Annual Report to OLAW

Institution: California State Polytechnic University, Pomona	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Assurance Number: A3344-01	2
Reporting Perlod: 01/01/18 thru 12/31/18	

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]

- [] 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:

[]	Th	iis ir	stitution's AAALAC accreditation status has changed (PHS Policy IV.A.2.).
		[]	AAALAC Accredited - Category 1

- [] Non-Accredited Category 2
- [] This institution's program for animal care and use has changed (PHS Policy IV.A.1.a-i.). [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: May 21, 2018	Date 2: November 14, 2018

10 July 126 and 5

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: April 17, 18, 23, 2018	Date 2: October 8, 15, 16, 19, 2018

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

IV. Signatures

IACUC Chairperson	Institutional Official			
Name: Joanne Sohn DVM, MPH	Name: Sadiq Shab Php /			
(b) (6) Signature:	Signature:			
Date: 1/25718	Date:			

V. Change in Institutional Official

Name:		
Title:	Degree/Credential:	
Name of Institution:		
Address: [street, city, state,	o code]	
E-mall:		
Phone:	Fax:	

VI. Change in IACUC Membership [Current roster]

Institution: California State Polytechnic University, Pomona					
IACUC Contact Inform	ation				*
Address: [street, city, st California State Polytechnic L 3801 W. Temple Ave. Building Pomona, CA 91768	Iniversity, Pomona				
E-mail: sayedshah@cpp.	edu , lacuc-office@c	рр.е	du		
Phone:	(b) (6)		Fax:	(b) (6)	
IACUC Chairperson					
Name:Joanne Sohn					
Title: Assistant Professor Science	r, Animal Veterinary		Degree/Crede	entials:	DVM MPH
PHS Policy Membership F	Requirements***:				and the same of th
IACUC Roster [Provide	below or attach]	,			4 - 11
Name of Member/ Code*	Degree/ Credential	Occ	ition Title/ apational kground**		PHS Policy Membership Requirements***
				(b) (6)	scientist scientist, alternate for Andy Steele Non-scientist Scientist member member Scientist scientist scientist scientist scientist atternate for Holly Greene non-affiliated member attending veterinarlan Member
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^{*} 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.

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 (for example,

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 nonaffillated.

[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.

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

^{***} PHS Policy Membership Requirements: