Annual Report to OLAW

Assurance Number: **A3352-01**

Reporting Period: January 1, 2108 through December 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
- [] This institution's program for animal care and use has changed (PHS Policy IV.A.1.a-i.).
- [] The individual designated by this institution as the Institutional Official has changed. [
- [X] The membership of this institution's IACUC has changed.

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.

A. Program Evaluations

Date 1: May 17, 2018	Date 2: November 28, 2018
----------------------	---------------------------

1

A. Facility Inspections

Date 1: March 26, April 5, and April 17,	Date 2: October 10, October 24 and October
2018	25, 2018

III. Minority Views

[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: Carl Olson	Name: Ann G. Mathias		
Signature: (b) (6)	Signature: (b) (6)		
Date: 1/28/2019	Date: 1/28/2019		

V. Change in Institutional Official

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

2

VI. Change in IACUC Membership

Institution:						
IACUC Contact Information						
Address: 5000 Forbes Avenue WQED Building Pittsburgh PA 15213						
E-mail: <u>iacuc-review@andrew.cmu.edu</u> ; <u>amathias@andrew.cmu.edu</u>						
Phone: (b) (6)		Fax:				
IACUC Chairperson						
Name: Carl Olson						
Title: Professor	Title: Professor		Degree/Credentials: PhD			
IACUC Roster						
Name of Member/ Code [*]	Degree/ Credential	Position Title/ Occupational Background ^{**}		PHS Policy Membership Requirements***		
-			(b) (6	Scientist		
				Scientist		
				Scientist		
-				Non-Scientist		
				Non-Affiliated		
Sara Andux	PhD, DVM, DACLAM	Attending Veterinarian		Veterinarian		

3