

Annual Report to OLAW

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| Institution: University of California, Merced |
| Assurance Number: A4561-01 or D16-00791 |
| Reporting Period: January 1, 2018 – 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.]*
- ☒ 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: May 14, 2018 | Date 2: November 19, 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 10, 2018 | Date 2: November 5, 2018 |
|----------------------|--------------------------|

III. Minority Views *[Select A or B]*

- ☒ 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: Jack L. Vevea | Name: Samuel J. Traina |
| Signature: | Signature:  |
| Date: | Date: 1/29/19 |

V. Change in Institutional Official

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

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

| Institution: University of California, Merced | | | |
|--|-----------------------|---|--|
| IACUC Contact Information | | | |
| Address: [<i>street, city, state, zip code</i>] 5200 N. Lake Road Merced, CA 95343 | | | |
| E-mail: [REDACTED] | | | |
| Phone: [REDACTED] | | Fax: | |
| IACUC Chairperson | | | |
| Name: Jack L. Vevea | | | |
| Title: Associate Professor | | Degree/Credentials: Ph.D. | |
| PHS Policy Membership Requirements***: Scientist | | | |
| IACUC Roster [<i>Provide below or attach</i>] | | | |
| Name of Member/ Code* | Degree/ Credential | Position Title/ Occupational Background** | PHS Policy Membership Requirements*** |
| Jack Vevea | PhD | Associate Professor | Chair, Scientist |
| Katherine Wasson Clark | DVM, PhD | Attending Veterinarian | Veterinarian |
| 8643 | BS | CEO Agrecom, Inc. | Nonaffiliated |
| 9532 | MLIS | Librarian | Nonaffiliated |
| 1771 | BS RLATg | Director, DARS | Scientist |
| 3025 | PhD | Assistant Professor | Scientist |
| 2396 | MLIS | Access Service Librarian | Nonscientist |
| 3198 | MS | Specialist | Nonscientist |
| 5263 | PhD | Assistant Professor | Scientist |
| 3962 | RLATg | Animal Care Supervisor | Scientist |
| 3697 | MS | Dairy Farm Advisory | Scientist |

VII. Program Changes

Removal of satellite facility:

Name and Location:

[REDACTED]