

## **Animal Welfare Assurance for Domestic Institutions**

I, Doug Koch as named Institutional Official for animal care and use at the University of Central Missouri, provide assurance that this Institution will comply with the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals (Policy).

### **I. Applicability of Assurance**

This Assurance applies whenever this Institution conducts the following activities: all research, research training, experimentation, biological testing, and related activities involving live vertebrate animals supported by the PHS, HHS, and/or NSF. This Assurance covers only those facilities and components listed below.

- A. The following are branches and components over which this Institution has legal authority, included are those that operate under a different name:  
The UCM Animal Care Facility located within the School of Natural Sciences, W.C. Morris Building, University of Central Missouri - Warrensburg
- B. The following are other institution(s), or branches and components of another institution:  
N/A

### **II. Institutional Commitment**

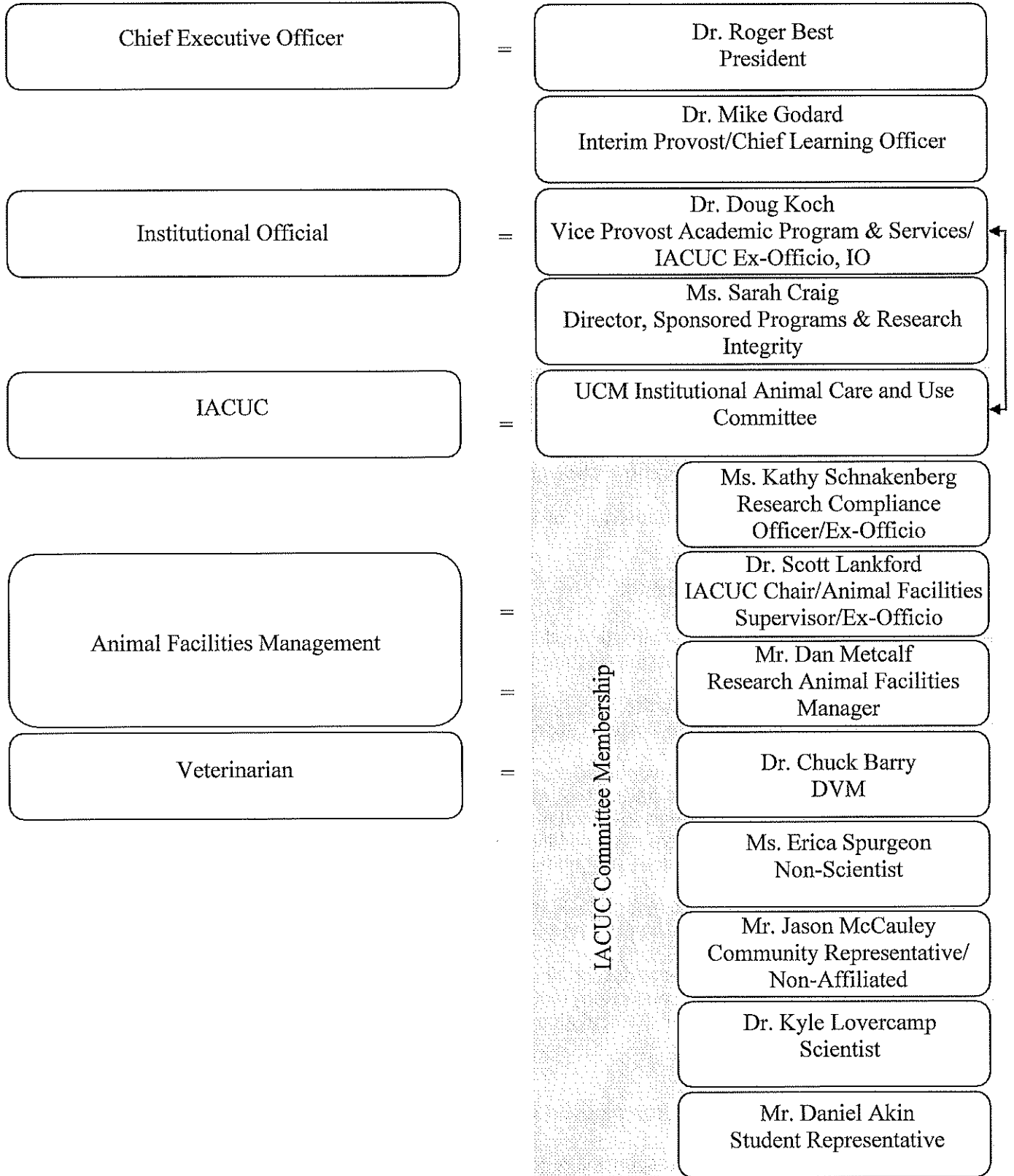
- A. This Institution will comply with all applicable provisions of the Animal Welfare Act and other Federal statutes and regulations relating to animals.
- B. This Institution is guided by the "U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training."
- C. This Institution acknowledges and accepts responsibility for the care and use of animals involved in activities covered by this Assurance. As partial fulfillment of this responsibility, this Institution will ensure that all individuals involved in the care and use of laboratory animals understand their individual and collective responsibilities for compliance with this Assurance, and other applicable laws and regulations pertaining to animal care and use.
- D. This Institution has established and will maintain a program for activities involving animals according to the *Guide for the Care and Use of Laboratory Animals (Guide)*.
- E. This Institution agrees to ensure that all performance sites engaged in activities involving live vertebrate animals under consortium (subaward) or subcontract agreements have an Animal Welfare Assurance and that the activities have Institutional Animal Care and Use Committee (IACUC) approval.

### **III. Institutional Program for Animal Care and Use**

- A. The lines of authority and responsibility for administering the program and ensuring compliance with the PHS Policy are as follows:

Mandatory Positions

UCM Organizational Structure



All IACUC communication includes the Institutional Official (IO) and the Veterinarian (DVM). The IO and DVM have each other's contact information, should a concern arise. The Research Compliance Officer serves as a liaison for the IACUC to the rest of the campus regarding policies and procedures.

B. The qualifications, authority, and percent of time contributed by the veterinarian(s) who will participate in the program are as follows:

1) Name: Dr. Charles (Chuck) Barry, DVM

Qualifications

- Degrees:
  - B.S. in Agriculture, University of Missouri, 1984
  - Doctor of Veterinary Medicine, University of Missouri, 1987
- Training or experience in laboratory animal medicine or in the use of the species at the institution:

Dr. Barry has been a licensed veterinarian for 31 years and owns and operates Lifetime Animal Center in Warrensburg, MO. He has served as Vice President, President-Elect, President, and Chairman of the Board of the Missouri Veterinary Medical Association and is a past President of the Missouri Academy of Veterinary Practitioners. He has also previously served as Chairman of the Board for the Missouri Veterinary Medical Licensing Board. Dr. Barry is also a member of the AVMA, AAEP, AABP and the Society for Theriogenology.

Authority: Dr. Charles (Chuck) Barry has direct program authority and responsibility for the Institution's animal care and use program including access to all animals. He serves as a member of the IACUC committee and makes himself available for all veterinary needs that arise.

Time contributed to program: Dr. Barry attends all IACUC meetings and program reviews/facility inspections conducted by UCM's IACUC committee. He also makes himself available for any last-minute questions or issues. This equates to approximately 12 hours per year or 1% or less of his time.

2) Name: Dr. Sharon Keairnes, DVM

Qualifications

- Degrees:
  - B.S. in Biology, Stephens College, 1995
  - Doctorate in Veterinary Medicine, University of Missouri, 1999
- Training or experience in laboratory animal medicine or in the use of the species at the institution: Dr. Keairnes has been a licensed veterinarian for 19 years. Dr. Keairnes is a member of AVMA and MVMA.

Responsibilities: If an alternate veterinarian is required, Dr. Keairnes will have direct program authority and responsibility for the Institution's animal care and use program including access to all animals.

Time contributed to program: Currently Dr. Keairnes is a back-up veterinarian and does not contribute any time to the program.

C. The IACUC at this Institution is properly appointed according to PHS Policy IV.A.3.a. and is qualified through the experience and expertise of its members to oversee the Institution's animal care and use program and facilities. The IACUC consists of at least 5 members, and its membership meets the composition requirements of PHS Policy IV.A.3.b. Attached is a list of the chairperson and members of the IACUC and their names, degrees, profession, titles or specialties, and institutional affiliations.

D. The IACUC will:

- 1) Review at least once every 6 months the Institution's program for humane care and use of animals, using the *Guide* as a basis for evaluation. The IACUC procedures for conducting semiannual program reviews are as follows:

A semi-annual review is conducted during regularly scheduled IACUC meetings to review protocols. A detailed agenda is sent electronically to each committee member for review prior to the meeting and includes copies of the protocols, program review checklist, and the facility inspection checklist. The semi-annual program review checklist and the facility inspection checklists are based on the *Guide* and examples provided on the OLAW website. The program review is led by the IACUC chair with open discussion from the committee using the Semiannual Program and Facility Review checklist provided on the OLAW website. The key aspects that are reviewed include but are not limited to; Institutional Policies and Responsibilities, Veterinary Care, Animal Facilities, OHSP, and Personnel Training.
- 2) Inspect at least once every 6 months all the Institution's animal facilities, including satellite facilities and animal surgical sites, using the *Guide* as a basis for evaluation. The IACUC procedures for conducting semiannual facility inspections are as follows:

A semi-annual inspection of the facility is conducted just prior or immediately following a regularly scheduled IACUC meeting to review protocols. All members are invited to inspect and tour the facilities at any time. A checklist is used based on the *Guide* and using the Semiannual Program and Facility Review checklist provided on the OLAW website. The inspections are conducted by the Chair, DVM, Animal Care Specialist, Practicing Scientist, and Nonaffiliated Member, along with any other committee members who wish to participate in the inspection. The key aspects that are reviewed but are not limited to; room humidity, temperature, ventilation, noise, along with storage, construction integrity, sanitation, food & water, pest control and behavioral management.
- 3) Prepare reports of the IACUC evaluations according to PHS Policy IV.B.3. and submit the reports to the Institutional Official. The IACUC procedures for developing reports and submitting them to the Institutional Official are as follows:
  - UCM's IACUC uses the Semiannual Report of the Program Review and Facility Inspection form found on the OLAW website. The report is completed by the Research Compliance Officer and sent to the IACUC chair for approval. Once approved and signed by a majority of the IACUC members and is then submitted to the IO.
  - The IACUC uses the checklist provided on OLAW's website for reviews and inspections to ensure it is not departing from PHS Policy and the *Guide*.
  - The IACUC identifies deficiencies through the use of the checklists provided on OLAW's website and open discussion from the committee on programs processes and observations during an inspection. If a deficiency is noted, the appropriate department or individual is notified to take corrective action and it is noted on the report.
  - UCM's IACUC adheres to the PHS Policy and the *Guide* by utilizing the checklists and reporting forms from OLAW's website.
  - Any departures from the PHS Policy and the *Guide* are noted and planned actions for corrections are documented by the committee including the timeline for the correction. In the event there is an occasion for a departure from the *Guide* based on scientific, veterinary medical, or animal welfare issues, it will be noted in the report to the IO according to PHS Policy IV.B.3, along with the reason for the departure.
  - By utilizing the checklists from the OLAW website each item is marked either acceptable, or as a minor or significant deficiency.
  - If a deficiency is found the course of action for correction, along with a timeline for the correction is noted and follow up is scheduled to ensure compliance.
  - Any minority views are recorded on the protocol, checklist, or report forms when they occur.

- 4) Review concerns involving the care and use of animals at the Institution. The IACUC

procedures for reviewing concerns are as follows:

- Instructions for reporting concerns are posted in every room in the animal facilities along with information on how to report and to whom. Information is also available on the website.
- Concerns are directed to the Chair and/or the Research Compliance Officer. Concerns are documented and brought to the appropriate individual's attention for investigation. This may involve a special meeting being called of the IACUC committee to decide a course of action.
- A written report is given to the Institutional Official for review and approval of the course of action determined by the committee in line with the PHS Policy and the *Guide*. OLAW is also notified of any serious/ongoing deviations from the PHS Policy or the *Guide*.
- If a concern is reported, the complainant is protected by UCM's Whistleblower Policy 1.2.220 which protects individuals who make reports of alleged wrongdoing from any adverse action when the report is made in good faith.

- 5) Make written recommendations to the Institutional Official regarding any aspect of the Institution's animal program, facilities, or personnel training. The procedures for making recommendations to the Institutional Official are as follows:

The semiannual reports evaluate the status of the program and facilities. A report is compiled by the Research Compliance Officer, approved by the Chair, and then submitted to the IO using the report form on the OLAW website. This report explains the institution's adherence to the *Guide* and reports any departure from regulations and the corrective action being taken. This report distinguishes significant deficiencies from minor deficiencies. The Institutional Official receives copies of all reports to OLAW as well as any other correspondence from any governing body or public interest group. The IO is also invited to all meetings and encouraged to participate at any time and/or tour the facilities. All IACUC members and researchers are required to complete required courses through Collaborative Institutional Training Initiative (CITI). Researchers are also required to complete the Occupational Health and Safety Program (OHSP).

