



DEPARTMENT OF HEALTH & HUMAN SERVICES

PUBLIC HEALTH SERVICE  
NATIONAL INSTITUTES OF HEALTH

**FOR US POSTAL SERVICE DELIVERY:**

Office of Laboratory Animal Welfare  
Division of Assurances  
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RKL 1, Suite 360, MSC 7982  
Bethesda, Maryland 20892-7982  
Home Page: <http://grants.nih.gov/grants/olaw/olaw.htm>

**FOR EXPRESS MAIL:**

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Division of Assurances  
6705 Rockledge Drive, Suite 360  
Bethesda, Maryland 20817  
Telephone: (301) 496-7163  
Facsimile: (301) 402-7065

October 12, 2007

Reference: Renewal Assurance #A3414-01

R. Douglas Wilkerson, Ph.D.  
Vice President for Research Administration  
University of Toledo Health Science Campus  
3000 Arlington Avenue, CCE 2102  
Toledo, Ohio 43614

Dear Dr. Wilkerson:

Thank you for your recent correspondence. I am pleased to inform you that The Office of Laboratory Animal Welfare (OLAW) reviewed and approved the renewal of your institution's Animal Welfare Assurance (Assurance) that was submitted in compliance with the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals (Policy), as revised August 2002.


Your Assurance renewal, number A3414-01, became effective on October 12, 2007 and expires on October 31, 2011. This Assurance supersedes all previously issued Assurances. Please include the Assurance number in all correspondence to OLAW. A copy of the Assurance signature page is enclosed.

The Assurance is a key document in defining the relationship of your Institution to the PHS. It sets forth the responsibilities and procedures of your Institution regarding the care and use of laboratory animals. Among the important elements of the Assurance, I would especially call your attention to the reporting requirements that are essential for continued compliance with the PHS Policy. Please note that a Report to OLAW is required at least once every 12 months. The reporting period, unless requested otherwise in writing, is the calendar year. Reports, for the previous calendar year, are due January 31.

If I may be of further assistance, please do not hesitate to contact me.

Thank you for your attention in these matters.

Sincerely,

  
William R. Parlett, Jr., DVM, DACLAM  
Veterinary Consultant (Contractor)  
Office of Laboratory Animal Welfare

Enclosure

cc:  
Dr. Andrew Beavis  
Dr. Brent Martin



UNIVERSITY OF TOLEDO  
HEALTH SCIENCE CAMPUS

Continuation of  
Assurance of Compliance with Public Health Service (PHS) Policy  
on Humane Care and Use of Laboratory Animals  
A3414-01

The University of Toledo Health Science Campus, hereinafter referred to as “UT HSC,” hereby gives assurance that it will comply with the Public Health Service Policy on Humane Care and Use of Laboratory Animals, hereinafter referred to as PHS Policy.

**I. APPLICABILITY**

This Assurance is applicable to all research, research training, experimentation, teaching, and biological testing and related activities, hereinafter referred to as “activities,” involving live, vertebrate animals, hereinafter referred to as “animals,” supported by the Public Health Service (PHS) and conducted at UT HSC, or another institution as a consequence of the sub-granting or subcontracting of a PHS-conducted or supported activity by UT HSC. In addition, the UT HSC manages all aspects of the animal care program with uniform policies and practices without regard to source of support or species of vertebrate animal involved.

Further, this management is applicable to all activities that involve animals if:

- a. the activity is sponsored by UT HSC, or
- b. the activity is conducted by or under the direction of any faculty member, employee, or student of UT HSC in connection with his or her UT HSC responsibilities, regardless of performance site\*, or
- c. the activity is conducted using any property or facility of UT HSC.

\*Note: All PHS supported activities conducted off-site may only be conducted at facilities that are specifically covered by a currently approved PHS Assurance. Unless specifically amended, this Assurance does not cover any Non-UT-HSC or off-campus sites.

