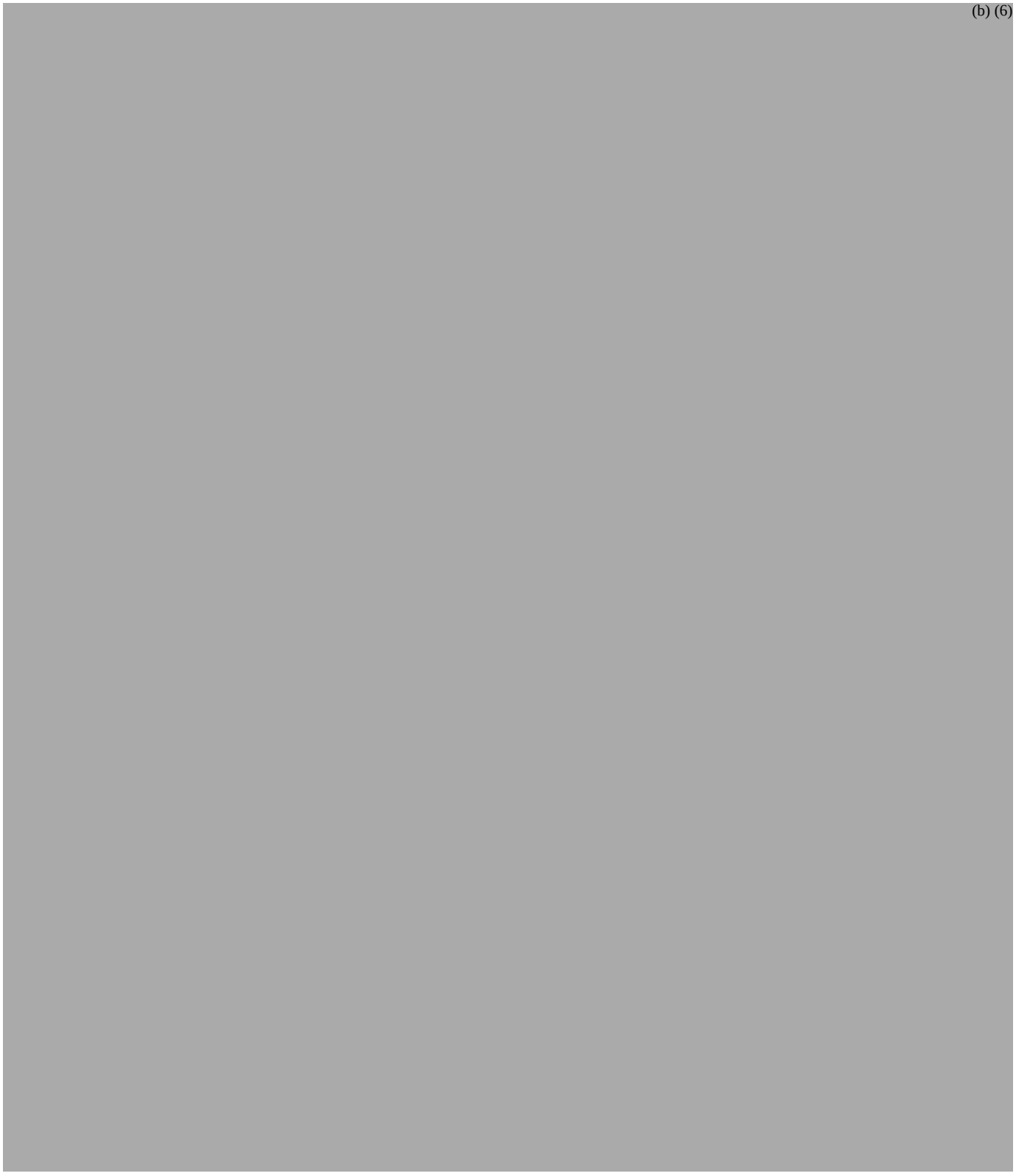
   - Degrees: DVM, Iowa State University; PhD, Anatomy, Iowa State University; Diplomate, American College of Laboratory Animal Medicine; Licensed to practice Veterinary Medicine in California, U.S.A. USDA Accredited.

   - Training and/or experience in laboratory animal medicine: Dr. Goodwin has over 25 years (since 1995) of combined residency, research, and laboratory animal experience.

   Authority: Dr. Goodwin has direct program authority and responsibility for the Institution's animals care and use program, including access to all animals; he is also a voting member of the IACUC. In accordance with the ARC Policy on the Authority of the Attending Veterinarian, the attending (responsible) veterinarian has full authority to treat or humanely euthanize animals at his or her discretion. The attending veterinarian may immediately stop research activities conducted under a protocol for humane reasons or protocol deviations pending ARC review of an incident. The attending veterinarian has unrestricted access to all areas where animals are used or housed (including the vivarium, research laboratories, and research study areas).

   Time Contributed to Program: Dr. Goodwin is a full time employee of UCLA and 100% of his time is contributed to the animal care and use program.

(b) (6)



C. The IACUC at this Institution is properly appointed according to PHS Policy IV.A.3.a. and is qualified through the experience and expertise of its members to oversee the Institution's animal care and use program and facilities. The Chancellor, as Chief Executive Officer (CEO), has delegated to the Institutional Official the authority to appoint the members of the IACUC. In accordance with the Health Research Extension Act of 1985, this delegation of authority is specific and is in writing (DA 255.03). The IACUC consists of at least five members, and its membership meets the composition

requirements of PHS Policy IV.A.3.b. Part VIII is a list of the chairperson and members of the IACUC and their names, degrees, profession, titles or specialties, and institutional affiliations.

D. The IACUC (a.k.a. the Chancellor's Animal Research Committee or ARC) will:

1. Review at least once every six months the Institution's program for humane care and use of animals, using the *Guide* as a basis for evaluation. The IACUC procedures for conducting semiannual program reviews are as follows:

- The IACUC will meet at least once every six months to review the Institutional Program for Humane Care and Use of Animals.

- The Committee uses the *Guide* and other pertinent resources, e.g., the PHS Policy, the Code of Federal Regulations (Animal Welfare), as a basis for the review.

- To facilitate the evaluation, the Committee uses the Semiannual Program Review and Facility Inspection Checklist developed by OLAW.

- The evaluation includes, but is not necessarily limited to, a review of the following:

  a. IACUC Membership and Functions;
  b. IACUC Records and Reporting Requirements;
  c. Husbandry and Veterinary Care;
  d. Personnel Qualifications;
  e. Occupational Health and Safety; and
  f. Emergency and Disaster Plans.

