

UNIVERSITY OF NORTH CAROLINA WILMINGTON
A3871-01

ANIMAL WELFARE ASSURANCE
in accordance with the PHS Policy for
Humane Care and Use of Laboratory Animals

I, [Dr. Robert D. Roer](#), as named Institutional Official (IO) for animal care and use at the [University of North Carolina Wilmington](#), hereinafter referred to as Institution, by means of this document, provide assurance that this Institution will comply with the Public Health Service Policy on Humane Care and Use of Laboratory Animals, hereinafter referred to as PHS Policy.

I. APPLICABILITY OF ASSURANCE

This Assurance is applicable to all research, research training, experimentation, biological testing, and related activities, hereinafter referred to as activities, involving live vertebrate animals supported by the Public Health Service (PHS) and conducted at this Institution, or at another institution as a consequence of the subgranting or subcontracting of a PHS-conducted or -supported activity by this Institution.

"Institution" includes the following branches and major components of the [University of North Carolina Wilmington](#):

[Main campus, UNCW, 601 S. College Road, Wilmington, NC 28403](#)

[Aquaculture Facility, 7205 Wrightsville Avenue, Wilmington, NC 28403](#)

[Center for Marine Science, 5600 Marvin K. Moss Lane, Wilmington, North Carolina 28409.](#)

[NOTE: Only those entities listed in this section will be entitled to use the Assurance number for grant and contract submissions to PHS agencies.]

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, as well as all 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 in accordance with the "Guide for the Care and Use of Laboratory Animals" ("Guide").

III. INSTITUTIONAL PROGRAM FOR ANIMAL CARE AND USE

- A. The lines of authority and responsibility for administering the program and ensuring compliance with this Policy are as follows: *[Insert or attach a description or a diagram of the reporting channels for the chief executive officer, the Institutional Official, the IACUC, the veterinarian, and animal facility management or indicate diagram is appended as an attachment. The description or diagram must demonstrate direct reporting from the IACUC to the Institutional Official, and from the veterinarian to the Institutional Official.]*

The Institutional Animal Care and Use Committee (IACUC) operates as an independent committee and its members and chair are appointed by the Chancellor. The attending veterinarian (AV) reports to the IACUC chair and directly to the IO if any violations of the AWA are discovered. Each department involved in animal research is responsible for animal facility management but is accountable through facility inspections to the IACUC. A diagram of reporting channels is attached.

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

Name:

Dr. Timothy Ford

Qualifications:

- Degrees: D.V.M., University of Tennessee College of Veterinary Medicine (2001).
- Training and/or experience in laboratory animal medicine: *[Briefly describe training and experience in laboratory animal medicine and/or the species being attended. Do not include the CV of the veterinarian affiliated with the Institution.]*

Dr. Ford has practiced in Wilmington since 2003 and has extensive experience both through his private practice and his service to the Emory University IACUC with laboratory animals. Dr. Ford has been the AV at this institution since July 2006.

Authority:

Dr. Ford has direct program authority as university veterinarian to halt any research which violates the approved protocol or upon discovery of violations of the facility's regulations. He must immediately notify the IACUC chair and the IO of the reasons for this action.

Time Contributed to Program: *[If full time, enter "full time employee" and the percentage of time contributed to the animal care and use program. If part time, enter the approximate number of hours per week or month each veterinarian is present at the institution and the percentage of those hours he or she contributes to the animal care and use program.]*

Dr. Ford is present at the institution approximately eight hours per year and is available for on-call visits as needed. He contributes 100% of that time to the animal care and use program.

[NOTE: If there is more than one veterinarian associated with the program, please provide the information requested below for each. If only one veterinarian is

associated with the program, describe provisions in place for a back-up veterinarian to ensure adequate veterinary care of research animals should that veterinarian not be available.]

Back-up Veterinary Care:

Dr. Claire Hohenwarter, the longtime AV for this program, has agreed to remain as a back-up veterinarian should Dr. Ford be unable to perform his responsibilities as AV.

- C. The Institutional Animal Care and Use Committee (IACUC) at this Institution is properly appointed in accordance with the 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 five members, and its membership meets the composition requirements set forth in the PHS Policy, Section 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.

[Note: Names of members, other than the chairperson and veterinarian, may be represented by a number or symbol in the attachment.]

D. The IACUC will:

1. Review at least once every six 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:

[Describe the procedures the IACUC uses to conduct the semiannual program reviews. For example, include who performs the reviews, what items are included, and where, when, and how those items are reviewed.]

Twice each year the regulatory compliance officer (RCO) invites all committee members to complete a survey regarding the following topics:

- a. Adequacy of IACUC policies
- b. Appropriateness of IACUC organization and procedures
- c. Relevance of IACUC training requirements
- d. Adequacy of occupational health and safety program
- e. Thoroughness of inspection process
- f. Satisfaction with services of attending veterinarian
- g. Problems in animal facilities

Surveys may be submitted anonymously and any concerns identified on the surveys are discussed at the next scheduled meeting. If deficiencies in the IACUC program are noted, the committee must identify if the deficiency is significant or minor (see 3b below for definition of "significant"). When deficiencies are noted, the committee must provide a reasonable and specific plan and schedule for correcting each deficiency, whether significant or minor. Program evaluation discussions, including minority views (if any) are included in a semi-annual report to the IO.

2. Inspect at least once every six months all of the Institution's animal facilities, including satellite facilities, using the "Guide" as a basis for evaluation. The IACUC procedures for conducting semiannual facility inspections are as follows:

[Describe the procedures the IACUC uses to conduct the semiannual facility inspections.]

The RCO invites all committee members to serve on a team to conduct semi-annual inspections. The RCO coordinates the inspection process. The subcommittee is comprised of at least two members who do not have a conflict of interest in inspecting each facility (i.e. a faculty member cannot inspect his/her own facility). The inspections include review of facility conditions, food storage, sanitation, locked storage areas when applicable, and condition of animals. The inspection team utilizes checklists adapted from OLAW resources and custom checklists for facilities housing fish. Inspection team members must notify the RCO of any deficiencies in animal facilities and specify if the deficiency is significant or minor. Inspection results, including minority views (if any), are included in a semi-annual report to the IO. When deficiencies are noted, the IACUC must provide a reasonable and specific plan and schedule for correcting each deficiency, whether significant or minor.

3. Prepare reports of the IACUC evaluations as set forth in the 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:

[Describe the following: 1) the procedures the IACUC uses to develop, approve, and submit the reports of its evaluations (program reviews and facility inspections) to the Institutional Official 2) how departures from the PHS Policy and the "Guide" are identified, designated, and reported; and 3) the process used to correct any deficiencies noted.]

- a. Development, approval and submission of program and inspection evaluations to the IO –

The RCO notes and compiles IACUC discussions pertaining to program evaluations and inspection results and drafts a report using the memorandum format recommended by OLAW. The RCO submits the report to the IACUC chair for an initial review. Once reviewed by the IACUC chair, the report is emailed to all IACUC members for comments or minority views. When all comments/minority views are included, the RCO distributes the report to a majority of members for signature, including members who served on the inspection subcommittee, participated in program evaluation discussions, or provided minority views. The RCO sends a copy of the signed report to the IO and applicable department chairs. The RCO retains the original report in the central IACUC files.

- b. Identification, designation, and reporting of departures from the PHS Policy and the "Guide" –

Members of the inspection team or program evaluation subcommittee identify departures from the PHS Policy and designate the level of deficiency. The RCO records discussions. This institution defines *significant deficiency* as a deficiency that is or may be a threat to animal health or safety. All other

deficiencies are deemed minor. The RCO includes the designation in the report described above. Members have the opportunity to correct the deficiency designation if needed.

c. Process used to correct any deficiencies noted –

The report of program evaluation and inspection results is sent to department chairs and/or program directors for action. The RCO highlights relevant sections of the report for the chair/director. The IACUC evaluates minor deficiencies during the following inspection. The IACUC chair, in consultation with the AV or other committee members if necessary, determines the appropriate corrective action and follow-up for significant deficiencies.

