



Inspection Report

Loyola University Chicago

Customer ID: 583

Certificate: 33-R-0024

Site: 001

STITCH SCHOOL OF MEDICINE

Type: ROUTINE INSPECTION

Date: 30-JUN-2017

No non-compliant items identified during this inspection.

This inspection and exit briefing was conducted with facility representatives.

Prepared By:

BARKSDALE DAWN, D V M USDA, APHIS, Animal Care

Date:
03-JUL-2017

Title: VETERINARY MEDICAL OFFICER 1062

Received By:

Title:

Date:
03-JUL-2017



Cust No	Cert No	Site	Site Name	Inspection
583	33-R-0024	001	LOYOLA UNIVERSITY CHICAGO	30-JUN-17

Count	Species
000004	DOMESTIC PIG / POTBELLY PIG / MICRO PIG
000014	RHESUS MACAQUE
000025	DOMESTIC RABBIT / EUROPEAN RABBIT
000043	Total



Inspection Report

Loyola University Chicago

Customer ID: 583

Certificate: 33-R-0024

Site: 001

STRITCH SCHOOL OF MEDICINE

Type: ROUTINE INSPECTION

Date: 02-NOV-2017

No non-compliant items identified during this inspection.

This inspection and exit briefing was conducted with the facility representative.

Additional Inspectors

Crowley Lacy, Veterinary Medical Officer

Prepared By:

BARKSDALE DAWN, D V M USDA, APHIS, Animal Care

Date:
02-NOV-2017

Title: VETERINARY MEDICAL OFFICER 1062

Received By:

Title:

Date:
02-NOV-2017



Cust No	Cert No	Site	Site Name	Inspection
583	33-R-0024	001	STRITCH SCHOOL OF MEDICINE	02-NOV-17

Count	Species
000004	DOMESTIC GUINEA PIG
000014	RHESUS MACAQUE
000032	DOMESTIC RABBIT / EUROPEAN RABBIT
000050	Total



Inspection Report

Loyola University Chicago

(b) (6), (b) (7)(C)

Customer ID: 583

Certificate: 33-R-0024

Site: 001

STITCH SCHOOL OF MEDICINE

Type: ROUTINE INSPECTION

Date: 08-FEB-2019

No non-compliant items identified during this inspection.

This inspection and exit briefing was conducted with the facility representatives.

Prepared By:

BARKSDALE DAWN, D V M USDA, APHIS, Animal Care

Date:
08-FEB-2019

Title: VETERINARY MEDICAL OFFICER 1062

Received By:

Title:

(b) (6), (b) (7)(C)

Date:
08-FEB-2019



Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
583	33-R-0024	001	STRITCH SCHOOL OF MEDICINE	08-FEB-19

No Animals were Inspected.

Count	Scientific Name	Common Name
000000	NONE	NONE
000000	Total	

Research Facility Protocol Selection Worksheet ^{*}

Legal Name: Loyola Univ/Stitch Med College

Customer Number: 583

Certificate Number: 33-R-0024

Site Number: 001

Inspection Date: Feb 08, 2019

Inspection Type: Routine ☐ Focused ☒ (list areas inspected) _____ Records

Inspector: Dawn Barksdale

Reasons Protocols Were Selected for Review :	How Many Protocols Were Selected
1. Protocols identified during inspection of concern (select all)	0
2. Column E protocols (select all)	0
3. Protocols with IACUC-approved exemptions/exceptions (select all)	0
4. Protocols cited as noncompliant and not corrected during the last inspection (select all)	0
5. Additional Protocols Selected: a. If <5 remaining protocols, select all remaining: b. If >5 remaining protocols, select 5 additional protocols: 1) Protocol for each regulated species and/or, 2) Protocols involving high risk procedures (see Chapter 7, Animal Welfare Inspection Guide for guidance):	2
Total Protocols Selected and Reviewed	2

***Note:** Protocol selection guidance applies to protocols which have been initially approved, or have had significant changes approved, since the last inspection. For protocols reviewed by an Animal Care Veterinary Medical Officer within the last year, professional judgment should be used in determining whether another review is necessary.

From: [Barksdale, Dawn E - APHIS](#)
To: (b) (6), (b) (7)(C)
Subject: USDA
Date: Friday, February 8, 2019 5:09:00 PM
Attachments: [stritchschlmed2019FEB08.pdf](#)

Hello (b) (6),
(b) (7)

It was a pleasure to meet with you today. As we discussed I am forwarding a copy of the inspection report. Once you have reviewed the report your response to this email will serve as your signature. If you have any further questions or concerns, please let me know.

