

# **VIII. Membership of the IACUC**

| Date: 12/01/2015  |                        |   |   |
|---|------------------------|---|---|
| Name of Institution: Cocalico Biologicals, Inc.                                       |                        |   |   |
| Assurance Number: A3669-01  |                        |   |   |
| <b>IACUC Chairperson</b>  |                        |   |   |
| Name*: Kimberly Coble   |                        |   |   |
| Title*: Antisera Department Supervisor  |                        | Degree/Credentials*: No degree; over 28 years experience in working with laboratory animals |   |
| Address*: (street, city, state, zip code)   |                        |   |   |
| 449 Stevens Road<br>Stevens, PA 17578   |                        |   |   |
| E-mail*: <a href="mailto:kim@cocalicobiologicals.com">kim@cocalicobiologicals.com</a> |                        |   |   |
| Phone*: (b) (6)   |                        | Fax*: (b) (6)   |   |
| <b>IACUC Roster</b>   |                        |   |   |
| Name of Member/<br>Code**   | Degree/<br>Credentials | Position Title***   | PHS Policy Membership<br>Requirements**** |
| (b) (6)   |                        |   | Veterinarian/Scientist                    |
|   |                        |   | Veterinarian/Scientist                    |
|   |                        |   | Voting Member                             |
|   |                        |   | Voting Member                             |
|   |                        |   | Nonaffiliated Member/<br>Nonscientist     |
|   |                        |   | Nonaffiliated Member/<br>Nonscientist     |
| Jean Whitesell  | BS                     | President and CEO   | Nonvoting Member                          |
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\* 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.

\*\*\* List specific position titles for all members, including nonaffiliated (e.g., banker, teacher, volunteer fireman; not "community member" or "retired").

\*\*\*\* PHS Policy Membership Requirements:

|                      |   |
|----------------------|---|
| <i>Veterinarian</i>  | 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.   |
| <i>Scientist</i>     | practicing scientist experienced in research involving animals.   |
| <i>Nonscientist</i>  | member whose primary concerns are in a nonscientific area (e.g., ethicist, lawyer, member of the clergy).   |
| <i>Nonaffiliated</i> | 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.]*





## X. Facility and Species Inventory

| Date: 12/01/2015                                |   |   |   |
|---|---|---|---|
| Name of Institution: Cocalico Biologicals, Inc. |   |   |   |
| Assurance Number: A3669-01                      |   |   |   |
| Laboratory, Unit, or Building*                  | Gross Square Feet [include service areas] | Species Housed [use common names, e.g., mouse, rat, rhesus, baboon, zebrafish, African clawed frog] | Approximate Average Daily Inventory   |
| (b) (4)   | 8,256                                     | Rabbits   | Currently unused; 2,000 cage capacity   |
|   | 3,071                                     | Rabbits, Guinea Pigs, Mice and Rats   | Rabbits = 445; used as a quarantine facility so rabbits in 2 weeks then moved out; capacity is 540 cages;<br>Guinea Pigs = 150<br>Mice = 300<br>Rats = 40 |
|   | 4,403                                     | Rabbits   | 418   |
|   | 8,037                                     | Rabbits   | House 4 = 965<br>House 5 = 965  |
|   | 1,040                                     | Rabbits   | Currently unused; capacity is 144 cages   |
|   | 8,832                                     | Rabbits   | Currently unused; capacity is 2,000 cages   |
|   | 900                                       | Chickens  | 160   |
|   | 5,400                                     | Goats and Sheep   | Goats = 100<br>Sheep = 18   |
|   | 3,600                                     | Goats and Horses  | Goats = 40<br>Horse = 1   |
|   | 5,054                                     | Goats and Horse   | Goats = 50; used as quarantine facility; Horse = 1  |
|   | 1,536                                     | Goats   | Used as quarantine facility so goats in average 4 weeks then moved to other facility; capacity 50 goats   |

\*Institutions may identify animal areas (buildings/rooms) by a number or symbol in this submission to OLAW. However, the name and location must be provided to OLAW upon request.



**Memorandum to:** JEAN WHITESELL, INSTITUTIONAL OFFICIAL

**From:** Institutional Animal Care and Use Committee

**Subject:** Semiannual Report of the Program Review and Facility Inspection

**Date:** 10/22/15

This report summarizes the IACUC's results of its most recent program review and facility inspection, as required by the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals (Policy), Section IV.B.1.-3., the Guide for the Care and Use of Laboratory Animals (Guide), and the Animal Welfare Act (AWA) regulations, as applicable. Submission of semiannual reports to the Institutional Official is a condition of this Institution's Animal Welfare Assurance with the NIH Office of Laboratory Animal Welfare (OLAW).