“Institution” includes the following branches and major components of The University of Toledo Health Science Campus: All UT-HSC components located on the UT-HSC campus in Toledo, Ohio. This includes the University Medical Center hospitals and clinics and

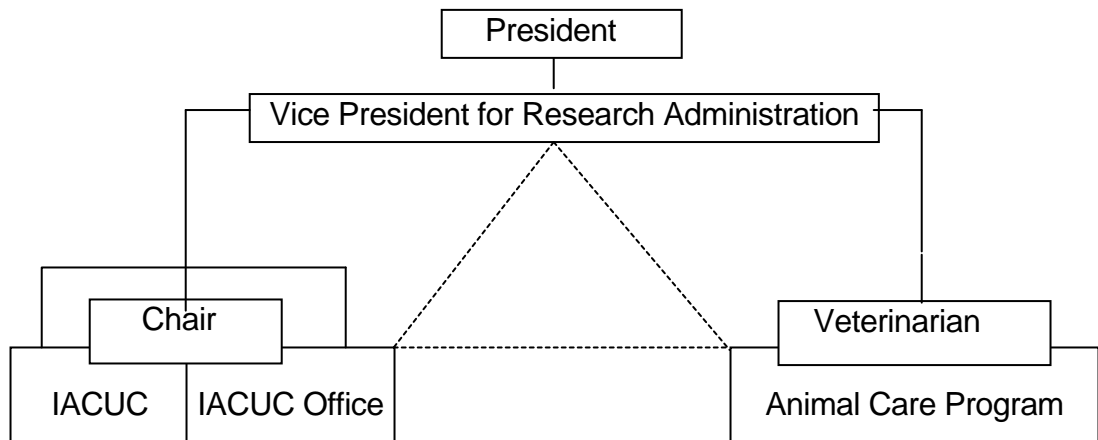
health-science research and education programs located at the HSC. There are no off-campus satellite facilities.

## II. INSTITUTIONAL POLICY

- A. UT HSC will comply with all applicable provisions of the Animal Welfare Act and other applicable Federal statutes and regulations relating to animals.
- B. UT HSC is guided by the "U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research and Training."
- C. UT HSC acknowledges and accepts responsibility for the care and use of animals involved in activities covered by this Assurance. As partial fulfillment of this responsibility, UT HSC will make a reasonable effort to 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. UT HSC has established and will maintain a program for activities involving animals in accordance with the Guide for the Use and Care 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:



The CEO's title is President. The President has delegated to the Vice President for Research Administration the role of Institutional Official (IO) and has authorized the IO to appoint IACUC members and carry out day-to-day implementation of the regulations. The IO is the official responsible for signing amendments to the Assurance, annual reports to the Office of Laboratory Animal Welfare, the U.S. Department of Agriculture and all semi-annual and annual reports submitted to the Association for Assessment and Accreditation of Laboratory Animal Care, International. Although day-to-day implementation is done through the IO, the IACUC chair and attending veterinarian communicate directly with him.

- B. The qualifications, authority, and percent of time contributed by the veterinarian(s) who will participate in the program are:
1. Brent Martin, DVM, Director/Veterinarian of the UT HSC Division of Laboratory Animal Medicine (DLAM), Attending Veterinarian (AV) since December 15, 1997. Dr. Martin received his DVM from Oregon State University in 1985. From 1985-1988 his postdoctoral training in laboratory animal medicine took place at the University of Michigan. From 1988-1991 he was a clinical veterinarian at the University of Iowa and from 1992-1997 he was the Director, Vivarium at the University of California at Santa Barbara. His institutional duties include management of operations at the UT HSC animal facilities, membership on and participation in IACUC activities and responsibilities, and interaction with all individuals involved with the care and use of UT HSC research animals. He is also involved with the creation and implementation of guidelines, Standard Operating Procedures (SOPs), and approved policies in all aspects of laboratory

animal use and care. Dr. Martin devotes 100% of his time to the UT laboratory animal care program.