- 6) Review and approve, require modifications in (to secure approval), or withhold approval of PHS-supported activities related to the care and use of animals according to PHS Policy IV.C.1-3. The IACUC procedures for protocol review are as follows:

- Protocols are developed with the assistance of a faculty advisor and submitted on Blackboard. An initial screening is done by the Animal Care Specialist to ensure application is complete. An electronic copy is then sent to the committee members for review prior to meetings or request for a DMR vote. The chair is acting DMR. A hard copy is also provided at meetings for reference. The meetings are conducted by the Chair, who systemically moves through the application with an open discussion of the literature review, project and methodology. Once all questions have been addressed the chair will ask for a motion. The options are to approve, require modifications or withhold approval. If a protocol is recommended to be reviewed by a designated member there must be an electronic vote recorded for all members. If any member feels it should be further discussed, it is referred to a full meeting. If a committee member has a conflict with a research project, they may not participate in the review or approval of the project except to provide information requested by the IACUC, nor will they be included in the quorum. If the Chair has a conflict as acting DMR, the assignment of the DMR position is deferred to the practicing scientist. A vote to determine the outcome is at a convened meeting of the IACUC and with a majority vote of that convened quorum. All committee members present will sign off on the protocol.

If all members are present at the meeting and the outcome of a vote is to require modifications (to secure approval), the committee may vote to have the revised protocol reviewed by DMR or returned for a FCR at a convened meeting. If all members are not present, revisions are sent electronically to the committee and all members can vote for DMR or FCR. DMR is only conducted if all members of the committee have had an opportunity to request FCR and none have done so.

DMR may result in approval, a requirement for modifications (to secure approval), or referral to the full committee for review. In the event there is more than one DMR, this individual will be appointed by the Chair and all DMR's will review an identical copy of the protocol and reviewers will be unanimous in their decision. Members are asked to respond to a request for FCR within a week of notification before DMR is initiated.

- 7) Review and approve, require modifications in (to secure approval), or withhold approval of proposed significant changes regarding the use of animals in ongoing activities according to PHS Policy IV.C. The IACUC procedures for reviewing proposed significant changes in ongoing research projects are as follows:

A significant change includes a change that have, or have the potential to have, a negative impact on animal welfare. These changes may include but are not limited to a change from survival to nonsurvivable surgery, changes that result in greater pain and/or distress, study objectives, or changes that impact personnel safety.

Approval or modification letters are sent to the Principal Investigators following the meetings. These letters outline the required steps that need to be completed to secure approval if modifications were requested. If approval is denied the Principal Investigator may respond in person or in writing per PHS Policy, IACUC approval must be obtained before any protocol can be implemented. If a request is made to make a significant amendment to an existing protocol, a meeting would be called to give the committee an opportunity to discuss and decide on those changes. If minor changes are requested or an amendment is requested by the PI, the IACUC committee has agreed that they may be reviewed and approved by DMR. Changes that involve typographical errors, grammar, or contact information may be made administratively.

- 8) Notify investigators and the Institution in writing of its decision to approve or withhold approval of those activities related to the care and use of animals, or of modifications required to secure IACUC approval according to PHS Policy IV.C.4. The IACUC procedures to notify investigators and the Institution of its decisions regarding protocol review are as follows:

The decisions made by the IACUC committee or DMR either requesting modifications, more information, or providing approval is recorded by the Research Compliance Officer who then notifies the Principal Investigator in writing. If approval is denied the Principal Investigator may respond in person or in writing. The Principal Investigator may request more information on changes to their project that would meet approval or provide more information.

