Annual Report to OLAW

Institution: Hackensack Meridian Health

Assurance Number: D16-00643 (A4278-01)

Reporting Period: 1/1/2018-12/31/2018

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
 - [x] Non-Accredited Category 2
- [x] This institution's program for animal care and use has changed (PHS Policy IV.A.1.a-i.).

 [Attach a full description of the changes.]
- [x] 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: July 19, 2018 Date 2: December 20, 2019

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.]

| David Jurist Building 40 Prospect Ave, Hackensack, NJ 07601 | Center for Discovery and Innovation 340 Kingsland Avenue. Nutley, NJ 07110 |
|--|--|
| Date 1: May 10, 2018 | Date 1: April 24, 2018 |
| Date 2: November 19, 2018 | Date 2: November 12, 2018 |

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 PHS Policy IV.F. for this reporting cycle are attached.

IV. Signatures

| IACUC Chairperson | Institutional Official | |
|------------------------------|----------------------------------|--|
| Name: Gary Munk, Php (6) (6) | Name: Andrew Pecora, PMD (b) (6) | |
| Signature; | Signature. | |
| Date: \\31\\9 | Date: //5///5 | |

V. Change in Institutional Official

| Name: Andrew Pecora, MD | | | |
|--|-----------------------|---------|--|
| Title: President, Physician Services | Degree/Credential: MD | | |
| Name of Institution: Hackensack Meridian | Health | | |
| Address: [street, city, state, zip code] 92 Second Street Hackensack, NJ 07601 | | | |
| E-mail: Andrew.Pecora@hackensackmeridi | an.org | | |
| Phone: (b) (6) | Fax: | (b) (6) | |

VI. Change in IACUC Membership [Current roster]

| Institution: Hackensac | k Meridian Health | | | | |
|---|-----------------------|-------|---|--------|--|
| IACUC Contact Inform | nation | | | | |
| Address: [street, city, st | tate, zip code] | | | | |
| 340 Kingsland Avenue Nutley, NJ 07110 | | | | | |
| E-mail: Kimberly.bazyle | wicz@hackensackm | eridi | an.org | | |
| Phone: (b) (6) | | | Fax: (b |) (6) | |
| IACUC Chairperson | | | | | |
| Name: Gary Munk, PhD | | | | | |
| Title: Clinical Director, Clinical Virology | | | Degree/Credentials: PhD | | |
| PHS Policy Membership | Requirements***: | | | | |
| IACUC Roster [Provide | below or attach] | | | | |
| Name of Member/ Code* | Degree/ Credential | Oc | sition Title/ cupational ckground** | | PHS Policy Membership Requirements*** |
| | | | (b) | (6) | Veterinarian |
| | | | | ı | Alternate for Dr. Carlisle |
| | | | | | Scientist |
| | | | | | Alternate for Scientist |
| | | | | | Scientist |
| | | | | | Scientist |
| Barbara Reich | MLS | | rector, Medical rary | | Non-scientific member |
| Kimberly Bazylewicz | ВА | | ector, Regulatory airs | | Non-voting member |
| | | | (b) |) (6) | Non-affiliated member |
| | | | | | Scientist |
| | | | | | Non-scientific member |
| | | | | | Non-scientific member |
| | | | | \Box | |
| | | | | | |
| | | | | | |
| | | | | | |

^{*} 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").

*** PHS Policy Membership Requirements:

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.]

HMH Programmatic Changes 2018

| As part of the ne | twork plan to expand into a national | leader in research, a new research |
|----------------------|--------------------------------------|------------------------------------|
| center was opened in | Nutley, New Jersey in 2018. | (b) (6) will lead this new |
| enterprise as | (b) (6) | |

As noted in the annual report, an initial acceptance inspection was completed on March 15, 2018, a re-inspection was done to review issues noted on April 24, 2018, and the final inspection was done on June 11, 2018. The first housing took place after that time. The current animal facility in the David Jurist Building in Hackensack, NJ will cease to exist in the near future (by spring 2019), and all animals will be relocated to the new facility in Nutley. The transition to the new facility is being done gradually.

Please also note that the Institutional Official was changed in March 2018 to Dr. Andrew Pecora, who is the President of Physician Services for the HMH Network.