2. In the veterinarian's absence, specific arrangements are made to ensure availability of another knowledgeable veterinarian to administer veterinary care for the period. These arrangements are made by the attending veterinarian. For unplanned absences of the veterinarian, Timothy Reichard, DVM, who has a long-standing association with the UT HSC animal care program, including a non-voting membership on the IACUC, is available for emergencies.

C. UT HSC has established an Institutional Animal Care and Use Committee (IACUC), with members appointed by the Institutional Official. The IACUC is qualified through the experience and expertise of its members to oversee UT HSC's animal program, facilities and procedures. The IACUC consists of at least five members, and its membership meets the compositional requirements set forth in the PHS Policy at IV.A.3.b. Attached is a list of the names, degrees, position titles, specialties, and institutional affiliations of the IACUC Chair and members (**Attachment A**). The Vice Chair shall assume the responsibilities of the IACUC Chair when the Chair is not available or if a conflict of interest exists. If both the Chair and Vice Chair are unavailable, the Chair designates an IACUC member as Acting Chair to assume the responsibilities of the IACUC Chair.

D. The IACUC will:

1. Review at least once every six months UT HSC's program for humane care and use of animals using the Guide as a basis for evaluation. The IACUC procedures for conducting semiannual program evaluations are as follows: Program review is conducted by a rotating subcommittee of the IACUC consisting of at least 3 members. All other IACUC members are apprised of the inspection schedule and welcomed to participate; no member will be willfully excluded from participating in any portion of the reviews. The Committee uses the Guide and other pertinent resources, e.g., the PHS Policy, the Code of Federal Regulations (Animal Welfare) as a basis for the review. To facilitate the evaluation, the Committee will use an evaluation document derived from the AAALAC Program Description. The evaluation will include, but not necessarily be limited to, a review of the following: a) IACUC Membership and Functions; b) IACUC Records and Reporting Requirements; c) Husbandry and Veterinary Care; d) Assessment of Personnel Qualifications; and e) Occupational Health and Safety. In addition, the evaluation will include a review of the Institution's PHS Assurance. If program deficiencies are noted during the review, they will be categorized as significant or minor and the Committee will develop a reasonable and specific plan and schedule for correcting

each deficiency. A significant deficiency is one that is or may be a threat to the health and safety of the animals or personnel.

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: The facility inspection is typically conducted by the same rotating IACUC subcommittee as described in the program review, above. All other IACUC members are apprised of the inspection schedule and welcomed to participate; no member will be willfully excluded from participating in any portion of the inspections. The inspection involves visual evaluation of all physical spaces related to the animal care program, i.e., holding areas, animal care support areas, storage areas, procedure areas, and laboratories where animal surgical manipulations are conducted. Equipment used for confining and transporting of the animals is also inspected. The Committee uses the Guide and other pertinent resources, e.g., the PHS Policy, the Code of Federal Regulations (Animal Welfare) as a basis for the review. To facilitate the evaluation, the Committee will use an evaluation document derived from the AAALAC Program Description. If deficiencies are noted during the inspection, they will be categorized as significant or minor and the Committee will develop a reasonable and specific plan and schedule for correcting each deficiency. A significant deficiency is one which, consistent with the PHS Policy, and, in the judgement of the IACUC and the Institutional Official, is or may be a threat to the health and safety of the animals. In addition, the inspection team audits a sample of active IACUC protocols that include potentially painful or distressful procedures, (e.g. USDA pain category D and E). These protocol audits are a face-to-face discussion with the investigative staff in facilities important to the animal use (e.g. the laboratory). Surgical facilities are inspected at least once every six months, on a rotating schedule by the veterinarian and at least one other IACUC member. Associated, active IACUC protocols may also be audited at the time of the surgical facility inspection. Protocol audits encompass approximately 10% of all active, potentially painful protocols each 6 months. The facilities and audit inspection commentary are made available to the entire IACUC at a subsequent convened meeting.
3. Prepare reports of the IACUC evaluations as set forth in the PHS Policy at IV.B.3. and submit reports to the IO. The IACUC process for developing reports and submitting them to the Institutional Official is as follows: A written report on the program evaluation, facilities inspection, and the audited protocols will be prepared by the evaluation team(s). Improvements will be noted. The reports will contain a description of the nature and extent of the institution's adherence to the Guide and the PHS Policy, identify specifically any departures from the provisions of the Guide and the PHS Policy, and state the reasons for each departure. The