- If program deficiencies are noted during the review, they will be categorized as significant or minor and the Committee will develop a reasonable and specific plan and schedule for correcting each deficiency. A significant deficiency is one that is or may be a threat to the health and safety of the animals or personnel.

- Subcommittees may be used to conduct all or part of the review. However, no member will be involuntarily excluded from participating in any portion of the review.

2. Inspect at least once every six months all of the Institution's animal facilities, including satellite facilities and animal surgical sites, using the *Guide* as a basis for evaluation. The IACUC procedures for conducting semiannual facility inspections are as follows:

- At least once every six months, at least two (2) members of the IACUC will visit all of the institution's facilities where USDA-regulated animals are housed for more than 12 hours, survival surgery areas, non-survival surgery areas, and other areas where USDA-covered species are used.

- At least one IACUC member will inspect the aforementioned areas when non-USDA regulated species are involved.

- Equipment used for animal transport is also inspected semiannually.

- The IACUC has purview over all other areas where animals are used. Those areas are inspected on a regular basis, approximately once every 24 months.

- The Committee uses the *Guide* and other pertinent resources, e.g., the PHS Policy and the Code of Federal Regulations (Animal Welfare), as a basis for the review.

- To facilitate the evaluation, the Committee will use a checklist based on the Sample OLAW Program and Facility Review Checklist from the OLAW website.

- If deficiencies are noted during the inspection, they will be categorized as significant or minor and the Committee will develop a reasonable and specific plan and schedule for correcting each deficiency. A significant deficiency is one that is or may be a threat to the health and safety of the animals or personnel.

- No member will be involuntarily excluded from participating in any portion of the inspections.

3. **Prepare reports of the IACUC evaluations as set forth in the PHS Policy IV.B.3 and submit the reports to the Institutional Official. The IACUC procedures for developing reports and submitting them to the Institutional Official are as follows:**

- Individual IACUC members will convey their observations to the IACUC Chairperson, or his or her designee, who, in turn, will draft the reports using the sample OLAW Semiannual Report to the Institutional Official format from the OLAW website.

- The reports will contain a description of the nature and extent of the Institution's adherence to the *Guide* and the PHS Policy.

- The reports will identify specifically any departures from the provisions of the *Guide* and the PHS Policy, and state the reasons for each departure. If there are no departures, the report will so state. Approved departures will be approved as part of a protocol, protocol amendment, or other written document, using either FCR or DMR as delineated in Section III.D.6. Approved departures to animal husbandry standards will be discussed during convened meetings, approved by the IACUC, and documented in meeting minutes.

- Departures from the provisions of the *Guide* that are not IACUC approved are considered deficiencies and addressed as such, i.e., the IACUC will develop a reasonable plan and schedule for discontinuing the departure or for having the departure properly reviewed and approved. Departures that constitute noncompliance are reported to OLAW as appropriate.

- The reports will distinguish significant deficiencies from minor deficiencies. If program or facility deficiencies are noted, the reports will contain a reasonable and specific plan and schedule for correcting each deficiency.

- If some or all of the institution's facilities are accredited by AAALAC International, the report will identify those facilities as such.

- Copies of the draft reports will be reviewed, revised as appropriate, and approved by the Committee. The final reports will be signed by a majority of the IACUC members and will include any minority opinions. If there are no minority opinions, the reports will reflect such.

- Following completion of each evaluation, the completed report will be submitted to the Institutional Official in a timely manner.

- Deficiencies are tracked by the IACUC administrative office to ensure that they are appropriately resolved.

4. **Review concerns involving the care and use of animals at the Institution. The IACUC procedures for reviewing concerns are as follows:**

- Any individual may report concerns to the IO, IACUC Chair, Institutional Veterinarian, the ARC administrative office, campus Whistleblower hotline, or any member of the IACUC.

- Concerns may be reported either verbally or in writing, electronically, or via hotline. The identity of the reporting party will remain confidential. Anonymous reports may be submitted through the campus Whistleblower hotline.

- Signs posted in the animal facilities advise individuals how and where to report animal welfare concerns and state that any individual who, in good faith, reports an animal welfare concern will be protected against reprisals.

- The ARC Policy on Reporting Allegations of Mistreatment or Other Noncompliance Issues is posted on the ARC public-facing website and provides instructions on reporting animal welfare concerns and to whom an individual may report.

- Reported concerns will be brought to the attention of the full Committee, unless otherwise determined to be without merit. Time-permitting, the individual against whom the complaint is made will be given an opportunity to address the complaint prior to the Committee meeting.

- If necessary, the IACUC Chair will convene a special meeting to discuss, investigate, and address any reported concern.

- Depending on the nature of the allegation, and in accordance with the ARC Policy on Investigating Allegations of Mistreatment or Other Noncompliance Issues,

the Chair may elect to appoint a Sub-Committee to investigate the allegation prior to Committee review.

- Reported concerns and all associated IACUC actions will be recorded in the IACUC meeting minutes, as appropriate.

- The Committee will report such actions in writing to the IO and, as warranted, to OLAW. Reports to the IO may be either via meeting minutes, semiannual report of IACUC evaluations, or separate document. Reports to OLAW will be in writing and through the IO. Preliminary reports to both the IO and OLAW may be made verbally.

- No facility employee, Committee member, or laboratory personnel shall be discriminated against or be subject to any reprisal for reporting violations of any regulation or standards under the Animal Welfare Act.

5. **Make written recommendations to the Institutional Official regarding any aspect of the Institution's animal program, facilities, or personnel training. The procedures for making recommendations to the Institutional Official are as follows:**

- Recommendations regarding any aspect of the institution's animal program or facilities are discussed and developed by the Committee.

- The Committee's recommendations are included in the IACUC meeting minutes, a report of the IACUC's evaluations, or a separate letter. Such documents are reviewed and approved by the Committee and then submitted to the IO.

6. **Review and approve, require modifications in (to secure approval), or withhold approval of PHS-supported activities related to the care and use of animals according to PHS Policy IV.C.1-3. The IACUC procedures for protocol review are as follows:**

- Protocols are submitted using the online protocol tracking system.

- Administrative and/or veterinary pre-review is conducted on all new and triennial review submissions; protocol amendments do not generally require a pre-review.

- Members are notified of protocols to be reviewed via email.

- Members access protocols via the online protocol tracking system.

- No member may participate in the IACUC review or approval of a protocol in which the member has a conflicting interest (e.g., is personally involved in the project), except to provide information requested by the IACUC; nor may a member who has a conflicting interest contribute to the constitution of a quorum.

- The IACUC may invite consultants to assist in reviewing complex issues. Consultants may not approve or withhold approval of an activity or vote with the IACUC unless they are also members of the IACUC.

- IACUC meetings are conducted in person or via video conferencing (e.g., Zoom).