4. Review concerns involving the care and use of animals at the Institution. The IACUC procedures for reviewing concerns are as follows:

[Describe the following: 1) the mechanisms in place to facilitate/enable individuals to report concerns involving animal care and use; 2) the procedures the IACUC uses to review such reported concerns; and 3) the procedures the IACUC uses for reporting the concerns and related IACUC findings and recommendations to the Institutional Official.]

a. IACUC mechanisms to facilitate/enable individuals to report concerns involving animal care and use -

When animals are housed on UNCW premises, the principal investigator (PI) is required to post tags in the housing vicinity that list the approved IACUC protocol number and expiration date and include contact information for the PI, an emergency contact, and phone number for the AV. Informational brochures about this institution's animal care and use program are periodically distributed to various locations on campus and also provide contact information. This institution's IACUC maintains a comprehensive website with contact names and phone numbers, links to regulatory agency websites and other resources. Finally, this institution's IACUC policy encourages any individual to promptly report any concerns regarding research conducted on animals. Anonymous reports are allowed.

b. IACUC procedures to review reported concerns -

When an IACUC member or the RCO receives a concern, the member or RCO will forward the information to the IACUC chair, including the name and contact information of the complainant. The complainant's name will not be divulged to anyone other than the IACUC chair. The chair will only reveal the identity of the complainant to appropriate authorities if it is found at the conclusion of the investigation that the complainant provided inaccurate information in bad faith, and disciplinary or legal action must be taken against the complainant.

Within one day of receiving the concern, the IACUC chair will determine the appropriate initial response based on the nature of the concern, consulting the RCO for regulatory or policy guidance if needed. Upon determination of initial response, the IACUC chair will notify the other members of the committee and the IO by email that a concern was reported. The IACUC

chair will provide the IACUC and the IO with a description of the concern and will notify them of the initial response made by the IACUC chair. The chair will keep the complainant abreast of actions taken.

i. Concerns of Research Misconduct

If the concern describes an incident of research misconduct (falsification, fabrication or plagiarism), the initial response of the IACUC chair will be to forward the concern to the dean of the Graduate School and Research for action in accordance with this institution's policy on research misconduct.

ii. Concerns of noncompliance

If the concern alleges noncompliance with regulations or policy, the initial response of the IACUC chair will be to determine the responsible researcher's position regarding the concern. The chair will send the responsible researcher a written notice informing the researcher that a concern was raised and providing the researcher with the nature of the concern. The chair will ask the researcher to respond to the charges within two business days.

iii. Concerns for animal welfare and safety

If the concern describes conditions that threaten animal welfare, in addition to the initial responses above, the IACUC chair will immediately notify the AV and request a site visit. If the site visit reveals a deviation from regulation, policy or protocol that poses a serious threat to animal welfare, the IACUC chair and/or AV have authority to temporarily halt research activities until the full committee convenes to determine appropriate action.

iv. Investigating committee

Following the initial response, the IACUC chair will establish a subcommittee of at least two non-biased IACUC members to investigate the concern. The RCO will coordinate the subcommittee's activities.

v. Findings of noncompliance

If the subcommittee finds the researcher to be noncompliant, the subcommittee will determine if the noncompliance is major or minor and will make a recommendation to the IACUC chair as to corrective actions. The IACUC chair works with the responsible researcher to correct minor offenses within a reasonable period of time based on the subcommittee's recommendations. The IACUC chair calls a full committee meeting to determine appropriate action for major offenses. The IACUC may vote to suspend the research, terminate the research, and/or in extreme cases, bar the researcher from conducting further animal research at the institution.

c. IACUC procedures for reporting concerns and related IACUC findings and recommendations to the Institutional Official.

The IACUC chair or RCO verbally report concerns that are deemed to be major to the IO as soon as practicable. The chair sends a written report to the IO at the conclusion of IACUC action.

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:

[Describe how the IACUC develops, approves, and submits written recommendations to the Institutional Official regarding any aspect of the Institution's animal care and use program, facilities, or personnel training.]

Written recommendations are typically submitted to the IO in the semi-annual report. The process for developing, approving and submitting the semi-annual report is described in #3a above. If a matter arises where a separate report is appropriate, the IACUC chair will submit the report to the IO.

