

Attachment 1

MEMBERSHIP OF THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

DATE: April 22, 2015 (05/22/15)

NAME OF INSTITUTION: Nathan S. Kline Institute for Psychiatric Research

ASSURANCE NUMBER: A4545-01

Chairperson Name, Title, and Degree/Credentials		Business Address, Phone, Fax, and Email of Chairperson		
Name*: Henry Sershen	Address*: Nathan S. Kline Institute for Psychiatric Research Building 35, 140 Old Orangeburg Road Orangeburg, New York 10962			
Title*: Research Scientist, Neurochemistry				
Degree/credentials*: Ph.D.	Phone*: (b) (6)	Fax*: (b) (6)	Email*: sershen@nki.rfmh.org	

Name of Member/Code**	Degree/Credentials	Position Title	PHS Policy Requirements***
Mark M. Klinger	DVM, DACLAM	Director Inst. Animal Resources	V
(b) (6)			S
			S
			S
			S
			S
			S
			NS
			NA

*This information is mandatory.

**Names of members, other than the chairperson and veterinarian, may be represented by a number or symbol in this submission 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.


***PHS Policy Requirements - identify which IACUC members meet the four criteria below:

- Veterinarian (V) - a veterinarian with direct or delegated program responsibility.
- Scientist (S) - a practicing scientist experienced in research involving animals.
- Nonscientist (NS) - a member whose primary concerns are in non-scientific areas (e.g. ethicist, lawyer, member of the clergy).
- Nonaffiliated (NA) - a member who is not affiliated with the Institution in any way other than as a member of the IACUC, and who is not a member of the immediate family of a person who is affiliated. This member is expected to represent the interests of the general community in the proper care and use of animals and should not be a laboratory animal user. A consulting attending veterinarian may not be considered nonaffiliated.

Notes:

1. All members must be appointed by the CEO (or individual with specific written delegation to appoint members) and must be voting members. Ad hoc or nonvoting members may be listed and identified as such, but are not considered members for the purpose of the PHS Policy, and do not contribute to a quorum.
2. If Alternate members are listed, identify for whom (by name or code number, not specialty) they will serve as Alternates.

(b) (6), (b) (4)



Attachment 2

FACILITY AND SPECIES INVENTORY

DATE: April 2015 Census

NAME OF INSTITUTION: Nathan S. Kline Institute for Psychiatric Research

ASSURANCE NUMBER: A4505-01

Laboratory, Unit, or Building*	Gross Square Feet (including service areas)	Species Housed in Unit (use complete common names)	Approx. Average Daily Inventory
Animal Facility, Bldg. 39			
(b) (4)	4,332 **	Mice	18522
	756	Rats	798
	901	Rhesus monkeys, capuchin monkeys,	34
	362	n/a	
	1,080	n/a	
	755	n/a	
	298	n/a	
	176		
	170	n/a	
	4,040	n/a	
Total#	13, 800 Gross sq. ft.		

*Institutions may identify animal areas in any manner, e.g., initials, ID number, etc. However, the name and location must be provided to OLAW upon request.

** NET areas of rooms and corridors are shown.

The total area shown is calculated according the GROSS AREA standard that includes chases and wall thickness. ALL other areas in the table are net areas and do not include block-wall thicknesses or various plumbing and electrical chases.

**Nathan S. Kline Institute for Psychiatric Research
Institutional Animal Care and Use Committee
Official Memorandum**

To: Thomas O'Hara, Deputy Director, IO

Date: December 16, 2014

From: Stephen D. Ginsberg, Ph.D.

Subject: Semi-Annual Inspection and
Program Review Reports

On 12/10/14 IACUC members inspected the NKI animal facility and all laboratories and workrooms in which animals are housed or placed temporarily for experimental purposes. The Inspection Report was reviewed and discussed during the IACUC meeting held on 12/16/14. Correction dates for minor physical-plant and procedural deficiencies were accepted or modified during the meeting and entered into the report. The IACUC used the PHS-recommended Checklist for purposes of its program review and conducted the review during the meeting. No instances of significant non-compliance were found. Approval of the program review and inspection report was unanimous, and there were no dissenting or minority opinions. The IACUC minutes of the monthly meeting for December, 2014 record the inspection and program reviews. The present signature sheet acknowledges your receipt of the above three reports (Inspection Report, Program Review Checklist, and Meeting Minutes) which comprise the second mandated semi-annual IACUC report for Year 2014. IACUC members will also sign the sheet indicating their participation in the inspection and the review and/or their reception and approval of the semi-annual report.

Received by:

(b) (6)

Institutional Official

Committee Member	Signature	Committee Member	Signature
Dr. S. Ginsberg, Chair	(b) (6)		(b) (6)
Dr. M. Klinger, DVM	(b) (6)		