### **Annual Report to OLAW**

Institution: New York Medical College	
Assurance Number: A3362-01	
Reporting Period: January 2019- December 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.	<b>Program</b>	Changes	[Select /	A or B
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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. (FAQ 6)

#### Select all that apply:

	]	Th	nis ir	nstitution's AAALAC accreditation status has changed (PHS Policy IV.A.2.).
		[	]	AAALAC Accredited - Category 1
		[	]	Non-Accredited – Category 2
[	]			nstitution's program for animal care and use has changed ( <u>PHS Policy IV.A.1.a-i.)</u> h 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 4/18/2019	Date 2:	10/24/2019

### **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:	4/17/2019	Date 2:	10/23/2019	
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# 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 <a href="PHS">PHS</a>
  <a href="PHS">Policy IV.F.</a> for this reporting cycle are attached.

### IV. Signatures

IACUC Chairperson	Institutional Official  Name Salomon Amar, D.D.S., Ph.D.		
Name: Patric Stanton, Ph. D.			
(b) (6) Signature:	(b) (6)		
Date: 1/21/2020	Date: 1/27/2020		

## V. Change in Institutional Official

Name Salomon Amar	
Title: Vice President for Research at New York Medical College & Provost for Biomedical Research and Chief Biomedical Research Officer Touro College and University System	Degree/Credential: D.D.S., Ph.D.
Name of Institution: New York Medical College	
Address: Sunshine Cottage Administration Build	ling, (b) (4)
E-mail: salomon_amar@nymc.edu	
Phone: (b) (6)	Fax: (b) (6)

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

Institution: New York	Medical College	e			
IACUC Contact Inform	ation				
Address: Department of Compara Basic Sciences Building	tive Medicine				
40 Sunshine Cottage Rd					
New York Medical Colleg					
Valhalla, NY 10595					
E-mail: (b) (6) @nyı	mc.edu				
Phone: (b) (6)			Fax:	(b) (d	5)
IACUC Chairperson					
Name: Patric Stanton					
Title: Professor of Cell I	Biology & Anatom	У	Degree/Cre	edentials:	Ph.D.
PHS Policy Membership I	Requirements***:				
IACUC Roster [Provide	below or attach]				
Name of Member/ Code*	Degree/ Credential	Occu	on Title/ pational ground**		PHS Policy Membership Requirements***
				(b) (6)	Scientist
					Nonscientist
Sulli Popilskis	D.V.M.		ding Veterin tor of Compa tine	arative	Veterinarian
				(b) (6)	Scientist
					Nonaffiliated
					Alternate for KP Nonscientist
					Alternate for SP Veterinarian
					Alternate Scientist
					Alternate Scientist

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.]

<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.

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

<sup>\*\*\*</sup> PHS Policy Membership Requirements: