Annual Report to OLAW

Institution: Infectious Disease Research Institute	
Assurance Number: A4337-01	
Reporting Period: January 1st 2019 through December 31st 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 B1
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- [] 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. (FAO 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	
Γ	1	Th	nis i	nstitution'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.
- [x] The membership of this institution's IACUC has changed. [Provide current roster of members in Item VI.]

[Provide name, title(s), address, e-mail, phone, and fax numbers in Item V.]

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 deficiencies (significant or minor) that were identified and a plan and schedule for correction of each.

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: 3/26/19	Date 2: 9/10/19
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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 1: 3/26/19	Date 2: 9/10/19

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: Winston Wicomb	Name: Anna Marie Beckmann	
(b) (6)	(b) (6)	
Signature:	Signature:	
Date: 1/05/20	Date: 1/05/20	

V. Change in Institutional Official

Name: Anna M	larie Beckmann		
Title: Chief Sci	entific Officer	Degree/Cr	redential: Ph.D.
Name of Instit	ution: Infectious Disease R	esearch Institute	
Address: [stre 1616 Eastlake Seattle WA 98			
E-mail: Annan	narie.beckmann@idri.org		
Phone:	(b) (6)	Fax:	(b) (6)

VI. Change in IACUC Membership [Current roster]

Institution: Infectious	Disease Resear	ch Institute	
IACUC Contact Inform	ation		
Address: [street, city, st 1616 Eastlake Ave, E Seattle WA 98102	ate, zip code]		
E-mail: wwicomb@idri.o	rg		
Phone (b) (6)		Fax:	(b) (6)
IACUC Chairperson			
Name: Winston Wicomb			
Title: Director Animal Re	esearch	Degree/Cr	edentials: Ph.D., LATG
PHS Policy Membership	Requirements***:		
IACUC Roster [Provide	below or attach]		
Name of Member/ Code*	Degree/ Credential	Position Title/ Occupational Background**	PHS Policy Membership Requirements***
			(b) (6) Scientist
			Veterinarian
			Member
			Scientist I
			Scientist (non IDRI)
			Non-Scientist
			Scientist
			Scientist (non IDRI)
			Member
			Scientist (non IDRI)
			Member

^{*} 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.]

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

^{***} PHS Policy Membership Requirements: