

# Annual Report to OLAW

Institution: Allegheny-Singer Research Institute
Assurance Number: A3693-01
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.]
- ☒ 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: March 15, 2018	Date 2: September 20, 2018
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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: March 15, 2018	Date 2: September 20, 2018
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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 PHS Policy IV.F. for this reporting cycle are attached.

**IV. Signatures**

IACUC Chairperson	Institutional Official
Name: Kevin M. Kelly, MD, PhD	Name: Keith LeJeune, PhD
Signature:  (b) (6)	Signature:  (b) (6)
Date: 1-17-19	Date: 11 Jan 2019

**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]

<b>Institution: Allegheny-Singer Research Institute</b>			
<b>IACUC Contact Information Dawnmarie DeFazio</b>			
Address: [street, city, state, zip code] 9 <sup>th</sup> Floor, Four Allegheny Center 4 Allegheny Square East Pittsburgh, PA 15212			
E-mail: <a href="mailto:Dawnmarie.DeFazio@ahn.org">Dawnmarie.DeFazio@ahn.org</a>			
Phone: (b) (6)		Fax: (b) (6)	
<b>IACUC Chairperson</b>			
Name: Kevin M. Kelly			
Title: Professor, Neurology, Drexel University College of Medicine		Degree/Credentials: MD, PhD	
PHS Policy Membership Requirements***:			
<b>IACUC Roster [Provide below or attach]</b>			
Name of Member/ Code*	Degree/ Credential	Position Title/ Occupational Background**	PHS Policy Membership Requirements***
Kevin M. Kelly	MD, PhD	Physician, Professor, IACUC Chairman	Scientist
(b) (6)			Scientist
			Scientist
			Scientist
Dawnmarie DeFazio	CHRC, CIP	Director, Regulatory Affairs	Scientist
Krista Gibbs	DVM	Attending Veterinarian	Veterinarian, Scientist
(b) (6)			Scientist (Alternate)
			Nonaffiliated Member, Scientist
			Veterinarian, Scientist
			Scientist
			Non-Scientist
			Scientist
			Scientist (Alternate)
(b) (6)			Scientist (Alternate)
			Scientist (Alternate)

\* 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