Brigham Young University

A3783-01
RENEWAL of ANIMAL WELFARE ASSURANCE

In accordance with the PHS Policy for
Humane Care and Use of Laboratory Animals

Alan R. Harker as named Institutional Official for animal care and use at Brigham Young University, hereinafter referred to as Institution, by means of this document provides 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 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. This Assurance covers only those facilities and components listed below.

"Institution" includes the following branches and major components of Brigham Young University:

    Brigham Young University, Provo, UT 84602

(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, 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 in accordance with 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 this Policy are as follows:

Animal Welfare Line of Authority at Brigham Young University:

Cecil O. Samuelson, University President
Brent W. Webb, Academic Vice President
Alan R. Harker, Associate Academic Vice President for Research and Graduate Studies, and Institutional Official

Institutional Animal Care and Use Committee (IACUC):

David Kooyman, Chair
Sandra Garrett, University Veterinarian
Christian Jensen, Non-affiliated Member
Jerald Johnson, Scientist Member
Thomas Smith, Scientist Member
Steven Dickman, Non-affiliated Member
Greg Nelson, Nonscientist Member
Don Hunt, Scientist Member
Chris Bauer, Nonscientist Member
Gene Larson - Nonscientist Member
Dennis Eggett, Nonscientist Member

(NOTE: The IACUC and University Veterinarian have direct lines of communication to the Institutional Official.)

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

Qualifications
• The University Veterinarian is Dr. Sandra L. Garrett, DVM.
• Dr. Garrett’s position is dedicated 100% to the IACUC and animal care.
• She is a graduate of Mississippi State University, in 1987 with a DVM degree.
• Dr. Garrett has had laboratory animal experience in both a university setting and in private clinical practice since 1987. In 1988-89 she was employed by the USDA.

Authority

Dr. Garrett has direct program authority and responsibility for the Institution’s animal care and use program including access to all animals.

Responsibilities

• Dr. Garrett is a member of the BYU IACUC. As the University Attending Veterinarian she has oversight responsibility for all research on the Institution’s campus involving animals. She monitors all animal research programs for compliance. She supervises and oversees the proper care and use of all laboratory and experimental animals at the Institution. She monitors surgical procedures and gives guidance regarding all aspects of any surgery. Further, she is empowered to oversee and, as necessary, require changes in procedure, and use of drugs.
• Dr. Garrett consults with the IACUC Chairperson on issues of protocol approval, compliance and alterations to the animal use policies and procedures.

Time Contributed to Program

• Dr. Garrett is a full time employee who spends 100% of her time in the role of University Attending Veterinarian involved in the animal care and use program of the Institution.

C. The Institutional Animal Care and Use Committee (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 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.

D. The IACUC will:

1. Per the BYU IACUC Standard Operating Procedure, the IACUC reviews 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 evaluations are as follows:

   a. The IACUC reviews the program for humane care of the animals in conjunction with the Semi-annual Inspection of facilities. This semi-annual
review includes review of the Institution’s SOP’s. The most recent OLAW Semiannual Program Review checklist is used.

b. The IACUC meets on a monthly basis. It reviews portions of the program and operating procedures as a part of an in-service teaching experience at every meeting. All facets of the program are subject to review by the committee at the monthly meetings based on recommendations from the University Veterinarian or other member of the IACUC.

c. The IACUC also reviews, approves or withholds approval of new research protocols; as well as significant changes to on-going protocols at monthly meetings.

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 written in the BYU IACUC SOP, and are summarized as follows:

a. Twice each year, the IACUC invites all voting members to participate and divides itself into three inspection teams comprised of at least two voting IACUC members on each team; divides the animal facilities into three parts and inspects the facilities and animals, using the Guide and the most current inspection checklist from OLAW as a basis for inspection.

b. The inspections are usually conducted in April and October of each year.

c. Significant and minor deficiencies are noted and the appropriate personnel are contacted to make corrections.

d. Results of the inspections and corrections are noted in the Semi-annual report to the Institutional Official, and presented bi-annually in the monthly IACUC meeting following the inspections.

3. Prepare reports of the IACUC evaluations as set forth in the PHS Policy at IV.B.3. and submit the report to the Institutional Official who is the University’s Associate Academic Vice President for Research. The IACUC process for developing reports and submitting them to the Institutional Official is:

a. Meet as an IACUC; conduct Semi-annual Inspections and Program Review; identify and seek schedule and plan for correction on deficiencies; review deficiencies as a committee; prepare a report to the Institutional Official (IO) based on the discovery and correction of identified deficiencies.

b. A log is maintained of all current IACUC-approved departures from the PHS policy and the Guide and reason for each departure based on performance standards in a protocol review for approval. A list of departures is reported in the Semi-annual Report to the IO.

c. Any minority views during the semi-annual period are included in the Semi-annual Report.

d. Semi-annual Reports are prepared by the IACUC Administrator in the Office of Research and Creative Activities (ORCA).
e. Once the reports are prepared and reviewed by the IACUC and signed by a majority of IACUC members, they are given to the IO for review and approval. If deficiencies are found the IACUC addresses those directly with the faculty investigator. Further, the IO, upon receipt of the semi-annual report noting the deficiencies, contacts the corresponding Dean of the College and Chair of the Department to explore any other corrective measures that might be required. The reports are kept on file for the IO in the ORCA office.

4. Review concerns involving the care and use of animals at the institution. Per the BYU IACUC SOP, the IACUC procedures for reviewing concerns are:

a. Interested parties may contact either the IACUC Chair, or any member of the IACUC to bring concerns to the monthly meeting, or to the attention of the IO.

b. Additionally, anonymous reporting of animal welfare concerns can be done by using BYU’s Compliance page: http://compliance.byu.edu, and clicking on the “ethics-point Compliance Hotline” box (under Quick Links) or Call EthicsPoint directly (toll free): 888-238-1062. Ethics-Point forwards all reports to the Compliance officer at BYU for handling by the IACUC. Posters with these instructions are posted on the walls in the facilities housing animals.

c. Minority views or concerns from any individual need to be in a written memorandum format, addressed to the BYU IACUC, Chair.

d. Any items to be treated in an upcoming IACUC meeting need to reach the IACUC Chair, the ORCA office or the IO ideally by the 10th of each month.

5. Make written recommendations to 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:

a. Any member of the IACUC may suggest recommendations to the committee.

b. The IACUC takes such recommendations under advisement and counsel to determine if a formal recommendation is to be formulated.

c. In the event of a formal recommendation from the IACUC, the IACUC Chair, the ORCA Administrator and secretary write a draft of the recommendation which is given to all members of the IACUC for edit and or comment.

d. Following edit and comment the complete recommendation is then forwarded 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:
Full Committee Review
Principle Investigators (PIs) at the University submit a request for animal procedure(s) (Application) electronically to the IACUC secretary ideally by the 10th of the month preceding the month in which a protocol will be reviewed by the IACUC. Included in the Application is a Preliminary Review section in which the PI indicates date of personal contact to discuss the application he/she made with the: Institutional Veterinarian, Animal Care Manager, IACUC Statistician, Risk Management & Safety Officer, as well as certification that the PIs College Dean or Associate Dean is aware of the Application and understands the commitment of time and resources associated with the project. Applications that have been preliminarily reviewed and certified as described are sent out to all IACUC before the scheduled monthly meeting. Full committee review of Applications requires a convened meeting of a quorum of the IACUC members. Detailed minutes are kept that includes attendance and all discussion during the meeting. Application reviewed by the full committee must receive the approval vote of a majority (>50%) of the quorum present in order receive approval. Each Application is assigned a primary reviewer by the IACUC Chair prior to the Committee meeting. Primary reviewers are chosen based upon their expertise relative to the Application. They are authorized to contact PIs prior to the Committee meeting for clarification. It is the responsibility of the primary reviewer to provide a detailed review of the Application to the Committee. Each member of the Committee has a hard copy of each Application and a copy is projected onto a screen during discussion. When the primary reviewer has completed his/her review of the Application it is open for general discussion. At the conclusion of all discussion the IACUC Chair asks the primary reviewer for a motion regarding the Application. The Chair asks for a second to any motion made by the primary reviewer. If it is obtained, a vote is taken and recorded. The possible motions are:
1. Approval
   In which case the PI is granted permission in writing from the Committee to commence work.
2. Resubmit
   If the proposal is missing substantive information necessary for the IACUC to make a judgment, or the IACUC requires extensive or multiple modifications, then the motion is to require that the protocol be revised and resubmitted to secure approval by full committee as previously described. The PI is informed of this decision in writing and invited to resubmit the protocol for full committee review.
3. DMR Subsequent to Full Committee Review (FCR)
   If the proposal is unclear in certain defined areas (i.e. number of animals requested is statistically unclear, exact details of surgical procedure, justification for use of non-pharmaceutical agent etc.) the motion is to request modification to secure approval by designated member review (DMR). All IACUC members have agreed in advance in writing that the quorum of members present at a convened meeting may decide by unanimous vote to use DMR subsequent to FCR when modification is
needed to secure approval. However, any member of the IACUC may, at any time, request to see the revised protocol and/or request FCR of the protocol. The Chair assigns a DMR immediately after the vote in the full committee review. Generally the DMR is the same as the primary reviewer but it may be someone with specific expertise relative to the deficiency (s). The PI is sent a letter detailing the deficiencies noted by the Committee and asked to return a letter addressing each deficiency specifically as well as a revised protocol to the Committee secretary. The secretary forwards this information to the DMR such that the identity of the reviewer is kept confidential. Once the DMR is satisfied that all deficiencies have been addressed he/she grants approval to commence work on behalf of the Committee and a letter is sent to the PI granting approval to commence work. The approval date is the date that the designated member(s) approve the study.

