

## Annual Report to OLAW

Institution: Icahn School of Medicine at Mount Sinai
Assurance Number: D16 00069 (A3111-01)
Reporting Period: 1/1/2019 – 12/31/2019

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.]
- ☐ 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 (PHS Policy IV.A.1.a-i.). [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.]
- ☒ 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: 4/24/19	Date 2: 10/23/19
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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: 4/29/19


Date 2: 10/08/19

**III. Minority Views [Select A or B]**

☒ 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: Giorgio Martinelli, DSc., PhD	Name: Eric Nestler, MD, PhD
Signature:  (b) (6)	Signature: <b>Eric Nestler</b> <small>Digitally signed by Eric Nestler DN: cn=Eric Nestler, o=Vanderbilt School of Medicine at Mount Sinai, ou=Mount Sinai, email=eric.nestler@vanderbilt.edu, c=US Date: 2020.01.29 11:55:21 -0500</small>
Date: January 28, 2020	Date: January 29, 2020

**V. Change in Institutional Official**

Name: <b>NOT APPLICABLE</b>	
Title:	Degree/Credential:
Name of Institution:	
Address: [street, city, state, zip code]	
E-mail:	
Phone:	Fax:

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

<b>Institution: Icahn School of Medicine at Mount Sinai</b>	
<b>IACUC Contact Information</b>	
Address: [street, city, state, zip code] <b>IACUC</b> <b>Icahn School of Medicine at Mount Sinai</b> <b>1 Gustave L. Levy Place</b> <b>PO Box 1155</b> <b>New York, NY 10029</b>	
E-mail: <a href="mailto:iacuc@mssm.edu">iacuc@mssm.edu</a> alternate email: <a href="mailto:Giorgio.martinelli@mssm.edu">Giorgio.martinelli@mssm.edu</a>	
Phone: (b) (6)	Fax: (b) (6)
<b>IACUC Chairperson</b>	
Name: Giorgio Martinelli, DSc., PhD	
Title: IACUC Chair	Degree/Credentials: DSc., PhD
PHS Policy Membership Requirements***:	
<b>IACUC Roster</b> [ <i>Provided Below</i> ]	

**Icahn School of Medicine at Mt. Sinai IACUC Membership – 2020**

Chairperson Name, Title and Degree/Credentials	Business Address, Phone, Fax and Email of Chairperson
Name: Giorgio Martinelli, Dsc., Ph.D., Chairperson, IACUC	Address: Icahn School of Medicine at Mt. Sinai 1 Gustave L. Levy Place, Box 1155 New York, NY 10029
Degree/Credentials: MS, D.Sc., Ph.D.	Phone: (b) (6) Email: <a href="mailto:giorgio.martinelli@mssm.edu">giorgio.martinelli@mssm.edu</a>

Name of Member	Degree/Credentials	Position Title:	PHS Policy Membership Requirements**
(b) (6)	(b) (6)	(b) (6)	Scientist, Vice - Chair
			Scientist
Jonathan Cohen	DVM, DACLAM	Director, Center for Comparative Medicine and Surgery, Head, Small Medicine, Center for Comparative Medicine and Surgery, Assistant Professor	Veterinarian

Name of Member	Degree/Credentials	Position Title:	PHS Policy Membership Requirements**
			(b) (6) Veterinarian
			Scientist
Jacob Kamen	Ph.D. C.H.P.	Senior Director and Radiation Safety Officer	Scientist
			(b) (6) Scientist
			Scientist
			Chair, Scientist
Janice Gates-Porter	Ph.D., MOAM, MBA, CM	Director, IACUC Operations	Non-Scientist Business PhD
			(b) (6) Scientist
			Non-Affiliated member
			Ethicist Non-Scientist
			Ethicist Non-Scientist
			Scientist

Name of Member	Degree/Credentials	Position Title:	PHS Policy Membership Requirements**
Crystal Johnson	DVM, MPH, DACLAM	Head, Veterinary Translational Medicine, Director of Behavior Medicine Program, Center for Comparative Medicine and Surgery Assistant Professor	Veterinarian
Hylton Gordon	DVM	Head of Large Animal Veterinary Program Comparative Medicine and Surgery, Director of CCMS Surgical Core	Veterinarian
(b) (6)			Scientist
			Scientist