- Use of video conferencing is compliant with NIH Notice NOT-OD-06-052 of March 24, 2006, entitled Guidance on Use of Telecommunications for IACUC Meetings under the PHS Policy on Humane Care and Use of Laboratory Animals.

- Prior to the review, each IACUC member will be provided with written descriptions of activities (protocols) that involve the care and use of animals and any member of the IACUC may obtain, upon request, full-committee review (FCR) of those protocols.

Full-Committee Review

- If FCR is used, approval of those protocols may be granted only after review at a convened meeting of a quorum of the IACUC and with the approval vote of a majority of the quorum present.

- Voting is performed as follows: a member presents a motion, another member seconds that motion, and then the Chair calls for all in favor/opposed/abstain. The motion passes if there is a majority in favor.

- The possible outcomes of FCR are:

    1. Approved
    2. Modifications required prior to approval
    3. Approval withheld

- Review of Required modifications Subsequent to FCR. When the IACUC requires modifications (to secure approval) of a protocol, such modifications are reviewed as follows:

    a. Returned to the full Committee for further evaluation (i.e., FCR).

    OR

    b. Designated Member Review (DMR) if approved unanimously by all members at the meeting at which the required modifications are developed/delineated. All IACUC members have previously agreed in writing that the quorum of members present at a convened meeting may decide by unanimous decision to use DMR subsequent to FCR when modification is needed to secure approval. However, any member of the IACUC may, at any time, request to see the revised protocol and/or request further FCR of the protocol. The IACUC Chair, or Vice Chair if the Chair is not present at a meeting, is responsible for appointing the designated member reviewer(s) to review revisions subsequent to FCR.

Minor modifications of an administrative nature, e.g., typographical or grammatical errors, required signatures, etc., may be confirmed by IACUC administrative personnel.

Designated Member Review

- In instances where the IACUC uses the DMR method, the protocol will be made available to all IACUC members to allow members the opportunity to call for FCR.

- If FCR is not requested, at least one member of the IACUC, designated by the IACUC Chair or Vice Chair, and qualified to conduct the review, may be assigned to review those protocols and have the authority to approve, require modifications in (to secure approval), or request FCR of those protocols.

- The ARC administrative staff maintains polling records of members to obtain concurrence to use the DMR method, or concurrence by silent assent after three (3) full calendar days.

- If concurrence to use DMR is obtained from all members prior to 3 days, use of DMR may proceed at that point.

- Other IACUC members may provide the designated reviewer with comments and/or suggestions for the reviewer's consideration only. That is, concurrence to use DMR may not be conditioned.

- After all required modifications are made, a final revised protocol, i.e., an identical document with all required modifications included, or an itemization of the changes, is submitted to all designated reviewers for review and approval.

- If multiple designated reviewers are used, their decisions must be unanimous; if not, the protocol will be referred for FCR.

- The possible outcomes of DMR are as follows:

    1. Approved
    2. Modifications required prior to approval
    3. Forwarded to the full Committee for review

- In order to approve proposed animal activities, the IACUC will conduct a review by FCR or DMR of those components related to the care and use of animals and determine that the proposed protocols are in accordance with the PHS Policy. In making this determination, the IACUC will confirm that the protocol will be conducted in accordance with the Animal Welfare Act insofar as it applies to the activity, and that the protocol is consistent with the *Guide* unless acceptable justification for a departure is presented. Further, the IACUC shall determine that the protocol conforms to the institution's PHS Assurance and meets the following requirements:

    a. Procedures with animals will avoid or minimize discomfort, distress, and pain to the animals, consistent with sound research design.

    b. Procedures that may cause more than momentary or slight pain or distress to the animals will be performed with appropriate sedation, analgesia, or

anesthesia, unless the procedure is justified for scientific reasons in writing by the investigator.

c. Animals that would otherwise experience severe or chronic pain or distress that cannot be relieved will be euthanized at the end of the procedure or, if appropriate, during the procedure.

d. The living conditions of animals will be appropriate for their species and contribute to their health and comfort. The housing, feeding, and nonmedical care of the animals will be directed by a veterinarian or other scientist trained and experienced in the proper care, handling, and use of the species being maintained or studied.

e. Medical care for animals will be available and provided as necessary by a qualified veterinarian.

f. Personnel conducting procedures on the species being maintained or studied will be appropriately qualified and trained in those procedures.

g. Methods of euthanasia used will be consistent with the current recommendations of the American Veterinary Medical Association (AVMA) Guidelines for the Euthanasia of Animals, unless a deviation is justified for scientific reasons in writing by the investigator and approved by the IACUC.

7. **Review and approve, require modifications in (to secure approval), or withhold approval of proposed significant changes regarding the use of animals in ongoing activities as set forth in the PHS Policy IV.C. The IACUC procedures for reviewing proposed significant changes in ongoing research projects are as follows:**

● Review and approval of significant changes are handled in the same manner as new protocols (see Paragraph III.D.6), except as described in the ARC Policy Review of Significant Changes to Previously Approved Protocols.

● Examples of changes considered to be significant and requiring DMR or FCR include, but are not limited to, changes:

a. from non-survival to survival surgery;
b. resulting in greater discomfort or in a greater degree of invasiveness;
c. in housing and or use of animals in a location that is not part of the animal program currently overseen by the IACUC;
d. in the species;
e. in overall study objectives;
f. in Principal Investigator (PI);
g. that impact personnel safety.

● Changes considered to be significant, but that do not require DMR or FCR, include:

h. anesthesia, analgesia, sedation, or experimental substances, as detailed in the Formulary for Laboratory Animals (3rd edition);
i. euthanasia using any method approved in the most current version of the AVMA Guidelines for the Euthanasia of Animals;
j. duration, frequency, type, or number of procedures performed on an animal as described in an approved ARC Policy, for example, the ARC Policies on Blood Collection from Laboratory Animals and Tissue Collection for DNA Extraction for Genotyping in Rodents;
k. increase in previously approved animal numbers, so long as the increased number of animals requested is ≤50% of the number last approved via DMR or FCR.

- The ARC Chair or Vice-Chair is empowered to review an increase in previously approved animal numbers (k). Changes described under h-j above will be reviewed by the ARC Chair or Vice-Chair in consultation with the authorized veterinarian.

- Amendments that do not involve significant changes may be reviewed administratively by the IACUC staff or Chair/Vice Chair, as appropriate.

- The ARC Policy on Review of Significant Changes to Previously Approved Protocols establishes the use of the Veterinary Verification and Consultation method and refers to the Formulary for Laboratory Animals (3rd edition), the most current version of the AVMA Guidelines for the Euthanasia of Animals, and ARC Policies on Blood Collection from Laboratory Animals and Tissue Collection for DNA Extraction for Genotyping in Rodents. Changes are documented in protocol amendments which are submitted via the ARC online protocol review system.

- The ARC Policy on Review of Significant Changes to Previously Approved Protocols establishes an increase of 50% of the number of animals last approved via DMR or FCR as the upper threshold for changes that may be reviewed by the Chair or Vice Chair outside of DMR/FCR. Changes are documented via protocol amendment, so the increase can be compared to the previous number approved. During review, the Chair or Vice Chair determine whether justification for the increase has been provided; if not, additional information is requested.

- Changes to study objectives are reviewed by DMR or FCR. Changes that result in greater pain, distress, or degree of invasiveness must be reviewed by DMR or FCR.

8. Notify investigators and the Institution in writing of its decision to approve or withhold approval of those activities related to the care and use of animals, or of modifications required to secure IACUC approval as set forth in the PHS Policy IV.C.4. The IACUC procedures to notify investigators and the Institution of its decisions regarding protocol review are as follows:

- Principal Investigators are notified of all protocol approval activities by email generated by the ARC online system; approval documents are also available in the online system.

- Required modifications are delineated in the online protocol and/or email correspondence to the Principal Investigator; in some cases, a requirement of approval will be described in the approval notice as a codicil.

- An approval that includes a codicil is not a conditional approval; rather, it is an approval that highlights an agreement between the IACUC and the PI. Written confirmation from the PI of their agreement with the terms of the codicil must be obtained before an approval with codicil will be issued.

- Codicils may be used, for example, to demonstrate mutual understanding that the research team will engage with the veterinary staff upon initial conduct of a procedure, that a currently unused location will be inspected by the IACUC prior to re-use, that experiments involving another institutional review will not commence until that review is completed and approval issued.

- The ARC administrative staff routinely evaluate the status of codicils and request updates from researchers, veterinary staff, and/or other committees (e.g., IBC), as appropriate, to determine that the codicil has been fulfilled.

- If the IACUC declines to approve a submission, the Principal Investigator will be notified of this decision via email. Written notification to withhold approval will include a statement of the reasons for the decision and provide the Investigator an opportunity to respond in person or in writing.

- The Institutional Official is notified of committee actions on protocols by receiving a copy of the IACUC meeting minutes. The IO can also access all protocols via the online system.

9. **Conduct continuing review of each previously approved, ongoing activity covered by PHS Policy at appropriate intervals as determined by the IACUC, including a complete review at least once every three years according to PHS Policy IV.C.1.-5. The IACUC procedures for conducting continuing reviews are as follows:**

Post-approval Monitoring

- Post-Approval Monitoring is accomplished through various means, including semiannual facility inspection, semiannual program review, protocol monitoring, and/or DLAM veterinary observation of procedures.

- Protocol monitoring includes observations of ongoing animal procedures, walk-through of the research facilities, discussions with the Principal Investigator (PI) and research staff, and the review of protocols and protocol-related documents, as well as charts/animal records.

Continuing Review

- The ARC conducts a complete *de novo* review (triennial review or TR) not less than once every three years for all protocols, regardless of species.

- Protocols are approved for no longer than three years minus one day. If activities are expected to continue beyond the expiration date, prior to expiration of the original or preceding protocol a TR application must be submitted, reviewed, and approved as described in Part III.D.6.

- Investigators seeking continuation of a previously approved protocol submit an updated protocol via the on-line protocol tracking system.

- TR applications are subject to all review procedures as set forth in Section III.D.6 of this Assurance. In addition, for TR applications, investigators are asked to provide an update regarding the progress made toward achieving the scientific objectives of the protocol during the previous approval period.

10. Be authorized to suspend an activity involving animals as set forth in the PHS Policy IV.C.6. The IACUC procedures for suspending an ongoing activity are as follows:

- The IACUC may suspend an activity that it previously approved if it determines that the activity is not being conducted in accordance with applicable provisions of the Animal Welfare Act, the *Guide*, the Institution's Assurance, or IV.C.1.a.-g. of the PHS Policy.

- The IACUC may suspend an activity only after review of the matter at a convened meeting of a quorum of the IACUC and with the suspension vote of a majority of the quorum present.

- If the IACUC suspends an activity involving animals, or any other institutional intervention results in the temporary or permanent suspension of an activity due to noncompliance with the Policy, Animal Welfare Act, the *Guide*, or the Institution's Assurance, the Institutional Official in consultation with the IACUC shall review the reasons for suspension, take appropriate corrective action, and report that action with a full explanation to OLAW.

E. The risk-based occupational health and safety program for personnel working in laboratory animal facilities and personnel who have frequent contact with animals is as follows:

1. Administration/management.

- UCLA Occupation Health (OH) has primary management oversight of the occupational health program for personnel involved in the care and/or use of laboratory animals. The Arthur Ashe Student Health & Wellness Center shares responsibility specific to student researchers in the animal care and use program.

- OH is involved in planning and monitoring the aforementioned program.

- OH provides outpatient clinical services to all employees; Ashe provides services to UCLA students. The clinical staff is comprised of highly qualified occupational medicine physicians, nurse practitioners, and nurses.

- Services made available through OH or Emergency Medicine include:

    a. pre-employment physical examinations and annual medical assessment for veterinary and animal health staff;

    b. diagnosis, treatment, documentation and follow-up of work-related illness or injury; and (c) immunizations, including tetanus vaccination as required or recommended, and

    c. TB and other surveillance programs as indicated.

- Services made available through the Ashe Center include comprehensive healthcare and educational programs for UCLA students.

- For the remainder of Section E, no distinction will be made between OH and Ashe.

2. Scope.

- The Institution provides an occupational health and safety program that is consistent with federal, state and local regulations.

- All personnel involved in the care and use of research animals or their tissue must be enrolled in the program. Enrollment is accomplished through completion of the Medical History Questionnaire (described further under item 3).

- In most cases, effective use of good animal-care and occupational health and safety practices are sufficient to protect the health and safety of researchers; however, in some cases, higher risk of occupational injury or illness may exist. In those cases, the determination of risk and need for health care services shall be the collaborative professional judgment of all interested parties, which may include: the Campus Veterinarian, who is familiar with zoonotic risks presented by the research animals; a specialist from the Office of Environment Health and Safety, who is knowledgeable about occupational hazards common to animal care and use, as well as relevant hazard control strategies; a medical care provider; and the principal investigator, who can assess the health risks associated with their planned experimental protocols.