**Designated Member Review (DMR):**

If full committee review is not requested, at least one member of the IACUC, designated by the Chairperson and qualified to conduct the review, shall review those research projects and have the authority to approve, require modifications in (to secure approval) or request full committee review of those research projects."

All IACUC members receive a list of proposed research projects and access to the necessary information on the protocol to be reviewed. If any member feels that this protocol should go before a full committee, then its review must be deferred to the next full IACUC meeting. Any member can make the decision to send the protocol to full-committee review at any time during the time period designated for providing this opportunity. If no member calls for a full-committee review, then the Chair can refer the protocol in question to a designated reviewer. The Chair may select one or more members, qualified to review this specific protocol, who will act on behalf of the entire IACUC to approve the protocol, request additional information from the PI to approve it, or refer it for full review. The designated reviewer does not have the power to withhold approval, however, but must in such cases refer the protocol for full-committee review. In the case of multiple designated reviewers, each must review all of the same information and must be unanimous in their decision.

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 IACUC procedures for reviewing proposed significant changes in ongoing research projects are as follows:
a. The process for reviewing requests for significant changes to current protocols is the same as described above in Section III.D.6. Requested changes need to be submitted to the IACUC using an amended application. The amended application is then submitted to the IACUC for review at the next convened meeting. Written IACUC approval is required prior to implementing any changes.
b. Any protocol change that is denied approval by the IACUC is returned to the researcher for additions or corrections. A member of the IACUC is assigned to communicate with the researcher and assist them with changes.
c. The researcher has the right to appeal and review the protocol with the IACUC Chair and Institutional Official for denial or rewriting and/or re-review by the next convened IACUC meeting. The appeal process follows the identical procedure.

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:

a. The IACUC notifies investigators 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 by written memorandum. If the IACUC decides to withhold approval of an activity, the memorandum includes a statement of the reasons for its decision and gives the investigator an opportunity to respond in person or in writing.
b. The IACUC notifies the institution 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 by providing the Institutional Official copies of the above described memorandums used to notify investigators and/or IACUC meeting minutes. If the IACUC decides to withhold approval of an activity, the notification includes a statement of the reasons for its decision.
c. Each principal investigator receives a letter from the IACUC Chair regarding the status of their protocol.
d. Research described in protocols that are approved may commence upon receipt of the letter.
e. Protocols that are not approved receive a letter from the IACUC Chair delineating the reason(s) for the denial. The researcher is then given the opportunity to respond in writing with changes or a defense of the original proposal.
f. The IO receives a copy of each letter sent to the Principal Investigator.
g. A copy of each letter sent to Principal Investigators and the IO are retained in the research project file, in the ORCA/IACUC office.
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 at IV.C. 1-4, at least once every three years. The IACUC procedures for conducting continuing reviews are:

a. The BYU IACUC conducts a review (continuing review) of each approved protocol each year on the anniversary date of the protocol's initial approval.

b. The review date for each individual protocol is the month and day of the original approval.

c. The IACUC Administrator, under assignment from the IACUC, and the IACUC Chair will conduct continuing reviews with each Principal Investigator (PI) once per year, on the anniversary of the protocol approval.

d. The IACUC Administrator meets with the PI, either in person, or via telephone to review the protocol. (what does “initial area” mean?) The protocol is reviewed for changes and updates. When possible, the IACUC Administrator will visit the area where the research is conducted.

e. Minor changes to the protocol are approved by the IACUC Chair and IACUC Administrator. Significant changes require the submission of an amended application to the IACUC, for review at the next convened meeting.

f. As part of the Continuing or Annual Review, the IACUC Administrator, working on behalf of the IACUC Chair, evaluates each item in the Application with the Principal Investigator of each protocol. Minimally this review will include such factors as pain, distress, pain relief, animal husbandry, veterinary care, personnel qualifications, methods of euthanasia, any increase in the number of animals, or the justification of use of animals.

g. The triennial reviews of approved activities are “de novo” reviews. At the end of an IACUC approved three year period, all protocols must be resubmitted on the current IACUC Application and pass through “de novo” or new IACUC full committee review. The IACUC applies all of the criteria listed in the PHS Policy, Part IV.C.1.a-g.

h. This same level of review is conducted for all BYU IACUC protocols.

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:

a. The IACUC may suspend an activity that it previously approved if it determines that the activity is not being conducted in accordance with applicable provisions of the Animal Welfare Act, the Guide, this 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.
b. If the IACUC suspends an activity involving animals, the Institutional Official, in consultation with the IACUC, shall review the reasons for the suspension, take appropriate action, and report the action with a full explanation to PHS, USDA, and any Federal agency funding the activity.
c. Deviations from authorized protocols, unauthorized changes, unapproved research, or other challenges relating to the possible suspension of a research protocol using animals, would come to the attention of the IACUC by any number of sources, i.e. the University Veterinarian, the Animal Care Manager, another Investigator, faculty member or a staff member.
d. Deviations would be noted in the Adverse Events Log of the IACUC.
e. The deviation would be discussed in the next scheduled meeting of the IACUC, or in an emergency session called by the IACUC Chair.
f. The problem would be presented to the IACUC, discussed and voted on. The IACUC may elect to involve the researcher and/or consultants in the discussion.
g. The problem would be either resolved with the PI, or handed to the Institutional Official for appropriate action.
h. In the event of a suspended activity, the Institutional Official (IO) would notify OLAW and in the case of USDA covered animals, the USDA. The IO will delineate the nature of the suspension and the corrective action.
i. Actual suspension of an on-going protocol would come from the IACUC from a convened meeting, and a majority of the committee present. The IACUC would report any action to the IO.
j. The IACUC and the IO will continue to work with the suspended researcher until an adequate solution to the problem is developed.

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

1. All full-time animal caretakers are required to take a physical examination at the time of employment and annually, thereafter.
2. All full-time and temporary/part-time employees that receive scratches or bites will, under the direction of medical personnel, receive a tetanus or tetanus booster inoculation.
3. All full-time, part-time or temporary personnel that handle animals will be required to complete an animal allergy questionnaire and sign a disclaimer.
4. Each animal care facility is required to keep a log of animal bite incidents.
5. The University has a Bio-Safety Officer on record. The Bio-Safety Officer is additionally a member of the IACUC.
6. Animal handlers will wear an outer protective garment over their regular street clothing while working with animals.
7. Animal handlers will leave the outer work garments at the work place.
8. The Animal Care Manager has the responsibility for animal husbandry and care
   of the animals and will ensure the cages are kept clean.
9. Employees will wear gloves and lab coats where appropriate.
10. When engineering controls such as ventilated hoods are not available,
    employees will wear NIOSH approved respirators.
11. There is a written Hazard Determination Policy in effect at this institution. Hazard
    training courses are taught on a regular basis.
12. The BYU IACUC follows the guidelines for HIV Laboratories for blood borne
    pathogens in research laboratories (29 CFR 1910, 1030).
13. When handling animals with hazardous materials, animal researchers will be
    familiar with and follow the BYU Blood Borne Pathogen Policy.