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

[Describe the procedures the IACUC uses to review, approve, require modifications in (to secure approval), and withhold approval of activities related to the care and use of animals. For example, include descriptions of all IACUC procedures from initial receipt of the written description of activity (protocol) through approval of the activity. The descriptions should include, but not necessarily be limited to, the following: receipt, pre-review or initial screening, notification of members, distribution, meetings and attendance requirements, methods of protocol review (full committee or designated member), conflicts of interest, and voting. Also include descriptions of any alternate processes or procedures for special or expedited reviews.]

Deadlines to submit animal use applications (protocols) and scheduled IACUC meeting dates are posted on the IACUC website. The RCO also emails animal researchers periodically to announce schedules.

Protocol forms are available electronically on the IACUC website. Researchers submit an electronic copy of the protocol and a signed hard copy to the RCO.

Principal Investigators (PIs) are required to indicate on the protocol the species and number of animals, briefly describe the purpose of the proposed project in lay terms, fully describe the procedures employed and address the rationale of the procedures. PIs must also provide information on the source of animals and the conditions under which they are housed. The IACUC requires justification for the use of living animals, the species chosen, and the number of animals used. In cases where an animal may experience discomfort or pain, the researcher is asked to examine alternatives to animal use. The researcher is asked to provide assurance that such alternatives were not viable and state what procedures will be used to minimize or eliminate pain. The PI must certify that any required permits will be obtained prior to conducting activities.

The RCO emails a copy of each submitted protocol to the AV. The AV conducts a pre-review of the protocol and provides a comment sheet to the PI. The PI may revise and resubmit the protocol based on the AV's comments.

Due to the small number of protocols received each year, protocols are generally placed on agendas for full committee meetings. Designated review of protocols can also be considered. The process for authorizing designated review of protocols is described below.

When protocols are reviewed at convened meetings, the RCO circulates protocols electronically to all IACUC members approximately one week before the meeting. Full committee meetings are scheduled at least once every six months. A quorum of members present is required to take any committee action. A quorum is defined as a majority of voting IACUC members. The PI may be asked to attend the convened meeting to answer questions in the preliminary stages of the review. The PI is asked to leave during the committee discussion and vote. The RCO ensures that any committee member with a conflict of interest is recused from voting and that a quorum is maintained prior to any committee action. The protocol is approved if a majority of the quorum, who are eligible to vote without conflict, are in favor of approving the protocol. All members of the IACUC have signed a written agreement that allows a unanimous vote of the convened quorum to refer a protocol to designated review if it is determined during the meeting that the protocol cannot be approved without modifications. The IACUC chair will designate a reviewer to complete the review process in accordance with the review procedures specified in the next paragraph. The meeting minutes include decisions regarding protocol review and are distributed to all members of the IACUC and the IO.

When designated review is considered (without referral from a convened quorum of members), the RCO circulates the protocol electronically to all IACUC members, reminds members of designated review criteria, and asks members to state if they would like to discuss the protocol at a convened meeting for any reason. Designated review may only be utilized if all members agree there are no issues in the protocol which require discussion by the full committee at a convened meeting. If the IACUC does not authorize designated review, the IACUC may be convened to accommodate the researcher, or the protocol is placed on the agenda for the next scheduled meeting. When the IACUC authorizes designated review, the IACUC chair assigns at least one member of the IACUC who is qualified to conduct the designated review for such purpose. The reviewer(s) have the authority to approve, require modifications, or request full committee review. The reviewer(s) do not have the authority to withhold approval but must instead refer the review to the full IACUC. The RCO periodically notifies members of the outcome of designated reviews.

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 as set forth in the PHS Policy IV.C. The IACUC procedures for reviewing proposed significant changes in ongoing research projects are as follows:

[Describe how the IACUC handles proposed significant changes in previously approved activities involving the care and use of animals.] [Note: Review and approval of proposed significant changes must comply with the same requirements as review and approval of new protocols as set forth in the PHS Policy IV.C.]

This institution's IACUC requires review of all proposed changes to previously approved activities. When a proposed change is submitted, the IACUC chair refers to this institution's IACUC policy to determine if the change is minor/administrative, moderate or significant. If the chair deems the change to be significant in accordance with policy guidelines, the PI is required to resubmit the protocol for full committee review as detailed in #6 above.

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 as set forth in the PHS Policy IV.C.4. The IACUC procedures to notify investigators and the Institution of its decisions regarding protocol review are as follows:

[Describe how the IACUC notifies investigators and the Institutional Official of its decisions regarding protocol review.]

When the IACUC approves a protocol at a convened meeting, the IACUC chair signs the protocol on behalf of the committee unless the IACUC chair is the PI, in which case the IACUC Co-chair signs the protocol. The RCO sends a memo to the PI notifying the PI of the approval and expiration dates and provides a signed copy of the approved protocol to the PI.

When the IACUC requires modifications to a protocol to secure approval, approval is not released until those issues have been clarified during a designated review as indicated above. When the designated reviewer is satisfied that all conditions have been met, the designated reviewer signs the protocol and the RCO notifies the PI as indicated above.

If approval for a protocol is withheld, the IACUC chair notifies the researcher in writing, along with the reasons approval was not granted. The researcher is given the opportunity to respond. Approval may only be withheld after full IACUC review.

The IO is notified of protocol review and approval activities through the IACUC minutes. The RCO sends the IO meeting minutes as soon as they are finalized by the committee.

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 in accordance with the PHS Policy IV.C.1-4 at least once every three years. The IACUC procedures for conducting continuing reviews are as follows:

[Describe the processes the IACUC uses for monitoring of ongoing activities and continuing review of previously approved protocols. Also include a description of the procedures the IACUC uses to conduct a complete review of continuing activities at least every three years.]

Continuing review is conducted at least annually. The IACUC may determine that some protocols require continuing review more often than annually, based on the type of animals used or procedures involved.

The RCO contacts PIs with current protocols which need only be updated (years 2 and 3 of a protocol's life) and notifies them that the annual review is due. The RCO sends the PI a standard list of questions pertaining to the activities and asks the PI to provide updates if any. The RCO presents the PI's response to the IACUC chair for review. If the updates are found to be consistent with the approved protocol, the IACUC chair sends a memo to the PI indicating that research may continue and reminding the PI of the protocol expiration date. The RCO periodically notifies the IACUC of annual reviews conducted.

If the updates involve minor/administrative changes to the protocol as defined in the IACUC policy, the changes are noted in the file and the chair sends a memo to the PI as described above. If the updates involve moderate changes, the chair reviews the changes and includes approval notification in annual review memo. If the updates involve major changes to the protocol as defined by IACUC policy, the PI is required to resubmit the protocol for review and approval by the committee as described in #7 above.

The PI is required to submit a new protocol for review and approval by the committee at the end of the three year cycle for continuing projects. The procedures for conducting a complete review every three years are consistent with the procedures described in #6 above.

10. Be authorized to suspend an activity involving animals as set forth in the PHS Policy IV.C.6. The IACUC procedures for suspending an ongoing activity are as follows:

[Describe procedures used by the IACUC to suspend an ongoing activity, as well as procedures used by the Institutional Official to report an IACUC suspension to OLAW.]

Upon determination following an investigation of activities which constitute serious or ongoing noncompliance, where suspension or termination of a project seem warranted, the IACUC chair or RCO shall schedule a meeting of the IACUC as soon as a quorum of members can convene. The IACUC chair and/or AV shall present the matter to the committee. A majority vote of the quorum is required to suspend or terminate the research activities. If the IACUC votes to suspend or terminate an activity, the IO in consultation with the IACUC shall review the reasons for suspension/termination, take appropriate corrective action, and report findings to the OLAW. If the project is funded, the RCO reports the suspension/termination to the Director of Sponsored Programs. The Director of Sponsored Programs determines the most appropriate person to notify the sponsor.

11. The occupational health and safety program for personnel working in laboratory animal facilities or have frequent contact with animals is as follows:

[Describe the Institution's occupational health and safety (OH&S) program for personnel involved in the care and use of animals. The description should be based on the relevant topics listed in the "Guide" for the Care and Use of Laboratory Animals.]

