Annual Report to OLAW

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Institution: Antibodies Incorporated	
Assurance Number: A4064-01	
Reporting Period: January 1 st 2018- December 31 st 2018	

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]
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- [] 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:

ľ]	This institution's AAALAC accreditation status has changed (PHS Policy IV.A.2.).
		1 AAAI AC Acredited - Category 1

- [] Non-Accredited Category 2
- [X] This institution's program for animal care and use has changed (<u>PHS Policy IV.A.1.a-i.</u>). [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.]
- [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: 01/29/2018 Date 2: 07/19/2018

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: 01/29/2018 Date 2: 07/19/2018

v10/28/2013

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

IV. Signatures

IACUC Chairperson	Institutional Official	
Name: William Fry, Ph.D	Name: Richard Krogsrud, Ph.D	
(b) (6)	(b) (6)	
Signature:	Signature:	
Date: 1/28/2019	Date: 1/28/2019	

V. Change in Institutional Official

Name: NO CHANGE	
Title:	Degree/Credential:
Name of Institution:	
Address: [street, city, state, zip code]	
E-mail:	
Phone:	Fax:
Address: [street, city, state, zip code] E-mail:	Fax:

VI. Change in IACUC Membership [Current roster]

Institution: NO CHA	ANGE		Maria de la compania
IACUC Contact Info	rmation NO CHAI	NGE	
IACUC Chairperson	New IACUC Chai	ľ	
IACUC Roster [Provi	de below or attach]	AS OF 20 November 201	8
Name of Member/	Degree/ Credential	Position Title/ Occupational Background**	PHS Policy Membership Requirements***
William Fry	PhD		Chairperson
William Fry	PhD		Scientist
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) (6)	Veterinarian
			Nonscientist
			Nonaffiliated
			Nonaffiliated

^{*} 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.

^{***} PHS Policy Membership Requirements:

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).

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.]

Nonaffiliated

^{**} List specific position titles for all members, including nonaffiliated (e.g., banker, teacher, volunteer fireman; not "community member" or "retired").