Annual Report to OLAW

| Institution: Albany Medical College | |
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| Assurance Number: D16-00062 (A3099-01) | |
| Reporting Period: 01/01/2018 - 12/31/2018 | |

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.*]
- [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:

- [] This institution's AAALAC accreditation status has changed (PHS Policy IV.A.2.).
 - [] <u>AAALAC Accredited</u> Category 1
 - [] Non-Accredited Category 2
- [X] This institution's program for animal care and use has changed (<u>PHS Policy IV.A.1.a-i.</u>). [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.*]
- [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 1: May 21, 2018 | Date 2: November 08, 2018 |
|----------------------|---------------------------|
| | |

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: May 04, 07, 10, 15 and 17, 2018 *Please note that there are 5 days shown because these inspections were done per the availability of the PI and IACUC members. | Date 2: November 01, 08 and 16 2018 *Please note that there are 3 days shown because these inspections were done per the availability of the PI and IACUC members. |
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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 <u>PHS</u> <u>Policy IV.F.</u> for this reporting cycle are attached.

IV. Signatures

| IACUC Chairperson | Institutional Official | |
|------------------------------|------------------------------|--|
| Name: Russell Ferland, Ph.D. | Name: Paul J. Feustel, Ph.D. | |
| (b) (6) | (b) (6) | |
| Signature: | Signature: | |
| Date: 1/10/19 | Date: 1/10/19 | |

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]

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| Institution: Albany Medical College | | | | | |
|---|-----------------------|--|--|--|--|
| IACUC Contact Info | ormation | | | | |
| Address: [<i>street, city</i> MC # 169 47 New Scotland Ave Albany, NY 12208 | | | | | |
| E-mail: IACUC@amc | c.edu | | | ж | |
| Phone: (b) | Phone: (b) (6) | | Fax: (b) (6) | | |
| IACUC Chairperson | 1 | | | | |
| Name: Russell Ferlar | nd | | | | |
| Title: Professor | | | Degree/Credentials | Ph.D. | |
| PHS Policy Membersh | nip Requirements* | ***: Scient | ist | | |
| IACUC Roster [Prov | ide below or atta | ch] | | | |
| Name of Member/ Code [*] | Degree/ Credential | Position T Backgrou | Fitle/ Occupational Ind ^{**} | PHS Policy Membership Requirements*** | |
| Russell Ferland | Ph.D. | Chair, Professor | | Scientist | |
| Douglas Cohn | D.V.M. | Director, Animal Resources Facility and Attending Veterinarian | | Veterinarian | |
| | | | (b) (6) | Veterinarian | |
| | | | | Nonaffiliated, Nonscientist | |
| | | | | Nonscientist | |
| | | | | Scientist | |
| | | | | Scientist, Non-voting | |
| | | | | Nonscientist, Non-voting | |
| | | | | Nonscientist, Non-voting | |
| | | | | | |

* 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* 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.]

2018 Annual Report to OLAW Addendum

I. Program Changes:

(B) This institution's program for animal care and use has changed:

1. As of 04/19/18 an alternative procedure for training new users using mice and rats took effect. The Principal Investigator has the choice to train new users himself/herself or have the Animal Resources Facility train the new user.

2. A new ABSL-3/BSL-3 lab for Select Agents, room # MS-24, has opened and is in use.

3. The cage wash area was completely renovated earlier this year.

4. The MS vivarium is under renovation.

5. The old ABSL-3/BSL-3 lab for Select Agents, room # MS-20, is undergoing renovation.

(B) Membership:

1. The Dean appointed a scientist, as a voting member to replace another scientist who resigned from the committee.