[NOTE: Please provide a succinct description of the Institution's occupational health and safety program in this section of the Assurance. Do not reference and/or send attachments.]

This institution's occupational health and safety program runs in conjunction with programs and services already offered through UNCW's Environmental Health and Safety Department (EH&S). Appropriate training is required for all personnel having frequent contact with animals, as well as all persons working in laboratory animal facilities. Specifically:

a) Hazard identification and risk assessment.

New employees participate in an EH&S orientation workshop where potential exposures of the job are identified. Additionally, the PI must note on the protocol form potential safety concerns, if any, of the proposed activities. By indicating a safety concern on the protocol, the PI confirms that staff has received proper training to minimize risk exposure. All laboratory workers are required to attend laboratory worker safety training and specific training with respect to certain laboratory hazards such as radiation protection, bloodborne pathogens, respiratory protection and others as necessary. Each laboratory must have a specific plan that discusses how they specifically address personal protective equipment, task specific training, standard operational procedures etc.

b) Personnel training regarding zoonoses, chemical safety, physical hazards, allergies, handling of waste materials, precautions taken during pregnancy, illness or immune suppression.

This institution's EH&S department has a comprehensive training program that regularly offers training on relevant topics including hazard communication, respiratory protection, formaldehyde, bloodborne pathogens, laboratory safety training, and laboratory safety awareness as well as departmental specific safety training that are offered upon request.

c) Personal hygiene.

Personnel are instructed to use appropriate personal hygiene practices such as regular and thorough hand-washing, and wearing proper clothing such as closed-toe shoes and lab coats when necessary. Additionally, change of clothes as necessary following exposure is recommended. Personnel are not permitted to eat, drink, or apply cosmetics in the animal rooms and university policy prohibits smoking within twenty-five feet of any building.

d) Facilities, procedures, and monitoring.

This institution's IACUC invites EH&S staff to participate in facility inspections at least once per year. This institution employs a full-time laboratory and environmental safety manager who conducts EH&S inspections and training workshops as needed. Periodic inspections of fume hoods as well as eye wash and drench showers are conducted by EH&S personnel in all laboratories.

e) Animal experimentation involving hazards.

Each lab has hazardous materials signage posted as appropriate. Each employee or student is trained in the handling of the appropriate hazardous agents prior to being permitted to work with those materials.

f) Personal protective equipment.

PIs must ensure that all members of the research team wear suitable safety gear (lab coats, goggles, respiratory protection) where necessary. Those personnel working in the field must wear appropriate gear beyond what is “street clothing” (boots, slickers, masks) as determined by the PI.

g) Medical evaluation and preventive medicine for personnel.

The health program for personnel who work in laboratory animal facilities or have frequent contact with animals is managed by the administrative units responsible for overseeing animal use. All students must have up to date tetanus and other inoculations, as well as physicals before they are admitted to the university. Individual researchers are responsible for maintaining their own vaccinations.

On the job injuries, animal bites, allergies, scratches, etc. are handled under normal OSHA requirements and workers compensation guidelines. Each employee is provided information pertaining to workplace safety, how to report incidents and emergency contacts. The university system currently has three quick response contacts for faculty/staff: an emergency room within half a mile, an occupational physician is just as close, and a campus wide 911 system to access EMS services if necessary. UNCW has a well exercised emergency response plan that integrates with city and county responders. Additionally, students on campus have access to the Student Health Services.

- F. The total gross number of square feet in each animal facility (including each satellite facility), the species of animals housed therein and the average daily inventory of animals, by species, in each facility is provided in the attached Facility and Species Inventory table. [*Please attach the Facilities and Species Inventory sample table, provided.*] [Note: Institutions may identify animal areas in any manner, e.g., initials, ID number, etc. in this attachment.]
- G. The training or instruction available to scientists, animal technicians, and other personnel involved in animal care, treatment, or use is as follows: [*Provide a synopsis of training or instruction to ensure that people caring for or using laboratory animals are trained and qualified to do so. Describe training or instruction in the humane practice of animal care and use, including training or instruction on research or testing methods that minimize the number of animals required to obtain valid results and limit animal pain and distress. Describe how the IACUC members are provided orientation, background materials, resources, and/or training.*] [NOTE: Do not reference and/or send attachments.]