Dawn Barksdale, DVM
Veterinary Medical Officer
dawn.e.barksdale@aphis.usda.gov
920 Main Campus Drive, Ste 200
Raleigh, NC 27606

(b) (6), (b) (7)(C)

AUG 08 2017

Every research facility, exhibitor, carrier, and intermediate handler not required to be licensed under Section 3 of the Animal Welfare Act, shall register with the USDA (7 USC 2136). This application provides information for such registration.

OMB No. 0579-0036
FORM APPROVED

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
APPLICATION FOR REGISTRATION
(TYPE OR PRINT)

REGISTRATION UPDATE

USDA USE ONLY

Applicant should send completed form to this address.
USDA APHIS ANIMAL CARE
EASTERN
920 Main Campus Drive
Suite 200
Raleigh, NC 27606-5210
(919) 855-7100

CERTIFICATE NO./CUST NO:
33-R-0024

583

RENEWAL DATE

24-Aug-2017

24 AUG 2017 (88)

1. REGISTRANT (Name and permanent mailing address, including Zip Code)

Loyola University Chicago

(b) (6), (b) (7)(C)

COUNTY: (b) (6), (b) (7)(C)

3. (A) PREVIOUS USDA REGISTRATION NUMBER (IF ANY)

2. LOCATION (S) OF BUSINESS, EXHIBITION SITE(S), OR RESEARCH FACILITIES
(Use additional sheets if necessary)

(b) (6), (b) (7)(C)

4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:

5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT

RESEARCH, TESTS, OR EXPERIMENTS

☒ Yes ☐ No

6. TYPE OF REGISTRATION:

☐ Class E – Exhibitor

☐ Class H – Intermediate Handler

☐ Class R – Research Facility

☐ Class T – Carrier

7. FEDERAL FUND TYPES:

☒ Award ☐ Contract ☐ Grant ☐ Loan

8. TYPE OF ORGANIZATION:

☐ Partnership

☐ Corporation

☐ Individual

☒ Other (Specify) 36-1408475

9. IF INDIVIDUAL IDENTIFY EACH OWNER, IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUTIONAL OFFICIAL (Use separate sheet if needed)

A. NAME	B. TITLE	C. ADDRESS (full address, including ZIP Code)
Jo Ann Rooney, JD, LLM, EdD	President	(b) (6), (b) (7)(C)
Margaret F. Callahan, CRNA, PhD, FNAP, FAAN	Provost Health Sciences	(b) (6), (b) (7)(C)
Steven A. Goldstein, MD, PhD	Dean SSOM	(b) (6), (b) (7)(C)

CERTIFICATION

I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act, 7 U.S.C., 2131 et seq, and I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards contained in 9 CFR, Subpart A, parts 1, 2 and 3. I certify that all listed persons are 18 years of age or older.

10. SIGNATURE

(b) (6), (b) (7)(C)

11. NAME AND TITLE (Type or Print)

Margaret F. Callahan,
Institutional Official

12. DATE SIGNED

8-2-17



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

EXPIRATION DATE: AUGUST 24, 2020

This is to certify that

LÓYOLA UNIVERSITY CHICAGO

is a registered
under the

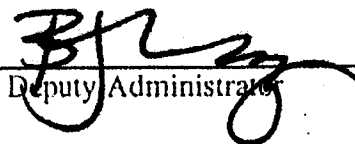
CLASS R RESEARCH FACILITY

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No. 33-R-0024

Customer No. 583


Deputy Administrator

Allums, Gina - APHIS

33-R-0024
#583

To: ACEAST
Subject: RE: Change in Institutional Official

From: (b) (6), (b) (7)(C)

Sent: Friday, February 24, 2017 3:22 PM

To: olawarp@mail.nih.gov; ACEAST <ACEAST@aphis.usda.gov>; accredit@AAALAC.org

Cc: (b) (6), (b) (7)(C)
(b) (6), (b) (7)(C)

Subject: Change in Institutional Official

To OLAW, Assurance #D16-00074
USDA, Institution #33-R-0024
AAALAC International, Unit #000180

Dear Sir/Madam,

The person designated by this institution as the Institutional Official changes effective March 01, 2017.

(b) (6), (b) (7)(C)

If you have any questions or require additional information, please feel free to contact the IACUC Chair, Dr. Jawed Fareed, via the (b) (6), (b) (7)(C)

Sincerely,

Jawed Fareed, Ph.D.
IACUC Chair

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