- 9) Conduct continuing review of each previously approved, ongoing activity covered by PHS Policy at appropriate intervals as determined by the IACUC, including a complete review at least once every 3 years according to PHS Policy IV.C.1.-5. The IACUC procedures for conducting continuing reviews are as follows:

Post approval monitoring of previously approved, ongoing activity covered by PHS Policy includes a complete review at least once every 3 years according to PHS Policy IV.C.1.-5. The IACUC procedures for conducting continuing reviews are as follows:

All IACUC protocols are reviewed annually and researchers contacted for the status of their research. If the research has been completed the protocol is closed in the system. If the researcher is still gathering data, they are asked to submit a renewal and to notify the IACUC of any changes. For minor changes the renewal may be conducted by DMR, in the case of significant changes it will be conducted by FCR at a convened meeting of the IACUC. The PI is then notified in writing of the approval, modifications (to secure approval), or withhold approval of their renewal. In the case of protocol that has been in place for 3 years a complete de novo review is conducted thirty days prior to the expiration date. The PI is notified prior to the expiration date that a new protocol needs to be submitted for a FCR.

Post approval monitoring also includes program and facility inspections every 6 months and daily monitoring of the animal facility by the animal care specialist.

- 10) Be authorized to suspend an activity involving animals according to PHS Policy IV.C.6. The IACUC procedures for suspending an ongoing activity are as follows:

When an issue is discovered or brought to the attention of the IACUC, an informal investigation is conducted by the Research Compliance Officer under the direction of the Institutional Official. If the investigation determines cause to suspend the activity due to the fact it is not being conducted in accordance with the description provided by the principal investigator and approved by the committee, a convened meeting will be called. At a convened meeting, the results of the investigation will be presented to the committee for review with the suspension vote of a majority of the quorum present. The IACUC will determine the course of action and the principal investigator will be notified in writing. The Institutional Official in consultation with the IACUC shall review the reason for suspension, take appropriate corrective action, and report that action with a full explanation to OLAW.

- E. The risk-based occupational health and safety program for personnel working in laboratory animal facilities and personnel who have frequent contact with animals is as follows:

All faculty and researchers that are involved in the care and use of animals are required to complete the proper training and participate in the occupational health and safety program (OHSP). The OHSP assessment is conducted by trained health professionals at UCM's Health Clinic (UHC) which is located on UCM's campus. The UHC director and health professionals are involved with the planning and monitoring of the assessment. All medical records and history of those completing the assessment are maintained by UHC and are not accessible to the IACUC. The medical evaluation ensures the researchers are current with their immunizations and if necessary, can administer tetanus and prophylaxis. The University Health Clinic (UHC) is available to offer these immunizations to faculty, staff, and students across UCM's campus when necessary. All individuals with significant animal contact are required to participate in the OHSP assessment. UHC is also available for the treatment of bites, scratches, illness or injury in the event this occurs. UHC can explain precautions that should be taken for personal safety in the event of pregnancy, illness, or decreased immunocompetence. The OHSP is monitored by the Research Compliance Officer and the IACUC.

All PI's, along with their faculty advisors and personnel working in the animal facility are required to enroll in the program. They are asked to complete an initial health assessment form that they take to the UHC and turn in as they make an appointment for the evaluation. The information is available on UCM's website and is provided to individuals who submit a protocol for review. At the end of the health assessment UHC personnel give a signed clearance document to the individual that is submitted to the IACUC prior to approval being granted. This document does not contain any medical record or history of the individual completing the assessment. This process is monitored by the Research Compliance Officer and the IACUC.

PI's are also required to complete courses through CITI, internal training in the Introduction to Occupational Hazards Associated with the Care and Use of Laboratory Animals, which includes the areas of zoonoses, allergies, and hazards. The protocol asks for the PI's faculty advisor to be listed and to have a roster completed for anyone involved in the research. All individuals listed in the protocol are required to complete training in the area of zoonoses, allergies, and other hazards that may be encountered during the research. The internal training and CITI training ensures the individual is familiar with the facility, equipment, hygiene, and personal protection. UCM's procedures for personal hygiene, handling hazardous agents, and personnel protection fall under the office of Environmental Health and Safety. Personal Hygiene is also covered in the SOP for each room in the animal facility. It covers but is not limited to suitable attire, hand washing, handling of hazardous agents, the use of PPE and the restrictions of no food, drink, or tobacco products in the animal facility.

Hazard identification and risk assessments are conducted during regular inspections of the animal facility and program review and an ongoing assessment through personnel. Any concerns between regular inspections can be reported to the IACUC at any time. Daily observations are conducted by the Animal Care Specialist during their normal duties at UCM and brought to the attention of IACUC if discovered. Any injuries that occur are reported to UCM's Environmental Health and Safety (EHS) office, IACUC, and the Research Compliance Officer. EHS is located on UCM's campus and files accident and injury reports, monitor accident procedures and safety on campus. EHS also oversees the health and safety of other personnel, such as; maintenance, police and safety, housekeeping, students and faculty. The EHS office is consulted when policies concerning the OHSP are reviewed for their input and assistance. In the event of an adverse event they are notified to ensure UCM's policies, along with federal regulations are followed. The animal facility is considered a secure area. The custodial staff that work in the building are trained by personnel in the Biology department. Maintenance personnel are escorted by Biology personnel if there is a need for them to enter the area. Since this is a secured area, all students and faculty that enter the area have been through training or are accompanied by personnel that have been trained in the hazards. There is also signage on outside doors and each animal room with information on potential hazards and proper handling.

F. The total gross number of square feet in each animal facility (including each satellite facility), the species of animals housed there and the average daily inventory of animals, by species, in each facility is provided in the attached Facility and Species Inventory table.

G. The training or instruction available to scientists, animal technicians, and other personnel involved in animal care, treatment, or use is as follows:

Scientists, animal technicians, and other personnel involved in animal care, treatment or use in research or testing methods that minimize the number of animals required to obtain valid results and minimize distress are required to complete the appropriate training module through CITI. The modules have been selected by the IACUC under the direction of the Institutional Official. The IACUC reserves the right to require additional training modules if deemed necessary according to the research protocol. The following training modules are the minimum required:

- Working with IACUC
- Planning Research and Completing the Protocol Form
- Personnel and Their Welfare

The above-mentioned training modules provide instruction on research and testing methods that minimize the number of animals required to obtain valid results as well as the minimization of distress. In addition to the CITI training they are provided an internal brochure on the Occupational Hazards Associated with the Care and Use of Research Animals.

IACUC members are also required to complete the CITI training modules and include the "Essentials for IACUC Members" module prior to attending their first meeting. New IACUC members work closely with a current member to become familiar with the regulations and requirements. IACUC members are required to complete CITI training modules prior to attending their first meeting. The training provides instruction on research testing methods that include the three R's (replacement, refinement, and reduction) in animal testing. This ensures they are familiar with reducing the number of animals used and minimizing distress.

IACUC members are provided copies of the PHS Policy, The Guide, 8<sup>th</sup> ed., UCM's IACUC procedure manual, the Animal Welfare Assurance, and OLAW's website information.

#### **IV. Institutional Program Evaluation and Accreditation**

All of this Institution's programs and facilities (including satellite facilities) for activities involving animals have been evaluated by the IACUC within the past 6 months and will be reevaluated by the IACUC at least once every 6 months according to PHS Policy IV.B.1.-2. Reports have been and will continue to be prepared according to PHS Policy IV.B.3. All IACUC semiannual reports will include a description of the nature and extent of this Institution's adherence to the PHS Policy and the *Guide*. Any departures from



the *Guide* will be identified specifically and reasons for each departure will be stated. Reports will distinguish significant deficiencies from minor deficiencies. Where program or facility deficiencies are noted, reports will contain a reasonable and specific plan and schedule for correcting each deficiency. Semiannual reports of the IACUC's evaluations will be submitted to the Institutional Official. Semiannual reports of IACUC evaluations will be maintained by this Institution and made available to the OLAW upon request.

- (1) This Institution is Category 2 — not accredited by the Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC). As noted above, reports of the IACUC's semiannual evaluations (program reviews and facility inspections) will be made available upon request. The report of the most recent evaluations (program review and facility inspection) is attached.

The minor deficiency concerning the air ventilation in Room 4 of the animal facility was noted on the Semiannual Report to the IO that was provided with the initial submission, dated August 17, 2018. The ventilation system was working fine but making noise, so it was determined facilities should be notified to check the bearings. The program evaluation did not identify any deficiencies during a review on the same day.

## **V. Recordkeeping Requirements**

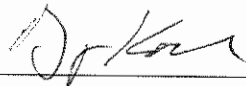
- A. This Institution will maintain for at least 3 years:
  1. A copy of this Assurance and any modifications made to it, as approved by the PHS
  2. Minutes of IACUC meetings, including records of attendance, activities of the committee, and committee deliberations
  3. Records of applications, proposals, and proposed significant changes in the care and use of animals and whether IACUC approval was granted or withheld
  4. Records of semiannual IACUC reports and recommendations (including minority views) as forwarded to the Institutional Official, Doug Koch, Vice Provost, Academic Programs & Services.
  5. Records of accrediting body determinations
- B. This Institution will maintain records that relate directly to applications, proposals, and proposed changes in ongoing activities reviewed and approved by the IACUC for the duration of the activity and for an additional 3 years after completion of the activity.
- C. All records shall be accessible for inspection and copying by authorized OLAW or other PHS representatives at reasonable times and in a reasonable manner.