1. Researcher Training

a. Required Online Training

The PI must list on the protocol form all personnel involved in the project and each person's required online training date. The RCO confirms that all members of the research team who will handle live, vertebrate animals have completed the required online IACUC training. This institution uses the CITI online training program operated by the University of Miami.

b. Project-specific Training

The PI is also required to provide information on the protocol form showing applicable experience and training for each research team member. If there are any questions regarding a researcher's experience, they are addressed by the IACUC during review of the protocol.

c. Other Training Opportunities

The IACUC website has links to all policies, guides and regulations, as well as other training tools. This institution's EH&S Department has a comprehensive training program as previously mentioned.

2. IACUC Member Training

IACUC members must complete the appropriate online CITI training course. New members meet with the RCO for one-on-one training on the PHS Policy, this Assurance, and the UNCW IACUC Policy. Members are offered other training opportunities such as attending conferences and workshops.

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 six months and will be re-evaluated by the IACUC at least once every six months thereafter, in accord with the PHS Policy IV.B.1-2. Reports have been and will continue to be prepared in accord with the 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 "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.

[NOTE: From the following two paragraphs, retain one paragraph that is applicable and delete the one that is not applicable.]

This Institution is Category Two (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. *[Please attach the most recent semi-annual program review and facility inspection report.]*

V. RECORDKEEPING REQUIREMENTS

- A. This Institution will maintain for at least three years:
1. A copy of this Assurance and any modifications thereto, 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 given or withheld.
 4. Records of semiannual IACUC reports and recommendations (including minority views) as forwarded to the IO, Dr. Robert D. Roer.
 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 three 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. This Institution's reporting period is [January 1 – December 31](#). [The IACUC, through the IO, will submit an annual report to OLAW no later than January 31 of each year](#). The 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), any change in the description of the Institution's program for animal care and use as described in this Assurance, or any change in the IACUC membership. If there are no changes to report, this Institution will provide written notification that there are no changes.
 2. 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 IO, [Dr. Robert D. Roer](#).
- B. The IACUC, through the IO, 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 sections VI.A. and VI.B. of this document shall include any minority views filed by members of the IACUC.

VII. INSTITUTIONAL ENDORSEMENT AND PHS APPROVAL

A. Authorized Institutional Official

Name: [Robert D. Roer, Ph.D.](#)

Title: [Dean, Graduate School and Research
Chief Research Officer](#)

Name of Institution: [University of North Carolina Wilmington](#)

Address: [601 S. College Road, Wilmington, NC 28403-5955](#)

Phone: [910-962-4117](#)

Fax: [910-962-3787](#)

E-mail: roer@uncw.edu

Signature:

Date:

B. PHS Approving Official

Name:

Title:

Address:

Phone:

Fax:

E-mail:

Signature:

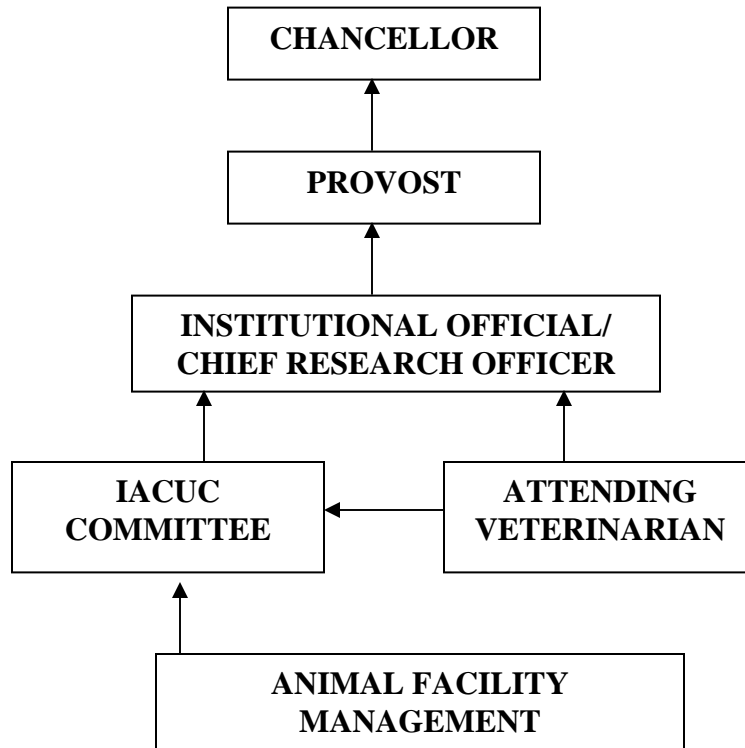
Date:

C. Effective Date of Assurance:

D. Expiration Date of Assurance:

UNIVERSITY OF NORTH CAROLINA WILMINGTON
A3871-01

DIAGRAM OF REPORTING CHANNELS



MEMBERSHIP OF THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE

DATE: September 30, 2009

NAME OF INSTITUTION: University of North Carolina Wilmington

ASSURANCE NUMBER: A3871-01

Chairperson Name, Title, and Degree/Credentials		Business Address, Phone, Fax, and Email of Chairperson	
Name*: Dr. Thomas Lankford	Title*: Associate Professor	Address*: University of North Carolina Wilmington Department of Biology and Marine Biology 601 S. College Road Wilmington, NC 28403-5915	

Degree/credentials*: Ph.D.	Phone*: 910-962-2381	Fax*: 910-962-2410	Email*: lankfordt@uncw.edu
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Name of Member/Code**	Degree/Credentials	Position Title	PHS Policy Requirements***
Andrea Bourdelais	Ph.D.	Associate Research Professor (Pharmacology)	Scientist
Donald Britt	J.D.	Attorney at Law	Nonaffiliated, Nonscientist
Timothy R. Ford	D.V.M.	Veterinarian	Attending Veterinarian
Ruth Hurst	Ph.D.	Assistant Professor (Psychology)	Scientist
Steven Kinsey	Ph.D.	Associate Professor (Biology)	Scientist
Thomas Lankford	Ph.D.	Associate Professor (Biology)	Chair/Scientist
Raymond C. Pitts (Co-Chair)	Ph.D.	Professor (Psychology)	Scientist
Edward Ward	B.S.	Vice President Wachovia Securities	Nonaffiliated, Nonscientist

Christine Hughes	Ph.D.	Assistant Professor (Psychology)	Alternate Scientist (may vote in place of Drs. Hurst or Pitts)
Amanda Southwood	Ph.D.	Assistant Professor (Biology)	Alternate Scientist (may vote in place of Drs. Bourdelaais or Kinsey)
Steven Meinhold	Ph.D.	Associate Dean for Research	Non-voting administrator
Mark Hurt	M.S.	Director of Marketing and Issues Management	Non-voting administrator
Leanne Prete	B.S.	Regulatory Compliance Officer	Non-voting staff

*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.

OTHER KEY CONTACTS (OPTIONAL)

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

Name: Leanne Prete

Title: Regulatory Compliance Officer

Phone & Fax: 910-962-7774 (ph), 910-962-4011 (fax)

E-mail: pretel@uncw.edu

FACILITY AND SPECIES INVENTORY

DATE: September 30, 2009

NAME OF INSTITUTION: University of North Carolina Wilmington

ASSURANCE NUMBER: A3871-01

Laboratory, Unit, or Building*	Gross Square Feet (including service areas)	Species Housed in Unit (use complete common names)	Approx. Average Daily Inventory
CMS-W	38,250 (0.9 acre)	Fish	450 adults, 50,000 larvae/juveniles
CMS-SC	3000	Fish	5500
CMS-MGF	2600	Fish	60
PPH1	825	Rats	36
PPH2	825	Mice	250
PPH3	825	Pigeons	32
SBS1	100	Fish	40
SBS2	2000	Rats	80
D1	1575	Fish	15
D2	225	Fish	20
D3	168	Mice	10 – 20
D4	657	Mice	25
D5	400	Terrapins	
D6	510	Rats	10
FH1	350	Fish	50 - 250
FH2	450	Fish	50
FH3	550	Fish	1000

*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.