reports will distinguish significant deficiencies from minor deficiencies. If program or facility deficiencies are noted, the reports will contain a reasonable and specific plan and schedule for correcting each deficiency. If some or all of the institution's facilities are accredited by AAALAC International the report will identify those facilities as such. Copies of the draft reports will be reviewed, revised as appropriate, and approved by the Evaluation Team(s). The final reports will be signed by a majority of the IACUC members and will include any minority opinions. If there are no minority opinions, the reports will reflect such. The completed reports will be submitted to the Institutional Official within 90 days following the completion of the evaluation. The Institutional Official will be notified of significant deficiencies identified within 15 days.

4. Review concerns involving the care and use of animals at UT HSC. The IACUC procedures for reviewing concerns are as follows: concerns regarding animal care, use/abuse, etc. reported by an individual are addressed. The institution has an Academic and Scientific Misconduct Policy, Policy # 02-003 and an UT Anonymous Reporting Line and website provided by Ethics Point. Furthermore, a permanent statement encouraging any person to report animal care, use/abuse, etc. including a statement protecting the "whistleblower" identity is permanently posted on the Animal Research section of the UT HSC Research and Sponsored Programs (RSP) website. Reported concerns may initially be directed to a subcommittee of the IACUC established to investigate these concerns. The subcommittee is made up of at least two IACUC members without a conflict of interest. Typically, the subcommittee includes the IACUC Chair and the attending veterinarian. The subcommittee will perform an investigation to determine if the concern has merit and, if possible, it may resolve the matter. However, all reported concerns, whether or not the subcommittee determined the concern to have merit and/or whether the subcommittee resolved the concern, will be brought to the attention of the full Committee. If necessary the IACUC Chair will convene a meeting to discuss, investigate, and address any reported concern. Reported concerns and all associated IACUC actions will be recorded in the IACUC meeting minutes. The Committee will report such actions to, as warranted, the IO and OLAW.
5. Make written recommendations to the IO regarding any aspect of UT HSC's animal program, facilities or personnel training. The procedures for making recommendations to the Institutional Official are as follows: Recommendations regarding any aspects of the institution's animal program or facilities are discussed and developed by the Committee. The Committee's recommendations are included in the IACUC Meeting minutes or a report of the IACUC's evaluations or a separate letter. Such documents are reviewed and approved by the Committee and then submitted to the IO.

6. Review and approve, require modifications in (to secure approval) or withhold approval of those activities related to the care and use of animals as set forth in the PHS Policy at IV.C. The IACUC procedures for activities involving animals (protocols) are as follows: The IACUC will meet at least once per month if any protocol applications are presented for review. If no protocols are presented for review, the IACUC may meet to discuss animal-related matters at the request of any member of the IACUC.
  - a. Protocol applications are submitted to the IACUC through the Research Compliance Coordinator (RCC) in the office of the Vice President for Research Administration. Prior to each convened meeting, IACUC members receive a list and a copy of protocol applications to be reviewed. A quorum must be present to discuss and vote on any protocol or issue. Primary and secondary reviewers are assigned to each protocol. The primary reviewer presents the protocol in detail, giving his/her comments and recommendations; the secondary reviewer adds his/her comments and recommendations. Following further committee discussion and deliberation, the protocol is either: 1) approved as submitted: or 2) modifications and or clarifications are required to secure approval: 3) the protocol is deferred for major revisions: or 4) it is disapproved. If the primary and/or secondary reviewer is unable to attend the convened meeting, but provides his/her comments in writing, they may be read by any of the other IACUC members. However, if the committee believes that the protocol cannot be given adequate and fair review due to absence of the primary and/or secondary reviewers, the review of the protocol is deferred until a future meeting.
  - b. Unless otherwise requested at the meeting, the Chair and AV are designated to review and accept the modifications and/or clarifications requested (to secure approval) by the committee members. Protocols that are deferred must be resubmitted to the IACUC for full committee review. An investigator whose protocol is disapproved may respond in writing or request the opportunity to respond in person at a convened meeting.
  - c. On occasion, protocols may be handled based on the provisions for expedited review by a designated reviewer as set forth in Section IV. C. 2. of PHS Policy. The protocol is sent to all IACUC members. If full committee review is requested by any member of the IACUC, the review of protocol follows the procedures stated in section 6a. If no member requests full committee review, at least one member of the IACUC, designated by the Chair and qualified to conduct the review, reviews the protocol and has the authority to approve or require modifications in (to secure approval) of the protocol, or request full committee review.

