VIII. MEMBERSHIP OF THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

DATE: May 31, 2016

NAME OF INSTITUTION: CARE Research, LLC

ASSURANCE NUMBER: A4678-01

| Chairperson Name, Title, and Degree/Credentials | Business Address, Phone, Fax, and Email of Chairperson |
|---|---|
| Name*: Sachin Kandlikar | Address*: 6200 E. County Road 56, Fort Collins CO 80524 |
| Title*: Senior Scientist (IACUC Chairman) | |

| Degree/credentials*: MBBS, Ph.D. | Phone*: | Fax*: | Email*: |
|----------------------------------|---------|---------|--------------------------------|
| | (b) (6) | (b) (6) | skandlikar@careresearchllc.com |

| Name of Member/Code** | Degree/Credentials | Position Title | PHS Policy Requirements*** |
|-----------------------|--------------------|------------------------|-------------------------------|
| Sam Hendrix | DVM, MS | Attending Veterinarian | V |
| | | (b | S |
| | | | S |
| | | | NS, NA |
| | | | |

*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.

***PHS Policy Requirements - identify which IACUC members meet the four criteria below:

- Veterinarian (V) a veterinarian with direct or delegated program responsibility.
- Scientist (S) a practicing scientist experienced in research involving animals.
- Nonscientist (NS) a member whose primary concerns are in non-scientific areas (e.g. ethicist, lawyer, member of the clergy).
- Nonaffiliated (NA) a member who is not affiliated with the Institution in any way other than as a member of the IACUC, and who is not a member of the immediate family of a person who is affiliated. This member is expected to represent the interests of the general community in the proper care and use of animals and should not be a laboratory animal user. A consulting attending veterinarian may not be considered nonaffiliated.

Notes:

- 1. All members must be appointed by the CEO (or individual with specific written delegation to appoint members) and must be voting members. Ad hoc or nonvoting members may be listed and identified as such, but are not considered members for the purpose of the PHS Policy, and do not contribute to a quorum.
- 2. If Alternate members are listed, identify for whom (by name or code number, not specialty) they will serve as Alternates.

FACILITY AND SPECIES INVENTORY

DATE: 5/31/16

NAME OF INSTITUTION: CARE Research, LLC

ASSURANCE NUMBER: A4678-01

| Laboratory, Unit, or Building* | Gross Square Feet (including service areas) | Species Housed in Unit (use complete common names) | Approx. Average Daily Inventory |
|--------------------------------|---|--|------------------------------------|
| (b) (4 | 5960 | Rat, Mouse, Rabbit | <50 |
| | 2080 | Dog | Approximately 20 |
| | 2340 | Pig, Sheep | Pig (6), Sheep (6) |
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^{*}Institutions may identify animal areas in any manner, e.g., initials, ID number, etc. However, the name and location must be provided to OLAW upon request.

| morandum to: | |
|---|---|
| om: | Institutional Animal Care and Use Committee (CARE Research, LLC) |
| bject: | Semiannual Report of the Program Review and Facility Inspection |
| te: | 01 Aug 2016 |
| equired by the Publicy), Section IV.B.1. Ital Welfare Act (AW tutional Official is a ratory Animal Welface the last revie | the IACUC's results of its most recent program review and facility inspection, c 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 A) regulations, as applicable. Submission of semiannual reports to the condition of this institution's Animal Welfare Assurance with the NIH Office of are (OLAW). w, the following changes have occurred in the institution's care and use (PHS Policy IV.A.1.ai.): [optional] |
| | |
| Departures from the Select A or B: [x] A. There we [] B. The follow | The Nature and Extent of the Institution's Adherence to the PHS e, and the AWA The PHS Policy, the Guide, and the AWA. There no departures during this reporting period. The wing departures have been reviewed and approved by the IACUC: [include for each departure] |

Semiannual Report 1

| Animal Facility Inspection Date(s): 08 July 2016 Select A or B: [X] A. There were no deficiencies in the animal facility during this reporting period. [] B. The following deficiencies have been identified: [describe each deficiency, identify each deficiency as either minor or significant, and provide a reasonable and specific plan and schedule for the correction of each deficiency, deficiencies may be recorded a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table] Minority Views Select A or B: [X] A. No minority views were submitted or expressed. [] B. The following minority views were expressed: [insert minority views here or attach] Status of AAALAC Accreditation [identify accredited facilities, if applicable] NA Signatures [signatures of a majority of the IACUC members] Names of IACUC Members Signatures Signatures Signatures Signatures | Deficiencies in the Institution's A | nimal Facility |
|---|--|--|
| Select A or B: [X] A. No minority views were submitted or expressed. [] B. The following minority views were expressed: [insert minority views here or attach] Status of AAALAC Accreditation [identify accredited facilities, if applicable] NA Signatures [signatures of a majority of the IACUC members] Names of IACUC Members Signatures (b) (6) Sam Hendrix | Select A or B: [x] A. There were no deficiencies in a case of the following deficiencies have each deficiency as either mind plan and schedule for the corresponding to the corr | the animal facility during this reporting period. ve been identified: [describe each deficiency, identify or or significant, and provide a reasonable and specific rection of each deficiency, deficiencies may be recorded on the last page of OLAW's Sample Semiannual Program |
| Status of AAALAC Accreditation [identify accredited facilities, if applicable] NA Signatures [signatures of a majority of the IACUC members] Names of IACUC Members Signatures (b) (6) | Select A or B: [x] A. No minority views were submi | |
| Signatures [signatures of a majority of the IACUC members] Names of IACUC Members (b) (6) Sam Hendrix | | |
| Signatures [signatures of a majority of the IACUC members] Names of IACUC Members Signatures (b) (6) Sam Hendrix | Status of AAALAC Accreditation [in | identify accredited facilities, if applicable] |
| Names of IACUC Members (b) (6) Sam Hendrix | NA | |
| (b) (6) Sam Hendrix | Signatures [signatures of a majority | of the IACUC members] |
| Sam Hendrix | Names of IACUC Members | Signatures |
| Sani Hendrix | | (b) (6) |
| | Sam Hendrix | Obtai |
| Sachin Kandlikar | Sachin Kandlikar | |
| | | |

| | Deficiencies in the Institution's Anima | |
|----|---|---|
| | Animal Facility Inspection Date(s): 08 July 20 Select A or B: | 016 |
| | [x] A. There were no deficiencies in the a [] B. The following deficiencies have be each deficiency as either minor or plan and schedule for the correction | nimal facility during this reporting period. en identified: [describe each deficiency, identify significant, and provide a reasonable and specific n of each deficiency, deficiencies may be recorded on last page of OLAW's Sample Semiannual Program cklist provides a sample table |
| v. | Minority Views | |
| ٧. | | |
| | Select A or B: [x] A. No minority views were submitted [] B. The following minority views were | or expressed. expressed: [insert minority views here or attach] |
| v. | Status of AAALAC Accreditation [ident | ify accredited facilities, if applicable] |
| | NA | |
| 1. | Signatures [signatures of a majority of t | he IACUC members] |
| | Names of IACUC Members | Signatures |
| | (b) (6) | (b) (6) |
| | | |
| | Sam Hendrix | |

Sachin Kandlikar

| Animal Facility Inspection Date(s): 08 Select A or B: | 3 July 2016 | |
|---|---|---|
| A. There were no deficiencies B. The following deficiencies is each deficiency as either mighan and schedule for the contract as separate table and attach | in the animal facility during this reporting period have been identified: [describe each deficiency, identified or significant, and provide a reasonable and spectration of each deficiency, deficiencies may be received, the last page of OLAW's Sample Semiannual Protion Checklist provides a sample table] | ecific Forded on |
| | | |
| Minority Views | | i i interest and constitution and analysis of the conf |
| Select A or B: [x] A. No minority views were sub. [] B. The following minority view | omitted or expressed. Is were expressed: [insert minority views here or att | tach] |
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| | | FERRALIA fad done as comment |
| Status of AAALAC Accreditation | [identify accredited facilities, if applicable] | TOTAL CONTROL |
| Status of AAALAC Accreditation NA | [identify accredited facilities, if applicable] | |
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| NA | | |
| NA Signatures [signatures of a major | ity of the IACUC members] | (b) (6) |
| NA Signatures [signatures of a major | Signatures (b) (6) | (b) (6) |
| NA Signatures [signatures of a major Names of IACUC Members Sam Hendrix | city of the IACUC members] Signatures | (b) (6) |
| NA Signatures [signatures of a major Names of IACUC Members | Signatures (b) (6) | (b) (6) Obtained by |

III.

Deficiencies in the Institution's Animal Facility