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 table.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Area</th>
<th>Species</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Widstoe Bldg., 9th Floor</td>
<td>6,550 sq. ft.</td>
<td>Mice, Rats, Fish</td>
<td>2400, 10, 10000</td>
</tr>
<tr>
<td>2. Kimball Towers, 12th Floor</td>
<td>1,302 sq. ft.</td>
<td>Rats, Mice, Birds</td>
<td>60, 400, 15</td>
</tr>
<tr>
<td>3. Eyring Science Center, S-285</td>
<td>300 sq. ft.</td>
<td>Rats, Mice</td>
<td>20, 250</td>
</tr>
</tbody>
</table>

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

1. All researchers are required to certify that they have read the PHS Policy on
   Humane Care and Use of Laboratory Animals.
2. All researchers are required to certify that they have read applicable sections for
   the animal species they are involved with, in the Guide, or succeeding editions.
3. All researchers are required to certify that they have read applicable sections for
   their research purposed in the June 2007 AVMA Guidelines on Euthanasia.
4. All researchers will communicate with the University Veterinarian to receive
   instruction on proper anesthesia, analgesic, euthanasia, aseptic surgery
   techniques, alternate methods of euthanasia, alternatives to animal use, i.e. in-
   vivo vs. in-vitro research; and how these relate to the researcher’s proposed
   protocol. All researchers will certify with the University Veterinarian proper
   knowledge and technique in the aforementioned areas.
5. All associate or assistant investigators are required to read the applicable
   sections of the four resources identified in the previous sections.
6. All researchers are required to complete on-line training modules appropriate for
   the species of animal they are using. The URL for the on-line modules can be
   accessed on the ORCA website at: http://orca.byu.edu,
7. All full-time caretakers are required to read the Guide and demonstrate thorough knowledge regarding the job performance and expectations of them and researchers. Copies of the aforementioned documents are available in the Office of Research and Creative Activities and with each member of the IACUC, the UAV and the Animal Care Manager.

8. All caretakers receive personal instruction from the University Veterinarian regarding disease treatment procedures necessary for species housed at their particular facility.

9. All researchers are required to demonstrate aseptic survival surgery skills prior to conducting any surgery on live animals.

10. Prior to processing a protocol for review by the IACUC, a signature is required from the BYU Safety Office to demonstrate compliance with OSHA and Animal Handling compliance and safety.

11. IACUC members are expected to take the online training. The same as for researchers. They are additionally expected to read the Guide, PHS Policy, the June 2007 AVMA Guidelines on Euthanasia and other materials related to animal welfare as they become available.

12. IACUC members participate in OLAW Webinars and are sent to “IACUC 101/201” training meetings for updates.

13. As other animal welfare related conferences become available, IACUC members are sent for information updates and current animal welfare information, as well as interaction with the animal compliance community.

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 semi-annual 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.

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. RECORD KEEPING 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 Institutional Official, the Associate Academic Vice President Alan R. Harker.
   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 1st to December 31st of each year. The IACUC, through the Institutional Official, will submit an annual report to OLAW on January 31st 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),
   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, Alan R. Harker, Associate Academic Vice President
   5. Any minority views filed by members of the IACUC.
   (Note: If there are no changes to report, provide written notification that there are no changes.)

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 sections VI.A. and VI.B. above should include any minority views filed by members of the IACUC.
VII. INSTITUTIONAL ENDORSEMENT AND PHS APPROVAL

A. Authorized Institutional Official

Name: Alan R. Harker, Ph.D
Title: Associate Academic Vice President for Research & Graduate Studies
Address: A-376 ASB Campus Drive
Phone: (801) 422-5995
Fax: (801) 422-0620
Signature: [Signature]
Date: January 31, 2013

B. PHS Approving Official

Name:
Title:
Address:
Phone:
Fax:
Signature:
Date:

C. Effective Date of Assurance:

D. Expiration Date of Assurance