- d. On occasion, consultants may be asked to assist in the review of complex issues in accordance with the provisions set forth in PHS Policy IV.C.3.
  - e. A member of the IACUC may not participate in the IACUC review or approval of a animal use protocol in which the member has direct or perceived conflict of interest except to provide information requested by the IACUC. A member of the IACUC who has a conflicting interest is recused from the meeting, before deliberation on actions begin, is absent for the vote, and does not contribute to the quorum.
  - f. Protocols that have been approved by the IACUC may be subject to further appropriate review and approval by officials of UT HSC. However, those officials may not approve an activity involving the care and use of animals if it has not been approved by the IACUC.
  - g. In order to approve proposed protocols or proposed significant changes in ongoing protocols, the IACUC will conduct a review of those components related to the care and use of animals and determine that the proposed protocols are in accordance with the PHS Policy. In making this determination, the IACUC will confirm that the protocol will be conducted in accordance with the Animal Welfare Act insofar as it applies to the activity, and that the protocol is consistent with the Guide unless acceptable justification for a departure is presented. Further, the IACUC shall determine that the protocol conforms to the institution's PHS Assurance.
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 at IV.C. The written significant change (amendment) will be copied and distributed to the entire committee prior to the convened monthly meeting. The review will be handled according to the review process described in section III.D.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 at IV.C.4. The IACUC procedures to notify investigators and the institution of its decisions regarding protocol review are as follows:
- a. If a protocol is approved with no modifications, the original protocol will be signed by the IACUC Chair, or acting Chair including approval and expiration dates and then forwarded to the investigator. If

modifications are required or if a protocol is deferred, the investigator is informed in writing of the decision and any requested protocol modifications including a deadline for required modification to be submitted.

- b. All actions on protocols are entered into the Research and Sponsored Programs database following a convened meeting. All approvals are also reported to DLAM.
  - c. The Institutional Official is notified by virtue of ready access to the IACUC meeting minutes and of discussions with the administrative staff, as warranted.
9. Conduct continuing review of each previously approved, ongoing activity covered by this Policy at least once every 12 months, including a complete review in accordance with PHS Policy and IV.C. 1-4., at least once every three years. The IACUC procedures for conducting continuing review are as follows: All ongoing activities are monitored by the animal care and use staff and the associated protocol annual updates are reviewed by a member or members of the IACUC at least annually following notification of all members of the impending review. Annual protocol reviews are recorded in the IACUC meeting minutes. The IACUC meeting minutes are reviewed and approved by the Committee.

Protocols are approved for a maximum of 36 months. That is, all protocols expire no later than the three-year anniversary of the initial IACUC review. If activities will continue beyond the expiration date, a new protocol must be submitted, reviewed, and approved as described in Paragraph III.D.6. above.

