## **Annual Report to OLAW**

Institution: North American Science Associates, Inc	
Assurance Number: A3699-01	
Reporting Period: January 1, 2019 - December 31, 2019	

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				
		Γ	1	Non-Accredited - Category 2				

- [X\*] 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.] \*PLEASE SEE ATTACHED ADDENDUM

  [X\*1] The individual designated by this institution as the Institutional Official has changed.
- [X‡] 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.] ‡PLEASE

  SEE ATTACHED COPY OF APPOINTMENT LETTER
- [ 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: February 5, 2019	Date 2: August 2, 2019
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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: February 5, 2019	Date 2: August 2, 2019

## **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 <u>PHS</u> <u>Policy IV.F.</u> for this reporting cycle are attached.

## IV. Signatures

IACUC Chairperson	Institutional Official			
Name: Melanie Blaisdell, DVM, MS	Name: Lisa Olson, MBA, BS			
Signature: (b) (6)	Signature: (b) (6)			
Date: 5 Dec 2019	SDFC2019			

## V. Change in Institutional Official

Name: Lisa Olson							
Title: VP, NA Laboratory and Global Analytical Services	Degree/Credential: MBA, BS						
Name of Institution: NAMSA							
Address: [street, city, state, zip code] 400 Highway 169 South, (b) (4) Minneapolis, Minnesota, USA 55426							
E-mail: lolson@namsa.com							
Phone: : (b) (6)	Fax: (b) (6)						

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

Institution: North American Science Associates (Northwood, OH)								
IACUC Contact Information								
Address: [street, city, st 6750 Wales Rd Northwood OH, 43619	ate, zip code]							
E-mail: (b) (6) integra	acts.com							
Phone: (b) (6)			Fax:	(b) (6	)			
IACUC Chairperson								
Name: Melanie Blaisdell								
Title: Veterinarian	_		Degree/Credent	ials:	DVM, MS			
PHS Policy Membership I	Requirements***: Ch	air, S	cientist					
IACUC Roster [Provide	below or attach]							
Name of Member/ Code*	Credential Oc		Position Title/ Occupational Background**		PHS Policy Membership Requirements***			
MEB	DVM, MS	Vete	Veterinarian		Chair, Scientist			
KRY	DVM V		Veterinarian I		Attending Veterinarian			
				(b) (б)	Non-Affiliated Member			
				Scientist				
			Scientist					
					Scientist			
					Scientist			
				Non-Scientist				
		Scientist- Non-voting Member						
		Non-Scientist						
					Scientist			
					Scientist			

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.

Scientist practicing scientist experienced in research involving animals.

Nonscientist member whose primary concerns are in a nonscientific area (for example,

ethicist, lawyer, member of the clergy).

Nonaffiliated 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.]

<sup>\*</sup> 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.

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

<sup>\*\*\*</sup> PHS Policy Membership Requirements:

# **Annual Report to OLAW - Addendum**

To Whom it May Concern,

This letter is in regards to a change in NAMSA's program for animal care and use. During 2019, NAMSA (NW) adopted a veterinary verification and consultation (VVC) method for verifying significant changes to a previously approved protocol in accordance with NOT-OD-14-126: Guidance on Significant Changes to Animal Activities. This specific method has been outlined in NAMSA's Institutional Animal Care and Use Committee (IACUC) Process and Approval of Procedures Involving Laboratory Animals standard operating procedure (SOP).

The changes allowed to be verified by the attending veterinarian include:

- Changes in drugs that are approved for use in our Animal Use Formulary SOP
- The addition of animals to replace animals that have died under anesthesia (if not related to treatment)
- The addition of animals to meet test requirements (ISO, MHLW, USP, etc.) to replace animals that have died or been removed from study for health reasons that are not treatment related
- Change in route of administration for extracts from IV to IP
- Change in amount/concentration of test, sponsor provided control, or negative control to be dosed when differs from the approved protocol
- Change in euthanasia method (that complies with the AVMA guidelines on euthanasia)
- Increasing the number of days an animal is on study (up to 14 days)
- Using an animal outside the weight requirements for an approved activity
- The addition of procedures that have already been approved in the protocol
- Change in the anatomical location of a procedure or treatment as long as the change isn't more invasive than originally described

If at any point in time the AV is not comfortable with the change that had been requested, if the change does not follow IACUC policies, or if the request may contribute to greater pain, distress, or invasiveness, then the request is routed to the IACUC committee for designated member review.

All VVC verifications follow policies, test methods, or SOPs already approved by the IACUC. Additionally, this change does not allow for the addition of new procedures that were not previously approved. The veterinarian verifies that each request is in compliance with an already IACUC-approved policy, test method, or SOP, and determines if the request is appropriate. All VVC verifications are also documented.



Melanie Blaisdell, DVM, MS IACUC Chair



MARIEN Model Headquarters 47.94 Midea Rd Northwest, OH URA 41-886-888-8485(cs: true) 41-419-888-8688(Curishle of USA)

To:

(b) (6)

Lisa Olson, VP, North America Laboratory & Global Analytical Services

From:

(b) (6)

Subjects

Changes to Institutional Official for Northwood, OH Laboratory

(DC

OH MCUC

This memo serves to appoint Lisa Olson, VP, North America Laboratory & Global Analytical Services, as the Institutional Officer for the Northwood, OH Laboratory for the purposes of compliance with policy and regulations established by the Animal Welfare Act (9 CFR Chapter 1, Part 2) and Public Health Service (Policy on the Humane Care and Use of Laboratory Animals). This transfer of responsibility from (b) (6) becomes effective December 4, 2019.

As the Institutional Official, Lisa Olson has the authority to appoint the members of the Northwood, OH IACUC, sign the division's animal welfare compliance reports, making a commitment on behalf of the institution that local, federal, and international animal welfare requirements will be met.