VIII. Membership of the IACUC

Date: September 17, 201	18				
Name of Institution: Nort	hern Illinois Univers	sity			·
Assurance Number: A3	3166-01				
IACUC Chairperson					
Name*: Richard B. King					
Title*: Professor				Degree/Cre	dentials*: PhD
Address*: (street, city, st	ate, zip code)				
E-mail*: rbking@niu.edu					
Phone*: (b) (6)			Fax*:	(b)	(6)
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IACUC Roster					
Name of Member/ Code**	Degree/ Credentials	Pos	ition Titl		PHS Policy Membership Requirements****
				(b) (Nonaffiliated member, nonscientist
					Scientist
Jeff Oswald	DVM,DACLAM		nior Dire		Attending Veterinarian

**** 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 (e.g., 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.]

^{*} This information is mandatory.

^{**} Names of members, other than the chairperson and veterinarian, may be represented by a number or symbol in this submission 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").

Facility and Species Inventory

Date: 7/25/2018	
Name of Institution:	Northern Illinois University
Assurance Number:	D16-00105

Name of Institution: Nor	thern Illinois Unive	rsity	
Assurance Number: D1	6-00105		
Laboratory, Unit, or Building*	Gross Square Feet [include service areas]	Species Housed [use common names, e.g., mouse, rat, rhesus, baboon, zebrafish, African clawed frog]	Approximate Average Daily Inventory
(b) (4)	101	Prairie Vole	100
	133	Prairie Vole	100
	75	Prairie Vole	32
	177	Prairie Vole	24
	201	Rats	150
	116	Rats	32
	141	Rats	100
	73	Mouse	20
	141	Rats	50
	115	Mouse	20
	40	Support area	0
	100	Support area	0
	30	Support area	0
	73	Support area	0
	402	Support area	0
	60	Support area	0
	95	Support area	0
	112	Support area	0
	89	Support area	0
	132	Support area	0
	112	Support area	0
	123	Support area	0
	120	Support area	0
	112	Support area	0
	103	Support area	0
	97	Support area	0
	213	Support area	0

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Institutions may identify animal areas (buildings/rooms) by a number or symbol in this submission to OLAW. However, the name and location must be provided to OLAW upon request.

Facility and Species Inventory

Date: 9/17/18		•	
Name of Institution: Nor	thern Illinois Univer	sity	
Assurance Number: D1	6-00105		
Laboratory, Unit, or Building*	Gross Square Feet [include service areas]	Species Housed [use common names, e.g., mouse, rat, rhesus, baboon, zebrafish, African clawed frog]	Approximate Average Daily Inventory
(6)(1)	2223 sq. feet	Rabbits	19
		Mice	400
		Greensnakes	75
		Chickens	50
			
4.77			
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^{*}Institutions may identify animal areas (buildings/rooms) by a number or symbol in this submission to OLAW. However, the name and location must be provided to OLAW upon request.

memorandum to:	Geraid C. Biazey, PhD
From:	Institutional Animal Care and Use Committee
Subject:	Semiannual Report of the Program Review and Facility Inspection
Date:	04/18/18
es required by the Public Policy), Section IV.B.1 Animal Welfare Act (AWA Institutional Official is a Caboratory Animal Welfare Since the last review	the IACUC's results of its most recent program review and facility inspection, Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals 3., the Guide for the Care and Use of Laboratory Animals (Guide), and the equipment of the condition of this institution's Animal Welfare Assurance with the NIH Office of the (OLAW). The following changes have occurred in the institution's care and use (PHS Policy IV.A.1.ai.): [optional]
none	
Departures from the Select A or B: [] A. There were [X] B. The follow	e Nature and Extent of the Institution's Adherence to the PHS, and the AWA e PHS Policy, the <i>Guide</i> , and the AWA. re no departures during this reporting period. wing departures have been reviewed and approved by the IACUC: [include or each departure]
there is sufficient so	C protocol review, the IACUC determines, on a case by case basis, whether cientific justification for omission of environmental enrichment for rats and ed to experimental protocols.
Animal Care and Use Select A or B: [] A. There wer [X] B. The follow each defice plan and s a separate	e Institution's Animal Care and Use Program e Program Review Date(s): re no deficiencies in the program during this reporting period. ving deficiencies have been identified: [describe each deficiency, identify ciency as either minor or significant, and provide a reasonable and specific schedule for the correction of each deficiency, deficiencies may be recorded on the table and attached, the last page of OLAW's Sample Semiannual Program and Facility Inspection Checklist provides a sample table]
Montgomery Hall below the fume hoo	$^{(b)}$ in the Biology Animal Facility has some minor chipping in the floor d. Facility staff will monitor the condition of the floor.

I.

II.

Animal Facility Inspection Date(s):	
Select A or B: [X] A. There were no deficiencies in the animal factors: [] B. The following deficiencies have been identicated and selection of each plan and schedule for the correction of each a separate table and attached, the last page Review and Facility Inspection Checklist pro	ified: [describe each deficiency, identify nt, and provide a reasonable and specific n deficiency, deficiencies may be recorde e of OLAW's Sample Semiannual Progran
Minority Views	
Select A or B: [X] A. No minority views were submitted or express	
[] B. The following minority views were expressed	d: [insert minority views here or attach]
Status of AAAI AC Accreditation lidentify accre	
NIU is not AAALAC accredited.	edited facilities, if applicable]
	edited facilities, if applicable]
NIU is not AAALAC accredited. Signatures [signatures of a majority of the IACU	
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