10. Be authorized to suspend an activity involving animals as set forth in the PHS Policy at IV.C.6. The IACUC procedures for suspending an ongoing activity are as follows: The IACUC may suspend an activity that it previously approved (e.g. if it determines that the activity is not being conducted in accordance with applicable provisions of the Animal Welfare Act, the Guide, the institution's Assurance, or IV.C.1.a.-g. of the PHS Policy). The IACUC may suspend an activity only after review of the matter at a convened meeting of a quorum of the IACUC and with the suspension vote of a majority of the quorum present. If the IACUC suspends an activity involving animals, or any other institutional intervention results in the temporary or permanent suspension of an activity due to noncompliance with the Policy, Animal Welfare Act, the Guide, or the institution's Assurance, the Institutional Official in consultation with the IACUC shall review the reasons for suspension, take appropriate corrective action, and report that action with a full explanation to OLAW.

- E. The individuals authorized by UT HSC to verify IACUC approval of those sections of applications and proposals related to the care and use of animals are the Vice President for Research Administration, the IACUC Chair, and the Research Compliance Coordinator.
- F. The occupational health and safety program is a cooperative effort of Safety and Health, University Health, DLAM, the IACUC and the animal users themselves. These groups cooperate to formulate personnel safety and health management as appropriate for each person's identified risk factors. All personnel are included that are involved in the direct care of animals and their living quarters and those individuals who have direct contact with animals (live or dead), their viable tissues, body fluids or wastes. Note that this description is not limited to UT HSC faculty and staff. Students, volunteers, and anyone else with animal or animal material contact are included.

The program for each person is based on risks. The assessment of risk is determined by frequency of contact, intensity of exposure, hazards associated with the animals being handled, hazardous properties of agents used in research, the susceptibility of individual employees, the hazard-control measures available, and the occupational history of individual employees.

Personnel enter the occupational health program through one of two avenues. Most participants are enrolled via their inclusion on IACUC protocol applications. IACUC approval of those applications is withheld until all personnel file an "Exposure Profile", described below. Some additional staff members are identified via their employment role at UT HSC (safety personnel, facility management workers, etc.) and are supplied focused training material appropriate for their institutional role via the Laboratory Safety Program in the Safety and Health Department.

The central core of the program is an "Exposure Profile". This is a simple survey used to make a general assessment of the risk factors to which each animal user is exposed. Based on the information supplied in the Exposure Profile, the user is assigned a "Category". Each Category has a general management plan and training materials associated with it. Frequency of renewal of the Exposure Profile is based on risk assessment, but the user may also modify it at any time. The program relies on education of the users about the main identified risk factors and how to lessen or avoid those risk factors. There are also established medical care requirements such as tetanus immunization. Some users are also supplied a "Health Assessment". This is a simple survey developed by University Health to further assess the need for medical surveillance. When returned to University Health, additional discussions and examinations with medical staff are scheduled as needed.

Standard safety practices are also key components to the occupational health and safety program. DLAM supplies scrub uniforms, safety-toe work shoes and laboratory coats for the animal care staff. These protective clothing items

remain at work and are laundered on-site. The staff receives training in personal hygiene and proper use of protective equipment. Appropriate protective clothing and safe behavior in working with animals is described in the previously mentioned training materials. Also, a locally produced document "Information Manual for Investigators Using Animals" is supplied to all laboratories. These practices are supplemented with signage in the animal housing areas. The UT HSC Safety and Health department conducts yearly safety tests via the intranet. The test covers such things as: UT HSC's safety program, emergency preparedness, medical equipment safety, life safety, security management, infection control, and hazardous materials.

The Safety and Health and the Risk Management departments manage a program for monitoring, evaluating and establishing trends of any events that threaten physical safety and well-being of people at UT HSC. This program is referred to as the Occurrence Reporting System. The procedures involve filing a report and receiving medical attention, as appropriate. The Occurrence Report is then reviewed by the UT HSC Safety and Health Committee for potential correction of unsafe practices or conditions. Needle stick injuries are also reported to the State of Ohio via a Sharps Injury Form Needlestick Report.