- The type of participation in the occupational health and safety program depends upon various factors including: frequency and intensity of exposure; hazards associated with the animal(s) being handled; hazardous properties of agents used in research; individual susceptibility; and the occupational health history of previous employees.

    a. Division of Laboratory Animal Medicine (DLAM) and Outlying Vivaria Personnel

All vivaria personnel shall comply with the mandatory DLAM Standard Operating Procedure (SOP) for the occupational health and safety program. This SOP includes initial and annual health screening requirements, personal hygiene, PPE, ergonomic practices, hazard communication, reporting injuries, etc.

b. Research Personnel

i. Personnel may be subject to specialized evaluations and/or immunizations depending upon the species and overall level of risk posed by contact with animals, including: ova and parasite testing (non-human primates); rabies vaccination and follow-up titers; hepatitis B vaccination (non-human primates), Q fever surveillance (sheep and goats).

ii. Routine medical surveillance may be required for research personnel who have animal contact as dictated by the various factors of exposure. Evaluations may include: medical history; physical examination; appropriate laboratory diagnostics; QuantiFERON (QFT) for tuberculosis (if negative prior history) or chest x-ray.

iii. Personnel having contact with non-human primates shall have a biannual QFT (or chest x-ray if known to be a positive reactor) and annual medical assessment. Personnel who have no direct contact but occasional exposure shall have a TB test annually. All personnel that work with macaques or their tissues must complete B-Virus training.

c. Other Support Staff

i. Similar to the Research Personnel requirements, except that some requirements are dropped when animals can be moved from the location and/or the visitor/inspector will be escorted to and from the location and advised on proper PPE, etc.

3. Health Histories and Evaluations.

● UCLA Policy 990 (“Use of Animals in Research, Teaching, and Testing”) includes the requirement for annual submission of the Medical History Questionnaire (MHQ) by personnel working with animals or animal tissues, and those who access the vivarium.

● The IACUC withholds approval for protocols in cases where research personnel do not have an approved MHQ on record.

● The MHQ collects personal health information (e.g., vaccination history, known allergies), which is evaluated by a qualified medical professional.

- The IACUC administrative office receives an email every time an MHQ is submitted, and again when an MHQ is approved. MHQ approvals are recorded in the same database used for IACUC protocol review.

4. Hazard Identification and Risk Assessment.

- The ARC has established the following procedures for conducting a health and safety review of research activities that involve infectious agents, recombinant and synthetic nucleic acid molecules that are not exempt from the Federal guidelines, hazardous chemicals, and the use of ionizing radiation.

- The following procedures are based on hazard identification and risk assessment.

a. The Radiation Safety Officer or his/her designee reviews all animal use applications involving use of radiation-producing machines, and administration of unsealed radioactive sources and/or implants of sealed sources resulting in radiation exposure of animals. This review involves training verification of staff identified as working with radiation sources. The ARC requires that animal activities involving the use of radioactive materials or radiation-producing machines be conducted only after the Radiation Safety Committee has authorized the use of such agents/machines.

b. On behalf of the Institutional Biosafety Committee (IBC), the IBC manager or his/her designee reviews animal use applications to ensure IBC approval is in place for the use of biohazards including: recombinant and synthetic nucleic acid molecules, as covered by the NIH Guidelines for Research Involving Recombinant and Synthetic Nucleic Acid Molecules; infectious agents; select agents and select toxins; human and non-human primate materials; and genetically modified animals. IBC review may also extend to animal protocols involving animals known to be reservoirs/vectors of zoonotic diseases and biological toxins. The IBC review process involves hazard identification and risk assessment; this is accomplished through discussion by individuals knowledgeable of these hazards and in consultation with the OHF Medical Director, when appropriate. The ARC requires that animal activities involving the aforementioned biohazards be conducted only after the IBC has authorized the use of such agents.

c. The Chemical Hygiene Officer or his/her designee reviews animal use applications for the use of carcinogens, reproductive toxicants, and highly toxic chemicals. The Chemical Hygiene Officer verifies that the Principal Investigator has Standard Operating Procedures in place that document the storage and handling of those materials. The ARC requires that animal activities involving the above hazards be cleared by the Chemical Hygiene Officer prior to use of these agents.

d. Before authorizing activities involving radioactive materials, biohazardous agents, or chemical hazards, the Radiation Safety, Biosafety, and/or Chemical Hygiene Officer (or appropriate designees) confers with the

Principal Investigator and, in some cases, the Campus Veterinarian, to assess the potential risks involved with the research and to ensure the placement of safeguards which minimize potential risks to research personnel and DLAM animal care technicians including: guidelines for the acquisition, transport, and handling of hazardous materials; housing and special care requirements; periodic exposure surveillance; waste disposal management and cage cleaning practices; spill clean-up procedures; use of safety equipment and personal protective gear; any applicable occupational health and safety program requirements; appropriate containment in accordance with the Centers for Disease Control and National Institutes of Health's Biosafety in Microbiological and Biomedical Laboratories (Latest Edition) or as deemed necessary by the IBC; and blood borne pathogen standard requirements (if applicable).

e. The Controlled Substance Program Administrator (CSPA) or his/her designee reviews animal use applications for the use of Drug Enforcement Administration (DEA) regulated controlled substances (schedules II-IV). Principal Investigators are required to submit a Standard Operating Procedure (SOP) to the CSPA for all controlled substances to be registered under the departmental DEA registration for documenting preparation, storage, use, and disposal of all applicable regulated controlled substances.

5. Procedures in Place to Alleviate Hazards and Minimize Risks.

- Training of Research Personnel

a. The Principal Investigator and facility supervisor are primarily responsible for overseeing operational and day-to-day safety practices in the workplace.

b. Supervisors are responsible for ensuring that their employees have acquired the necessary skills and information to work safely.

c. Personnel at risk are provided with clearly defined procedures for conducting their duties and implementing the use of engineering controls, work practices, and personal protective equipment.

d. If deficiencies are discovered, the supervisors provide on-the-job training until appropriate standards of proficiency are demonstrated.

e. DLAM and EH&S provide research personnel with one-on-one, laboratory, or additional training, as necessary, with respect to: prevention of zoonosis transmission; chemical safety; microbiologic and physical hazards (including those related to radiation exposure and allergies); handling of waste materials; personal hygiene practices; personal protective equipment; use and scavenging of anesthetic gases; and precautions to be taken under special circumstances (including pregnancy, illness, or decreased immunocompetence).

- Equipment Performance

a. The Institution is responsible for certifying and monitoring safety equipment to ensure that it is capable of providing the necessary protection, including: chemical fume hoods, autoclaves, biosafety cabinets, and fire protection systems.

b. All BSC, laminar flow, and HEPA filtration devices are certified and maintained by the user or department through use of a private company contracted to certify and maintain these devices.

c. The Institution assures that these devices are maintained and certified during ARC semiannual inspections.

- Information Management

a. Animal users are provided information about the various components of the occupational health and safety program including:

i. services provided by OH;
ii. procedures for handling and reporting work-related injuries and illnesses;
iii. guidelines for protection from exposure to hazardous materials (chemical, biological, or radiological); and
iv. information about the prevention of zoonoses transmission.

b. The MHQ tracks information for all personnel having contact with animals or animal tissue and the occupational health requirements for handling the specific species. If applicable, personnel are notified of required and/or recommended immunizations and medical evaluations through the MHQ review process. Investigators are responsible for ensuring that follow-up medical evaluations or immunization boosters for their staff are completed in a timely fashion.

6. Immunizations

- OH and Ashe follow immunization and surveillance practices that have been developed in collaboration with DLAM and EH&S and are evaluated using the MHQ.

- Vaccination against tetanus is recommended and provided during onboarding to all those with potential animal percutaneous exposure risk.

- Other vaccinations are strongly recommended, or required if for protection of the animal, based on species and risk, such as MMR, Flu, and/or Rabies.

7. Precautions taken during pregnancy, illness or decreased immunocompetence

- Personnel are advised either during training or while completing the MHQ that, if they are planning to become pregnant, are pregnant, are ill, or have impaired immunocompetence, they should consult a health care professional/physician

regarding such conditions and how they might pertain to their working with laboratory animals. If warranted, any work restrictions and/or accommodations are coordinated among the individual, his/her health care professional, human resources, etc.

8. Provisions for personnel who are not involved in animal care and/or use but nevertheless need to enter areas when animals are housed or used.

- A different clearance process for visitors is used to ensure that individuals who are not currently covered by the UCLA occupational health and safety program receive adequate information regarding zoonotic risks and relevant vaccinations.

- In situations where other non-animal care and use personnel must access animal rooms, they are briefed on appropriate precautions and provided appropriate PPE and are then permitted in for a limited amount of time. A member of the animal care staff will be available for escort, if needed. In most cases, and always if there is extensive or prolonged work to be done, the animals are removed prior to individuals being allowed into the room

9. Availability and procedures for treatment of bites, scratches, illness, or injury.

- Treatment for bites, scratches, illness, or injury related to the animal program is provided by OH or Ashe, as appropriate.

- When OH is closed, employees are directed to the Ronald Reagan UCLA Medical Center Emergency Department for treatment.

10. Procedures/program for reporting and tracking injuries and illnesses.

- When injuries occur, after first-aid and wound cleaning takes place, employees are instructed to immediately report all injuries and exposures to their supervisor and OH for the purposes of risk management, assessment, and treatment.

- Injury reports are then forwarded to Insurance and Risk Management for a determination of the need for preventative action such as additional training.

11. Other Pertinent Information Regarding the OH&S Program.

- Emergency Procedures

  a. DLAM has developed an emergency response plan for animals housed in DLAM-managed space. A single-page decision tree instructs investigators how to proceed in the event that a disaster occurs when animals are in their laboratory, outside of DLAM-managed space.

  b. The DLAM emergency response team has rapid access to health and safety personnel and periodically conduct table-top exercises and drills, as appropriate, to test the efficacy of the emergency response plan. The EH&S

Office of Emergency Management supports the DLAM emergency response team.

c. Each laboratory is required to keep accessible a copy of the UCLA Chemical Hygiene Plan, Laboratory Safety Manual, Biological Safety Manual, Laboratory Emergency Poster, and Radiation Safety Manual (as applicable) in the event of a spill or work-related injury.

F. The total gross number of square feet in each animal facility (including each satellite facility), the species of animals housed therein, and the average daily inventory of animals by species, in each facility is provided in Part X., Facility and Species Inventory.

G. The training or instruction available to scientists, animal technicians, and other personnel involved in animal care, treatment, or use is as follows:

1. IACUC Members

- Each IACUC member will be provided with hard-copies or electronic access to the following:

a. PHS Policy for the Humane Care and Use of Laboratory Animals;
b. National Research Council (NRC) Guide for the Care and Use of Laboratory Animals;
c. USDA Animal Welfare Act and Animal Welfare Regulations (Blue Book);
d. ARENA/OLAW IACUC Guidebook;
e. AVMA Guidelines for the Euthanasia of Animals;
f. Institutional policies and other publications relevant to the use of animals in research, teaching, and/or testing; and
g. This Assurance.

- All members of the IACUC undergo an orientation program consisting of one-on-one sessions with the Chair, veterinarian, and/or ARC administrative staff.

- New IACUC members are required to complete the Collaborative Institutional Training Initiative (CITI) Essentials for IACUC Members course prior to their in-person orientation.

- Topics covered during the in-person orientation include an overview of federal regulations and relevant policies/guidelines; key principles concerning humane animal care and use; the responsibilities, functions, and authority of the IACUC, Institutional Official, Attending Veterinarian, and research investigators; procedures for protocol review, approval, and post-approval monitoring; procedures for handling and reporting of animal welfare concerns; and institution-specific policies and procedures.

- Specific to semiannual facility inspections, ARC administrative staff provides additional training to new IACUC members to familiarize them with the animal facility requirements set out by the Guide and Animal Welfare Act Regulations.

- It is recommended that all IACUC members familiarize themselves with other pertinent information available on the OLAW website, e.g., FAQs, Policies and Laws, Guidance, and Educational and Other Resources.

- Continuing education is provided to IACUC members through distribution of relevant journal articles, as well as updates regarding proposed changes to federal and state laws regarding the care and use of laboratory animals.

- IACUC members are also encouraged to attend IACUC-focused conferences, webinars, and/or in-house workshops.

2. Animal Care and Use Training

- The ARC ensures that all scientists, research technicians, animal technicians, and other personnel involved in animal care, treatment, and use are qualified to perform their duties. This responsibility is fulfilled in part through the provision of training and instruction to those personnel.

- The institution's responsibilities are met by continued review of personnel qualifications and training. When needed, additional instruction is made available.

- Personnel performing procedures using animals must be identified in the animal use protocol, unless that individual is a member of the DLAM staff or a visiting scientist staying for less than 72 hours and cleared by the IACUC for animal work.

- A description of each individual's qualifications, experience and/or training with the specific animal species, model and procedures must be provided for IACUC review. Protocol-specific training is the responsibility of the PI.

