2018

DEPARTMENT OF HEALTH & HUMAN SERVICES

PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH

FOR US POSTAL SERVICE DELIVERY:
Office of Laboratory Animal Welfare
Division of Assurances
6700B Rockledge Drive
Suite 2500, MSC 6910
Bethesda, Maryland 20892-6910
Home Page: https://olaw.nih.gov

FOR EXPRESS MAIL:
Office of Laboratory Animal Welfare
Division of Assurances
6700B Rockledge Drive, Suite 2500
Bethesda, Maryland 20817
Telephone: (301) 496-7163

January 04, 2019

Re: Assurance D16-00670 (A4329-01)
Report to OLAW for CY 2018

[redacted]
State University of New York - College of Optometry
33 West 42nd Street
New York, NY 10036

Dear [redacted]

This notice is to acknowledge that the Division of Assurances, Office of Laboratory Animal Welfare (OLAW) received and reviewed your institution's Annual Report that was submitted in accordance with Part IV.F. of the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals, revised 2015.

The Annual Report to OLAW is a key document in a continuing relationship with the PHS. It contains pertinent information regarding the policies and procedures in place to provide for the appropriate care and use of laboratory animals.

We look forward to receiving your next report for the period January 1, 2019 through December 31, 2019 within 30 days (January 31, 2020) of the end of the reporting period. Please include your Assurance number on your Annual Report and in all correspondence to OLAW.

Thank you for your attention to these matters.

Sincerely,

Program Assistant
Division of Assurances
Office of Laboratory Animal Welfare

cc:
IACU Contact
Biological Research Facility Manager

Submitted on 1/2/19

Annual Report to OLAW

Institution: State University of New York – College of Optometry
Assurance Number: A4329-01
Reporting Period: January 1st, 2018 – December 31st, 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.).

[ ] 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.*]

[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: 5/22/18	Date 2: 11/27/18

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

Institution: SUNY State College of Optometry	
IACUC Contact Information	
Address: [*street, city, state, zip code*] 33 West 42nd Street New York, NY 10036	
E-mail: [redacted]	
Phone: [redacted]	F[redacted]
IACUC Chairperson	
Name: Jose-Manuel Alonso	
Title: Professor, Biological & Vision Sciences	Degree/Credentials: MD/PhD
PHS Policy Membership Requirements***: Scientists	

IACUC Roster [*Provide below or attach*]

Name of Member/ Code*	Degree/ Credential	Position Title/ Occupational Background**	PHS Policy Membership Requirements***
[redacted]	DVM	Attending Veterinarian	Veterinarian
	MS	[redacted]	Member (affiliated)
	BSC, MA		Member (affiliated)
	PhD		Scientist
	BA, LATG		Member (affiliated)
	MBA		Non-scientist (affiliated)
	PhD		Non-affiliated
	PhD		Non-affiliated

* 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").

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: 5/22/18	Date 2: 11/27/18

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:	Name: [redacted]
Signature:	Signat [redacted]
Date: 01/02/19	Date: 12-7-18

V. Change in Institutional Official

Name:	
Title:	Degree/Credential:
Name of Institution:	
Address: [*street, city, state, zip code*]	
E-mail:	
Phone:	Fax: