## Annual Report to OLAW

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Ass	ura	nce	Number: D16-00309 (A3494-01)
Rep	ort	ng	Period: January 2019 – December 2019
			ion's Institutional Animal Care and Use Committee (IACUC), through the Institutional vides this annual report to the Office of Laboratory Animal Welfare (OLAW).
I. I	Pro	gra	m Changes [Select A or B]
[ ]	A		here have been <b>no changes</b> in this institution's program for animal care and use as escribed in the Assurance. [Skip to Item II.]
[ X	] B		hange(s) in this institution's program for animal care and use as described in the Assurance ave occurred during this reporting period. ( <u>FAQ 6</u> )
	S	elec	t all that apply:
	[	]	This institution's AAALAC accreditation status has changed (PHS Policy IV.A.2.).
			[ ] AAALAC Accredited - Category 1
			[ ] Non-Accredited – Category 2
	ſ	1	This institution's program for animal care and use has changed (PHS Policy IV.A.1.a-i.).

#### II. Semiannual Evaluations

members in Item VI.1

[Attach a full description of the changes.]

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.]

[ ] 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

## 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 20 JAN 30 AM11:39 the program during the reporting period, please attach a list showing the dates.]

Date 2: July 19, 2019 Date 1: January 24, 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.]

Date 1: January 28, 2019 Date 2: July 28, 2019

# 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

IACUC Chairperson	Institutional Official Name: Thomas Sack, Ph.D	
Name: Eric R. Jeppesen		
(b) (6) Signature:	Signature:	(b) (d
Date: 1/30/2020	Date: 1/30/2020	+

## V. Change in Institutional Official

Name:	
Title:	Degree/Credential:
Name of Institution:	
Address: [street, city, state, zip code]	
E-mail:	
Phone:	Fax:

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

Institution: MRIG	lobal		and the same of th		
IACUC Contact In	formation				
Address: [street, ci 425 Volker Bouleva Kansas City, MO 64	rd				
E-mail: ejeppesen@	mriglobal.org				
Phone: (1	b) (6)	Fax: NA			
IACUC Chairperso	n				
Name: Eric R. Jepp	esen				
Title: Manager, ESF	1	Degree/Creden	Degree/Credentials: B.S.		
PHS Policy Members	ship Requirements***:	NAME OF THE OWNER OWNER OF THE OWNER OWNE	AL DE SERVICION DE LA CONTRACTOR DE LA C		
IACUC Roster [Pro	ovide below or attach]				
Name of Member/ Code <sup>†</sup>	Degree/ Credential	Position Title/ Occupational Background**	PHS Policy Membership Requirements***		
			(b) (6) Scientist		
			Scientist		
			Scientist		
			Non-Scientist		
Kara Forsee	D.V.M	Veterinarian	Attending Veterinarian		
			(b) (6) Scientist		
			Scientist		
			Scientist		
			Scientist		
			Scientist		
			Nonaffiliated		
	1				
			1		

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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.

\*\* 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.]