## **VI. Reporting Requirements**

- A. The Institutional reporting period is the calendar year (January 1 – December 31). The IACUC, through the Institutional Official, will submit an annual report to OLAW by January 31 of each year. The annual report will include:
  1. Any change in the accreditation status of the Institution (e.g., if the Institution obtains accreditation by AAALAC or AAALAC accreditation is revoked)
  2. Any change in the description of the Institution's program for animal care and use as described in this Assurance
  3. Any change in the IACUC membership
  4. Notification of the dates that the IACUC conducted its semiannual evaluations of the Institution's program and facilities (including satellite facilities) and submitted the evaluations to the Institutional Official, Doug Koch, Vice Provost, Academic Programs & Services.
  5. Any minority views filed by members of the IACUC
- B. The IACUC, through the Institutional Official, will promptly provide OLAW with a full explanation of the circumstances and actions taken with respect to:
  1. Any serious or continuing noncompliance with the PHS Policy
  2. Any serious deviations from the provisions of the *Guide*

3. Any suspension of an activity by the IACUC
- C. Reports filed under VI.A. and VI.B. above should include any minority views filed by members of the IACUC.

**VII. Institutional Endorsement and PHS Approval**

<b>A. Authorized Institutional Official</b>	
Name: Doug Koch	
Title: Vice Provost, Academic Programs & Services	
Name of Institution: University of Central Missouri	
Address: <i>(street, city, state, country, postal code)</i> 108 W. South Street Warrensburg, MO 64093	
Phone: 660-543-8059	Fax:
E-mail: koch@ucmo.edu	
Acting officially in an authorized capacity on behalf of this Institution and with an understanding of the Institution's responsibilities under this Assurance, I assure the humane care and use of animals as specified above.	
Signature: 	Date: 2/21/19

<b>B. PHS Approving Official</b> <i>(to be completed by OLAW)</i>	
<p>Doreen H. Bartlett          Senior Assurance Officer, Division of Assurances          Office of Laboratory Animal Welfare (OLAW)          National Institutes of Health          6700B Rockledge Drive Suite 2500 MSC 6910          Bethesda, MD 20892          bartletd@od.nih.gov          301-496-7163</p>	
Signature:	Date: February 28, 2019
Assurance Number: D16-00061 (A3098-01)	
Effective Date: February 20, 2019	Expiration Date: January 31, 2023



\* 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.

## IX. Other Key Contacts (optional)

If there are other individuals within the Institution who may be contacted regarding this Assurance, please provide information below.

<b>Contact #1</b>	
Name: Sarah Craig	
Title: Director, Sponsored Programs & Research Integrity	
Phone: 660-543-8099	E-mail: craig@ucmo.edu
<b>Contact #2</b>	
Name: Kathy Schnakenberg	
Title: Program Administrator/Research Compliance Officer	
Phone: 660-543-8562	E-mail: schnakenberg@ucmo.edu



**Memorandum to:** Doug Koch, Vice Prov, Academic Prg & Srvs  
**From:** Institutional Animal Care and Use Committee  
**Subject:** Semiannual Report of the Program Review and Facility Inspection  
**Date:** August 17, 2018

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]**

**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]*

**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]*

**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]*

Minor-Continue to monitor air ventilation in Room 4-Bearings replaced but unit seems to be making noise again-possible belt-Facilities contacted

#### IV. Minority Views

Select A or B:





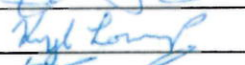

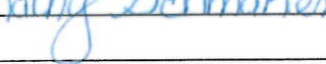
A. No minority views were submitted or expressed.

B. The following minority views were expressed: *[insert minority views here or attach]*

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

N/A

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

Names of IACUC Members	Signatures
Dr. Charles Barry	
Dr. Scott Lankford	
Dan Metcalf	
Jason McCauley	
Erica Spurgeon	
Dr. Kyle Lovercamp	
Daniel Akin	
Kathy Schnakenberg (ex-officio)	