

VIII. Membership of the IACUC

Date: November 11, 2013			
Name of Institution: Clark University			
Assurance Number: A3113-01			
IACUC Chairperson			
Name*: Philip J. Bergmann			
Title*: Associates Professor of Biology		Degree/Credentials*: Ph.D. Biology	
Address*: (street, city, state, zip code) Clark University, Department of Biology, 950 Main Street, Worcester, MA, 01610			
E-mail*: pbergmann@clarku.edu			
Phone*: (b) (6)		Fax*: (b) (6)	
IACUC Roster			
Name of Member/ Code**	Degree/ Credentials	Position Title***	PHS Policy Membership Requirements****
Jonathan Augusto	D.V.M., full-time veterinarian	Veterinarian	Veterinarian
(b) (6)			Scientist
			Nonscientist
			Nonaffiliated
			Member
			Member
			Nonscientist (alternate)
			Scientist (alternate)
			Veterinarian (alternate)
			Nonaffiliated (alternate)

			All members are voting members
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* 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").

**** 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.



X. Facility and Species Inventory

Date: November 3, 2017			
Name of Institution: Clark University			
Assurance Number: A3113-01			
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)	435 sq. ft.	Stickleback Fish	2,200
	250 sq. ft.	Green Frog	12
	250 sq. ft.	Kenyan Sand Boa	2
	250 sq. ft.	Basilisk Lizard	12
	250 sq. ft.	Curly Tail Lizard	12
	250 sq. ft.	Sandfish Skink Lizard	4
	250 sq. ft.	Legless Lizard	1
	250 sq. ft.	Chinese Water Dragon Lizard	5
	250 sq. ft.	Brown Anole Lizard	5

*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.



TO: Yuko Aoyama, Institutional Official, Associate Provost & Dean of Research
 FROM: Institutional Animal Care and Use Committee
 DATE: October 25, 2017
 RE: Semiannual Report of the Program Review and Facility Inspection

This report summarizes the IACUC's results of its most recent program review and facility inspection, as required by the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals ([Policy](#)), Section [IV.B.1.-3.](#), the *Guide for the Care and Use of Laboratory Animals* ([Guide](#)), and the Animal Welfare Act ([AWA](#)) regulations, as applicable. Submission of semiannual reports to the Institutional Official is a condition of this institution's Animal Welfare Assurance with the NIH Office of Laboratory Animal Welfare (OLAW).

Since the last review, the following changes have occurred in the institution's program for animal care and use (PHS Policy [IV.A.1.a.-i.](#)): [optional]

A new standard operating procedure was approved for dealing with the reporting and investigation of concerns regarding animal welfare. This SOP will be posted on or by the door at each animal facility.

I. Description of the Nature and Extent of the Institution's Adherence to the PHS Policy, the *Guide*, and the AWA

Departures from the PHS Policy, the *Guide*, and the AWA.

Select A or B:

- A. There were no departures during this reporting period.
- B. The following departures have been reviewed and approved by the IACUC:
[include reason for each departure]

N/A

II. Deficiencies in the Institution's Animal Care and Use Program

Animal Care and Use Program Review Date(s):

Select A or B:

- A. There were no deficiencies in the program 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 on a separate table and attached, the last page of OLAW's Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*

N/A

III. Deficiencies in the Institution’s Animal Facility

Animal Facility Inspection Date(s):

Select A or B:

- 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 on a separate table and attached, the last page of OLAW’s Sample Semiannual Program Review and Facility Inspection Checklist provides a sample table]*

N/A

IV. Minority Views

Select A or B:

- A. No minority views were submitted or expressed.
- B. The following minority views were expressed: *[insert minority views here or attach]*

N/A

V. Status of AAALAC Accreditation *[identify accredited facilities, if applicable]*

Our animal care and use program is not accredited by AAALAC.

VI. Signatures [signatures of a majority of the IACUC members required by AWAR (§2.31,c,3), if applicable]

Names of IACUC Members	Signatures
(b) (6)	(b) (6)
Jonathan Augusto	
(b) (6)	
Philip Bergmann	