

Annual Report to OLAW

Institution:
Assurance Number:
Reporting Period:

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.)
- 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:

This institution'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.)

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 deficiencies (significant or minor) that were identified and a plan and schedule for correction of each.

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:	Date 2:
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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:	Date 2:
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III. Minority Views (select A or B)

- A. There were **no minority** views during this reporting cycle.
- B. Any minority views submitted by members of the IACUC regarding reports filed under [PHS Policy IV.F.](#) for this reporting cycle are attached.

IV. Signatures

IACUC Chairperson	Institutional Official
Name:	Name:
Signature:	Signature:
Date:	Date:

V. Change in Institutional Official

Name:	
Title:	Degree/Credential:
Name of Institution:	
Address: <i>(street, city, state, zip code)</i>	
E-mail:	
Phone:	Fax:

- 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 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.]