A description of hazardous agent use is required in the IACUC protocol. Final approval of the protocol is dependent upon review and approval of the material and animal handling procedures by an associated safety committee/department (e.g. Institutional Biosafety Committee, Radiation Safety Office and/or Safety and Health Department,). Respiratory protection is managed under a Safety and Health Department program consistent with OSHA requirements.

- G. The total gross number of square feet in DLAM, the species of animals housed therein and the average daily inventory, by species, of animals in DLAM is provided in the attached table (**Attachment B**).
- H. Training of personnel involved in the animal care program is primarily via a set of commercially available videotapes and a locally produced "Information Manual for Investigators Using Animals". These core resources ensure instruction in the: policies, procedures and regulations encompassing the use of animals; humane methods of animal maintenance and experimentation; basic animal biology and care; animal use alternatives, methods to minimize pain; and utilization of information resources (e.g. AWIC). Training is also supplied via intranet web pages highlighting policies and procedures and internet training resources provided by AALAS. The IACUC protocol approval process involves a description of each person's procedural qualifications and training as directed and certified by the principal investigator. This review extends to each person added to the protocol following initial approval. The training and qualifications records are a permanent part of the protocol record, recorded electronically in the RSP database and the videotape training records are maintained in DLAM. The animal care staff also provides a

hands-on training program for the investigative staff consistent with IACUC protocol approved procedures

Oversight of training adequacy is an on-going process. Assessments of problem areas are made by the DLAM staff based on the appearance of animals and associated records. The IACUC conducts laboratory/protocol audits as a component of the semi-annual inspections. These target protocols that involve procedures with greater potential for pain or distress.

Extensive hands-on training is conducted and documented for the animal technician staff. This involves review and discussion of standard operating procedures, videotapes, and hands-on demonstration and observation by senior staff and managers. The UT HSC Safety and Health department provides safety tests via the intranet. The test covers such things as: UT HSC's safety program, emergency preparedness, medical equipment safety, life safety, security management, infection control, and hazardous materials.

#### **IV. INSTITUTIONAL STATUS**

As specified in the PHS Policy at IV.A.2., as Category 1, all of UT HSC's programs and facilities for activities involving animals have been evaluated and accredited by the Association for Assessment and Accreditation of Laboratory Animal Care, International (AAALAC International, File #000557). All of UT HSC's programs and facilities for activities involving animals have also been evaluated by the IACUC and will be reevaluated by the IACUC at least once every six months in accord with IV.B.1. and 2. of the PHS Policy, and reports prepared in accord with IV.B.3. of the PHS Policy.

All IACUC semiannual reports will include a description of the nature and extent of UT HSC'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 evaluations will be submitted to the IO. Semiannual reports of IACUC evaluations will be maintained by UT HSC and made available to the Office for Laboratory Animal Welfare (OLAW) upon request.

#### **V. RECORDKEEPING REQUIREMENTS**

A. UT HSC will maintain for at least three years:

1. A copy of this assurance and any modification thereto, as approved by 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 view) as forwarded to the Vice President for Research Administration.
  5. Records of accrediting body determinations.
- B. UT HSC 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.

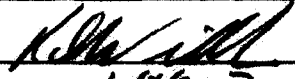
## **VI. REPORTING REQUIREMENTS**

- A. At least once every 12 months, the IACUC, through the Institutional Official, will report in writing to OLAW:
1. Any change in the status of UT HSC (e.g., if UT HSC's AAALAC accreditation is revoked), any change in the description of UT HSC's program for animal care and use as described in this Assurance, or any changes in IACUC membership. If there are no changes to report, UT HSC will submit a letter to OLAW stating that there are no changes.
  2. Notification of the date that the IACUC conducted its semiannual evaluations of UT HSC's program and facilities and submitted the evaluations to the Vice President for Research Administration.
- B. The IACUC, through the Institutional Official, will provide the OLAW promptly 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.2. and VI.B above shall include any minority views filed by members of the IACUC.

**VII. INSTITUTIONAL ENDORSEMENT AND PHS APPROVAL**


**A. Authorized Institutional Official**

Name: R. Douglas Wilkerson, Ph.D.  
Title: Vice President for Research Administration  
Address: University of Toledo Health Science Campus  
3000 Arlington Avenue, CCE 2102  
Toledo, Ohio 43614  
Phone: (419) - 383-4252  
Fax: (419) - 383-4252  
Signature:   
Date: 10/14/2007

**B. PHS Approving Official**



**Eileen M. Morgan**  
**Director, Division of Assurances, OLAW**  
**National Institutes of Health**  
**RKL1, Suite 360-MSC 7982**  
**6705 Rockledge Drive**  
**Bethesda, MD 20892-7982**

Signature:   
Date: 10/12/07

C. Effective Date of Assurance: 10/12/07

D. Expiration Date of Assurance: 10/31/11

**VII. INSTITUTIONAL ENDORSEMENT AND PHS APPROVAL**

A. Authorized Institutional Official

Name: R. Douglas Wilkerson, Ph.D.

Title: Vice President for Research Administration

Address: University of Toledo Health Science Campus

3000 Arlington Avenue, CCE 2102

Toledo, Ohio 43614

Phone: (419) - 383-4252

Fax : (419) - 383-4262

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

B. PHS Approving Official

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: Division of Assurances-OLAW

National Institutes of Health

RKL1, Suite 360-MSC 7982

6705 Rockledge Drive

Bethesda, MD 20817

Phone: (301) 594-2061

Fax : (419) - 383-4262

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

C. Effective Date of Assurance: \_\_\_\_\_

D. Expiration Date of Assurance: \_\_\_\_\_

**MEMBERSHIP OF THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE** Date: September 01, 2007

NAME OF INSTITUTION: University of Toledo Health Science Campus

ASSURANCE NUMBER: A-3414-01

Chair Name, Title, and Degree/Credentials			Business Address, Phone, Fax, and Email of Chair			
Name: Andrew Beavis , Ph.D.			Address: University of Toledo Health Science Campus 3000 Arlington Avenue, CCE 2102 Toledo, OH 43614			
Associate Professor, Dept. of Physiology, Pharmacology, Metabolism and Cardiovascular Diseases						
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Name of Member	Degree/ Credentials	Position Title	PHS Policy Membership Requirements		Affiliation with institution YES NO	
David Allison	M.D.	Professor, General Surgery	Scientist		X	
*Nicolas Chiaia	Ph.D.	Professor, Department of Neurosciences	Scientist		X	
Khew-Voon Chin	Ph.D.	Associate Professor, Department of Medicine	Scientist			
George Cicila	Ph. D.	Associate Professor Dept. of Physiology, Pharmacology, Metabolism and Cardiovascular Diseases	Scientist		X	
Keith Crist	PhD.	Associate Professor , Department of Surgery	Scientist		X	
Han-Fei Ding	Ph.D.	Associate Professor Department of Biochemistry and Cancer Biology	Scientist		X	
Merle Heineke	B.S.	Asst. Director , Div. of Laboratory Animal Medicine	Member		X	
Sadik Khuder	Ph.D.	Asst. Professor, Department of Medicine ( (Biostatistician)	Scientist		X	
Joe Licata		Community Member	Non-Scientist			X
Brent Martin	D.V.M.	Associate Professor, Director, Div. of Laboratory Animal Medicine	Veterinarian		X	
Nikolai Modyanov,	Ph.D.	Professor Dept. of Physiology, Pharmacology, Metabolism and Cardiovascular Diseases	Scientist		X	
**Timothy Reichard	D.V.M.	Veterinarian, private practice	Scientist			X
Joy Skeel	M.Div.	Professor, Director Medical Humanities & Ethics Program	Non-scientist		X	
Kam Yeung	Ph.D.	Assistant Professor, Biochemistry and Cancer Biology	Scientist		X	

\* Vice Chair

\*\* Non-voting member (s)

