

Annual Report to OLAW

Institution: Illinois State University
Assurance Number: D16-00453 (A3762-01)
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.]
- ☒ 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. Institutions must use the 8th Edition of the *Guide* as the basis for evaluation for at least one (of the two required) semiannual program review.]

Date 1: 4/2/2019	Date 2: 10/1/2019
Guide used: [Select one] <input type="checkbox"/> 7 th Edition <input checked="" type="checkbox"/> 8 th Edition	Guide used: [Select one] <input type="checkbox"/> 7 th Edition <input checked="" type="checkbox"/> 8 th Edition
Method used: [Select all that apply] <input type="checkbox"/> OLAW Checklist <input type="checkbox"/> Relevant <i>Guide</i> Chapter headings <input checked="" type="checkbox"/> Other: IACUC reviewed survey based on checklist criteria completed by committee members and PI's.	Method used: [Select all that apply] <input checked="" type="checkbox"/> OLAW Checklist <input type="checkbox"/> Relevant <i>Guide</i> Chapter headings <input type="checkbox"/> Other: [Briefly describe] _____

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. Institutions must use the 8th Edition of the Guide as the basis for evaluation for at least one (of the two required) semiannual facility inspection.]

Date 1: 3/14/2019	Date 2: 9/10/2019
Guide used: [Select one] <input type="checkbox"/> 7 th Edition <input checked="" type="checkbox"/> 8 th Edition	Guide used: [Select one] <input type="checkbox"/> 7 th Edition <input checked="" type="checkbox"/> 8 th Edition
Method used: [Select all that apply] <input checked="" type="checkbox"/> OLAW Checklist <input type="checkbox"/> Relevant Guide Chapter headings <input type="checkbox"/> Other: [Briefly describe] _____ _____	Method used: [Select all that apply] <input checked="" type="checkbox"/> OLAW Checklist <input type="checkbox"/> Relevant Guide Chapter headings <input type="checkbox"/> Other: [Briefly describe] _____ _____

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: Paul A. Garris	Name: John E. Baur
Signature:  (b) (6)	Signature:  (b) (6)
Date: 1/30/20	Date: 1/30/2020

V. Change in Institutional Official

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

VI. Change in IACUC Membership [Current roster]

Institution: Illinois State University

IACUC Contact Information

Address: Office of Research Ethics and Compliance
 Campus Box 3330
 Normal, IL 61790-3330

E-mail: (b) (6)@ilstu.edu

Phone: (b) (6)

Fax: (b) (6)

IACUC Chairperson

Name: Paul A. Garris

Title: Professor

Degree/Credentials: Ph.D.

PHS Policy Membership Requirements***: Scientist

IACUC Roster *[Provide below or attach]*

Name of Member/ Code*	Degree/ Credentials	Position Title**	PHS Policy Membership Requirements***
Paul A. Garris	Ph.D.	Distinguished Professor	Scientist, Chair
Mathew E. Fraker	D.V.M.	Attending Veterinarian	Veterinarian
(b) (6)			Scientist
			Scientist
			Scientist
			Nonscientist
			Scientist, Vice Chair
			Nonscientist/Nonaffiliated
			Scientist, Alternate for #2601
Kathleen Spence	J.D.	Director, Office of Research Ethics and Compliance	Institutional Representative; non-voting member

* 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").

*** PHS Policy Membership Requirements:

Veterinarian 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.]

Description of Program Change:

The IACUC drafted or revised Standard Operating Procedures covering:

Establishment and maintenance of a breeding colony of poison frogs- drafted and revised
Care and Use of Laboratory Animals
Reporting of Adverse Events for Laboratory, Field, or Canine Research
Swine Teaching and Research Unit
Sheep Teaching and Research Unit
Beef Cattle Teaching and Research Unit
Rodent Health Monitoring Program

Additional Facility Inspections:

3/1/2019
3/26/2019
4/29/2019
5/21/2019
6/10/2019
8/22/2019
9/10/2019
9/19/19