- All persons involved in animal care and use are required to receive training which covers the laws and regulations covering laboratory animal care and use with an emphasis on the contents of the *Guide* and the 3Rs. Training and instruction of personnel includes, as applicable, guidance in at least the following areas:

    1. Humane methods of animal maintenance and experimentation, including:
        a. The basic needs of each species of animal;
        b. Proper handling and care for the various species of animals used by the facility;
        c. Proper pre-procedural and post-procedural care of animals; and
        d. Aseptic surgical methods and procedures;

    2. The concept, availability, and use of research or testing methods that limit the use of animals or minimize animal distress;

    3. Proper use of anesthetics, analgesics, and tranquilizers for any species of animals used by the facility;

    4. Methods whereby deficiencies in animal care and treatment are reported;

5. Utilization of services (e.g., National Agricultural Library, National Library of Medicine) available to provide information:
    a. On appropriate methods of animal care and use;
    b. On alternatives to the use of live animals in research;
    c. That could prevent unintended and unnecessary duplication of research involving animals; and
    d. Regarding the intent and requirements of the Animal Welfare Act and USDA-APHIS Regulations.

● All investigators involved in the care and use of animal subjects shall undergo certification via the CITI Program at least once every three years. Investigators are expected to complete the course and to ensure that all staff and students under their supervision also complete the course and are also familiar with all ARC policies pertaining to their specific research.

● The CITI online training course is a key component of the ARC's training program as it describes:

a. applicable regulations and policies governing the use of animal subjects;
b. animal acquisition, housing and husbandry practices;
c. occupational health and safety;
d. veterinary care;
e. guidance on selecting the most appropriate animal models;
f. the availability and consideration of alternatives to the use of laboratory animals; and
g. ethical and humane considerations in the use of animals for research.

● The ARC website contains all ARC policies and guidelines of acceptable standards for various commonly used procedures involving animals, as well as the Institution's Assurance of Compliance with the PHS Policy on Humane Care and Use of Laboratory Animals.

● Species-specific training is required for each species an individual will be handling and is accomplished by participating in a training/handling session offered by DLAM. The attending veterinarian, or his or her designee, assesses each individual's prior experience with the proposed animal model(s) and provides training accordingly. Individuals are required to complete the CITI online training module prior to attending a wet-lab demonstration of species-specific handling techniques and basic research procedures.

● If a previously certified person elects to work with a new species, he/she will be required to complete the training component as described above prior to being certified to work with the new species.

● Personnel who will be conducting survival surgery on mammals or birds are required to participate in an aseptic surgical technique class. Individuals are required to complete the CITI online training module prior to attending the hands-on portion of the course, which begins with a discussion of the essentials of aseptic surgery. Proper preparation of the animal patient is emphasized during the hands-on portion

of the class: this includes skin prep, use of analgesics, proper draping and recovery. Training in aseptic surgery involving species other than mammals and birds is provided as needed during individual species-specific training sessions. A separate aseptic training course is required for individuals who work with USDA covered species.

- Training in experimental methods (i.e., specific animal manipulations and techniques) and in the care of new and nontraditional laboratory animal species will be provided by the Principal Investigator in consultation with the DLAM veterinary staff.

- The ARC may elect to waive species-specific and/or aseptic training based on an evaluation of the individual's training and qualifications.

3. Training for DLAM Animal Technicians

- Training of DLAM staff is conducted by DLAM senior, supervisory, and/or veterinary staff, and at formal classes conducted by other campus offices. Training conducted at meetings of the entire DLAM staff includes such areas as safety in the workplace, ergonomics, general zoonoses, and overall health surveillance of the colonies.

- Training at senior staff meetings includes areas such as record keeping requirements, barrier and containment essentials, and paraveterinary functions including biopsy collection in mice, blood collection, and timed mating techniques.

- Staff meetings for Animal Health Technicians include instruction in such areas as training of investigators and their staff, rodent rederivation procedures, and regulations pertaining to the research animal program.

- Formal training in laboratory animal science in the form of scheduled classes is conducted using the AALAS certification manuals. This is voluntary training, but is closely tied to career advancement. Additional formal training is conducted by the campus Environmental Health and Safety office.

- Training of husbandry staff in day-to-day job duties is conducted by senior DLAM staff.

4. One-on-One Training Sessions for Investigators/Research Personnel

- One-on-one veterinary assistance or training is available upon request by the investigator or the recommendation of the ARC.

5. ARC Information and Training Workshops

- Periodically, the ARC offers workshops to provide continuing training and instruction to the research community.

- Workshops may be dedicated to the following areas:

a. humane methods of animal maintenance and experimentation;
b. the intent and requirements of the AWA, PHS Policy, and/or the Institution's policies governing the use of laboratory animals;
c. the concept, availability, and use of research methods that limit the use of animals or minimize animal distress;
d. the proper use of anesthetics, analgesics, and tranquilizers for specific animal species; and
e. the utilization of services (e.g., National Agricultural Library, Animal Welfare Information Center) available to provide information on appropriate methods of animal care and use or alternatives to the use of live animals in research.

IV. Institutional Program Evaluation and Accreditation

A. All of this Institution's programs and facilities (including satellite facilities) for activities involving animals have been evaluated by the IACUC within the past 6 months and will be reevaluated by the IACUC at least once every 6 months according to PHS Policy IV.B.1.-2. Reports have been and will continue to be prepared according to PHS Policy IV.B.3. All IACUC semiannual reports will include a description of the nature and extent of this Institution's adherence to the PHS Policy and the *Guide*. Any departures from the *Guide* will be identified specifically and reasons for each departure will be stated. Reports will distinguish significant deficiencies from minor deficiencies. Where program or facility deficiencies are noted, reports will contain a reasonable and specific plan and schedule for correcting each deficiency. Semiannual reports of the IACUC's evaluations will be submitted to the Institutional Official. Semiannual reports of IACUC evaluations will be maintained by this Institution and made available to the OLAW upon request.

B. This Institution is Category 1 — accredited by AAALAC International. As noted above, reports of the IACUC's semiannual evaluations (program reviews and facility inspections) will be made available upon request.

V. Recordkeeping Requirements

A. This Institution will maintain for at least three (3) years:

1. A copy of this Assurance and any modifications made to it, as approved by the PHS;

2. Minutes of IACUC meetings, including records of attendance, activities of the committee, and committee deliberations;

3. Records of applications, proposals, and proposed significant changes in the care and use of animals and whether IACUC approval was granted or withheld;

4. Records of semiannual IACUC reports and recommendations (including minority views) as forwarded to the Institutional Official, Vice Chancellor for Research and Creative Activities Roger Wakimoto; and

5. Records of accrediting body determinations.

B. This Institution will maintain records that relate directly to applications, proposals, and proposed changes in ongoing activities reviewed and approved by the IACUC for the duration of the activity and for an additional 3 years after completion of the activity.

C. All records shall be accessible for inspection and copying by authorized OLAW or other PHS representatives at reasonable times and in a reasonable manner.

