

**Accredited Unit Annual Report**  
**Report Year: 2018**

**Accredited Unit: University of Illinois at Chicago**

**Parent Organization: University of Illinois at Chicago**

**Unit Number: 000186**

**Date Completed:**  
**January 24, 2019**

**Unit Reporting Period**

From (MM/YY): 10/17

To (MM/YY): 09/18

Please submit following the end of the unit reporting period.

Units are encouraged to submit Annual Reports in accord with the unit's reporting period, (i.e., calendar or fiscal year, or USDA reporting period). If you change your reporting period, please be sure that there are no gaps from previous report.

In sections 1-4, please make corrections to reflect current contact information. In sections 5-16, enter the information for your Unit's reporting period.

**1. AAALAC International Unit Contact**

Label	Current Information	Changed Information
Name	[REDACTED] D.V.M.	
Job Title	[REDACTED]	
Department	[REDACTED]	
Organization	The University of Illinois at Chicago	
Address		
Street Address Line 1	[REDACTED]	
Street Address Line 2		
City	Chicago	
State/Province	IL	
Zip Code	60612-7348	
Country		
Telephone	[REDACTED]	
Fax	[REDACTED]	
Email	[REDACTED]	

**2. Responsible Institutional Official**

Label	Current Information	Changed Information
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# AAALAC International

Accredited Unit Annual Report



Name [REDACTED] Ph.D. [REDACTED]  
Job Title [REDACTED]  
Department Office of the [REDACTED]  
Organization University of Illinois at Chicago  
Address [REDACTED]  
Street Address Line 1 [REDACTED]  
Street Address Line 2 [REDACTED]  
City Chicago  
State/Province IL  
Zip Code 60612-7225  
Country [REDACTED]  
Telephone [REDACTED]  
Fax [REDACTED]  
Email [REDACTED]

### 3. Attending Veterinarian

Label	Current Information	Changed Information
Name	[REDACTED] D.V.M.	
Job Title	[REDACTED]	
Department	[REDACTED]	
Organization	The University of Illinois at Chicago	
Address	[REDACTED]	
Street Address Line 1	[REDACTED]	
Street Address Line 2	[REDACTED]	
City	Chicago	
State/Province	IL	
Zip Code	60612-7348	
Country	[REDACTED]	
Telephone	[REDACTED]	
Fax	[REDACTED]	
Email	[REDACTED]	

**4. IACUC/ACC/EC (if applicable) Chairperson**

Label	Current Information	Changed Information
Name	[REDACTED] Ph.D.	[REDACTED]
Job Title	Chair, Animal Care Committee	
Department	[REDACTED]	
Organization	University of Illinois at Chicago	
Address		
Street Address Line 1	[REDACTED]	[REDACTED]
Street Address Line 2		
City	Chicago	
State/Province	IL	
Zip Code	60612-7225	
Country		
Telephone	[REDACTED]	[REDACTED]
Fax		
Email	[REDACTED]	[REDACTED]

**5. Please verify the information provided regarding the physical areas supporting your animal care and use program. If this information differs from what was provided in your most recent Program Description or last annual report (whichever is most current), please note and explain:**

Label	Current Information	Change to Information
Number of buildings	12	
Outdoor pens/pastures	0	
Total square footage	136847	
Number of sites	13	

**6. Note addition or deletion of animal rooms, laboratories, units, or buildings:**

There were none.

**7. The Council on Accreditation notes that there is no obligation for institutions to make program changes based on suggestions for improvement identified during a site visit and described in the subsequent letter from Council. However, if your institution implemented program modifications in response to those suggestions, you may take this opportunity to summarize the actions taken:**

Note program modifications were included in the 2017 annual report.

**8. State and describe changes in organizational structure of the program:**

Dr. Joanna Groden replaced Dr. Mitra Dutta as the Vice Chancellor for Research and Institutional Official.

**9. Were any research, testing, or teaching protocols suspended during this reporting period for animal welfare related reasons?**

No

If yes, provide details regarding suspension(s):

**10. AAALAC's Rules of Accreditation (Section 2.f) require accredited units to promptly report adverse events relating to their animal care and use programs, including investigations by national oversight bodies (e.g., USDA, OLAW, Home Office, CCAC) and other serious incidents or concerns that negatively impact animal well-being. *If you were unaware of this requirement and have not previously reported the incident(s):***

**a) Were any major problems identified or deficiencies noted by animal welfare oversight authorities/bodies/agencies during this reporting period?**

No

If yes, provide explanatory documentation:

**b) Did you self-identify any serious deviations from your institutional animal care and use program requirements or policies?**

No

If yes, provide details of the deviations:

**11. Using the drop-down menu to select the animal species, please enter the approximate annual usage for the above stated reporting period (for U.S. units, USDA Annual Report figures may be used for regulated species):**

**a)**

Animal Type	Annual Animal Usage	Other Description
Rabbits	455	
Primates - Old World	176	
Other	516	mole rats
Hamsters	4	
Guinea Pigs	1328	
Dogs	54	
Amphibians	63	
Swine	123	
Reptiles	89	
Rats	5242	
Mice	142189	

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Fish

10000

**12. List key personnel changes since last reporting period:**

<u>Name/Degree</u>	<u>Position</u>	<u>Year of Addition</u>	<u>Year of Deletion</u>
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**13. Would you like your unit name to appear on AAALAC International's listing of accredited units in the AAALAC International Directory and on the AAALAC International website?**

Yes

**14. Please describe your experiences with the service you received from AAALAC International this year (e.g., site visit, office contacts, etc.). Any suggestions you might have for improving our service are welcome.**

This was describe in the 2017 report.

**15. Please identify any special expertise you would like to have on your next site visit team.**

None

**16. Any additional information (to include changes in the name of the accredited unit or parent organization):**

None