**Since the last review, the following changes have occurred in the institution's program for animal care and use (PHS Policy IV.A.1.a.-i.): [optional]**

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**I. Description of the Nature and Extent of the Institution's Adherence to the PHS Policy, the *Guide*, and the AWA**

Departures from the PHS Policy, the *Guide*, and the AWA.

Select A or B:

- ☒ A. There were no departures during this reporting period.
- ☐ B. The following departures have been reviewed and approved by the IACUC: [include reason for each departure]

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**II. Deficiencies in the Institution's Animal Care and Use Program**

Animal Care and Use Program Review Date(s):

Select A or B:

- ☒ A. There were no deficiencies in the program during this reporting period.
- ☐ B. The following deficiencies have been identified: [describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]

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### III. Deficiencies in the Institution's Animal Facility

Animal Facility Inspection Date(s):

Select A or B:

- ☐ A. There were no deficiencies in the animal facility during this reporting period.
- ☒ B. The following deficiencies have been identified: *[describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*

### IV. Minority Views

Select A or B:

- ☒ A. No minority views were submitted or expressed.
- ☐ B. The following minority views were expressed: *[insert minority views here or attach]*

### V. Status of AAALAC Accreditation *[identify accredited facilities, if applicable]*

### VI. Signatures *[signatures of a majority of the IACUC members]*

| Names of IACUC Members | Signatures |
|------------------------|------------|
| (b) (6)                | (b) (6)    |
| KIMBERLY COBLE         |            |
| (b) (6)                |            |
|                        |            |
|                        |            |
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| Cocalico Biologicals, Inc. IACUC: Semiannual Program Review and Facility Inspection Report |   |   |  |                   |  |                |
|--|---|---|--|-------------------|--|----------------|
| Date: 10/01/15   |   | IACUC Member Confirmation: (b) (6) _____; _____ |  |                   |  |                |
| Deficiency Category  | ✓ | Location  | Deficiency and Plan for Correction   | Responsible Party | Correction Schedule and Interim Status | Date Completed |
| M  |   | (b) (4)   | A CRACK WAS FOUND IN CONCRETE FLOOR AROUND THE METAL GRATES. THIS CRACK WILL BE FILLED BY 11/02/15.  | (b) (6)           | 11/2/15                                | 10/6/15        |
| M  |   |   | SEVERAL RABBITS IN B ROW BOTTOM CAGES HAD NO ID'S. ANTISERA TECHNICAINS TATTOOED THESE ON 10/01/15 DURING THE INSPECTION.                                  | KIM COBLE         | 10/1/15                                | 10/1/15        |
| M  |   |   | ONE RABBIT FOUND TO BE STAINED. RABBIT STARTED ON THE CLEANING PROCESS ON 10/02/15 BY HEALTH TECH. THIS IS EXPECTED TO BE AN ONGOING PROCESS.              | KIM COBLE         | 10/2/15                                | 10/2/15        |
| M  |   |   | THREE RABBITS FOUND TO HAVE LONG TOE NAILS. NAILS TRIMMED BY HEALTH TECH ON 10/02/15.  | KIM COBLE         | 10/2/15                                | 10/2/15        |
| M  |   |   | THREE RABBITS FOUND WITH STAINING ON EARS AND FACE. STARTED ON THE CLEANING PROCESS ON 10/02/15 BY HEALTH TECH. THIS IS EXPECTED TO BE AN ONGOING PROCESS. | KIM COBLE         | 10/2/15                                | 10/2/15        |

**A** = acceptable  
**M** = minor deficiency  
**S** = significant deficiency (is or may be a threat to animal health or safety)  
**C** = change in program (PHS Policy IV.A.1.a.-i.) (include in semiannual report to IO and in annual report to OLAW)  
**NA** = not applicable



| Cocalico Biologicals, Inc. IACUC: Semiannual Program Review and Facility Inspection Report |   |   |  |                   |  |                |
|--|---|---|--|-------------------|--|----------------|
| Date: 10/01/15   |   | IACUC Member Confirmation: (b) (6) _____; _____ |  |                   |  |                |
| Deficiency Category  | ✓ | Location  | Deficiency and Plan for Correction   | Responsible Party | Correction Schedule and Interim Status | Date Completed |
| M  |   | (b) (4)   | ONE RABBIT FOUND WITH HAIRLOSS. RABBIT WAS GIVEN A SALT CUBE BY THE HEALTH TECH ON 10/2/15 | KIM COBLE         | 10/2/15                                | 10/2/15        |
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|  |   |   |  |                   |  |                |

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