VI. Reporting Requirements

A. The Institutional reporting period is the federal fiscal year (October 1 – September 30). The IACUC, through the Institutional Official, Vice Chancellor for Research and Creative Activities Roger Wakimoto, will submit an annual report to OLAW by December 1 of each year. The annual report will include:

1. Any change in the accreditation status of the Institution;

2. Any change in the description of the Institution's program for animal care and use as described in this Assurance;

3. Any change in the IACUC membership;

4. Notification of the dates that the IACUC conducted its semiannual evaluations of the Institution's program and facilities (including satellite facilities) and submitted the evaluations to the Institutional Official; and

5. Any minority views filed by members of the IACUC.

B. The IACUC, through the Institutional Official, will promptly provide OLAW with a full explanation of the circumstances and actions taken with respect to:

1. Any serious or continuing noncompliance with the PHS Policy;

2. Any serious deviations from the provisions of the Guide; and

3. Any suspension of an activity by the IACUC.

C. Reports filed under VI.A. and VI.B. above will include any minority views filed by members of the IACUC.

VII. Institutional Endorsement and PHS Approval

A. Authorized Institutional Official	
Name: Roger M. Wakimoto, Ph.D.	
Title: Vice Chancellor for Research and Creative Activities	
Name of Institution: University of California – Los Angeles	
Address: BOX 951405, (b) (4) Murphy Hall, Los Angeles, CA 90095-1405	
Phone: (b) (6)	Fax: (b) (6)
E-mail: rwakimoto@conet.ucla.edu	
Acting officially in an authorized capacity on behalf of this Institution and with an understanding of the Institution's responsibilities under this Assurance, I assure the humane care and use of animals as specified above.	
Signature (b) (6)	Date: 6/21/22

B. PHS Approving Official *(to be completed by OLAW)*	
Name/Title: Jane J. Na, DVM, CPIA / Director, Division of Assurances Office of Laboratory Animal Welfare (OLAW) National Institutes of Health 6700B Rockledge Drive Suite 2500, MSC 6910 Bethesda, MD USA 20892-6910 (FedEx Zip Code 20817) Phone: +1 (301) 496-7163	
Signature: Jane J. Na -S Digitally signed by Jane J. Na -S Date: 2022.07.01 00:17:15 -04'00'	Date: July 1, 2022
Assurance Number: **D16-00124 (A3196-01)**	
Effective Date: **July 1, 2022**	Expiration Date: **July 31, 2026**

VIII. Membership of the IACUC

Date: June 21, 2022			
Name of Institution: University of California – Los Angeles			
Assurance Number: A3196-01			
IACUC Chairperson			
Name*: M1. Nigel T. Maidment			
Title*: Professor in Residence		Degree/Credentials*: PhD	
Address*: RPC, BOX 951406, 10889 Wilshire Blvd., (b) (4) Los Angeles, CA 90095-1406			
E-mail*: arc@research.ucla.edu			
Phone*: (b) (6)		Fax*: NA	
IACUC Roster			
Name of Member/ Code**	Degree/ Credentials	Position Title***	PHS Policy Membership Requirements****
M1. Nigel Maidment	PhD	Professor in Residence	Scientist
(b) (6)			Scientist
			Scientist
			Scientist
			Scientist
			Scientist
			Scientist
			Scientist
			Scientist
			Nonscientist & Non-affiliated Member
			Nonscientist & Non-affiliated Member
M13. Jeffrey Goodwin	DVM, PhD, DACLAM	DLAM Executive Director and Campus Veterinarian	Veterinarian
(b) (6)			Veterinarian (alternate for M13)
			Veterinarian (alternate for M13)

* This information is mandatory.

** 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.

*** List specific position titles for all members, including nonaffiliated (e.g., banker, teacher, volunteer fireman; not "community member" or "retired").

**** PHS Policy Membership Requirements:

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.

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.

IX. **Other Key Contacts** (optional)

If there are other individuals within the Institution who may be contacted regarding this Assurance, please provide information below.

Contact #1	
(b) (6)	
Contact #2	
Name:	
Title:	
Phone:	E-mail:

X. Facility and Species Inventory

Date: March 22, 2022			
Name of Institution: University of California – Los Angeles			
Assurance Number: A3196-01			
Laboratory, Unit, or Building*	Gross Square Feet	Species Housed	Approximate Average Daily Inventory
(b) (4)	162,363	Chinchillas	9
		Dogs	1
		Frogs: African Clawed & bull frogs	12 tanks
		Gerbils	30
		Guinea Pigs	20
		Hamsters	10
		Lizards: Gecko	8 tanks
		Mice[1]	31,500 cages
		Non-Human Primates: Rhesus macaque	4
		Opossum	80
		Pigeons	25
		Pigs	35
		Rabbits	20
		Rats[2]	690 cages
		Goat	2
		Sheep	0
		Sea Lamprey	1 tank
	3,897	Mice[1]	25 cages
	17,829	Amphibians, Other	10
		Bats: Egyptian Fruit	40
		Mice[1]	360 cages
		Rats[2]	25 cages
		Zebra Finches	9 cages, 250 individuals
		Zebra Fish	48,000

[1]Mice of the genus mus that are purpose bred for research
[2]Rats of the genus rattus that are purpose bred for research

DOHENY
EYE INSTITUTE

June 10, 2022

Roger M. Wakimoto, Ph.D.
Vice Chancellor for Research
University of California Los Angeles BOX 951405
(b) (4) Murphy Hall
Los Angeles, CA 90095-1405

Dear Dr. Wakimoto,

In 2013, UCLA Stein and Doheny Eye Institute entered into a 99-year affiliation to promote the establishment of eye care clinics and the furtherance of vision research.

An integral part of our mission includes animal research at Doheny's newly built-out headquarters at 150 N. Orange Grove Blvd., Pasadena, CA 91103. We constructed a vivarium in our new building, which was approved by UCLA ARC and DLAM. Per our affiliation agreement, the operation of this vivarium will be overseen by DLAM.

Therefore, I am writing to request that Doheny Eye Institute be listed as a covered component of the UCLA animal care and use program, and that the UCLA IACUC oversee the animal program and facilities at Doheny. DEI will follow the guidance of the Institutional Official (10) and IACUC of the University of California, Los Angeles regarding anima use and will comply with the PHS Policy, the provisions of the *Guide for the Care and Use of Laboratory Animals,* the Animal Welfare Act and regulations and the AVMA Guideline for the Euthanasia of Animals.

Thank you very much for your kind attention to this matter.

Sincerely,

(b) (6)

Marissa Goldberg
Chief Executive Officer mgoldberg@doheny.org (b) (6)

Cc: (b) (6)