

Rhode Island Hospital
ASSURANCE OF COMPLIANCE
WITH
PUBLIC HEALTH SERVICE
POLICY ON HUMANE CARE AND
USE OF LABORATORY ANIMALS

Rhode Island Hospital, hereinafter referred to as institution, 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, 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 Rhode Island Hospital, The Miriam Hospital, and also the Hasbro Children’s Hospital Zoo exhibit in conjunction with Roger Williams Park Zoo. “Institution” *also includes the following: Women and Infants Hospital and laboratories at Cell Based Delivery, Incorporated. No animals are housed at Women and Infants Hospital, however occasionally animals are brought to the laboratories in the research building for terminal procedures. No animals are housed or used at Cell based Delivery, Incorporated.*

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 POLICY

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 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. 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 specified in the Rhode Island Hospital "Policy on Human Care and Use of Animals", dated 10/1993 (See Appendix 1). Boyd P. King, M.D., Senior Vice President for Medical Affairs serves as the Institutional Official, appoints the Animal Welfare Committee (IACUC) and designates its chairperson. The Director of Research Administration is designated as Director of Animal Care, having direct responsibility for implementation of the Policy, executive and administrative support of the IACUC and oversight of direct operation of the animal facilities. This individual is a non-voting member of the IACUC and serves as secretary of the IACUC. The Director designates Animal Care Program responsibility to an attending veterinarian who reports directly to the Director of Research Administration regarding these designated responsibilities. The Institutional Organizational Chart is included in Appendix 2. The Committee reports at least semi-annually and more frequently at its discretion, directly to the Institutional Official.

The Manager, Central Research Facilities (CRF) operates the Hospitals' Central Animal Facilities under the general supervision of the Director of Animal Care. He is responsible for compliance with all of the requirements of the *Guide* as they apply to the care of animals in the facility and such satellites as are from time to time authorized by the IACUC.

Veterinary service, support and consultation are provided to the Central Animal Facilities by the Veterinary Staff at Brown University, the Hospitals' Medical School affiliate. A member of the veterinary staff is designated as Attending Veterinarian, as a member of the IACUC and is principal consultant to the Director of Animal Care on Veterinary Care Program matters.

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

Gordon Hankinson, D.V.M., M.S., Assistant Director of Animal Care at Brown University, serves as the Attending Veterinarian and provides veterinary consultation to the animal care facility.

Larry Hulsebos, D.V.M., Asst. Director of Animal Care at Brown University serves as alternate Attending Veterinarian for Dr. Hankinson and is also an IACUC member.

Dr. Hankinson received his veterinary degree in 1974, from Iowa State University and a Master of Science degree in Laboratory Animal Medicine in 1978 from the Pennsylvania State University. He was certified as a diplomate by the American College of Laboratory Animal Medicine in 1980. He held several positions in laboratory animal medicine at academic and industrial units prior to coming to Brown University in 1991.

Dr. Hulsebos received a veterinary degree in 1973 from Michigan State University, and was a N.I.H. Fellow at Wake Forest University. He was certified as a diplomate by the American College of Laboratory Animal Medicine in 1989. Prior to his current position he was Director of Animal Care at a preclinical contract research organization as well as practicing companion animal medicine.

The Curriculum Vitae of the current Attending Veterinarian is included as Appendix 3.

The veterinarians have an office at Rhode Island Hospital and at least one is onsite every Monday, Wednesday and Friday, as well as being available at other times when needed. In case of emergencies outside of scheduled working hours, the veterinarians' home telephone and long range beeper numbers are posted in the animal facility and with hospital security.

The veterinary time commitment to the institution is 80 percent of one full time equivalent (FTE). Veterinary responsibilities include health care of all animals in the institutional facilities, advising the CRF staff in the operation of the facilities, and review of all animal care and use protocols as veterinary IACUC member. As veterinary members, they advise the IACUC on contemporary regulations and guidelines concerning animal care, use and standards of veterinary care, provides appropriate training/procedural oversight for investigators and aids investigators in any animal related queries. A summary of our formal plan of Veterinary Care is included as Appendix 4.

C. This institution has established an Institutional Animal Care and Use Committee (IACUC), which is qualified through the experience and expertise of its members to oversee the institution's animal program, facilities, and procedures. The IACUC consists of at least five members, and its membership meets the composition requirements set forth in the PHS Policy at IV.A.3.b. Attached is a list of the chairperson and members of the IACUC and their names, degrees, position titles, specialties and institutional affiliations (Appendix 5).

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 reviews and evaluates the entire Lifespan animal care and use program every six months. Semi-Annual program reviews are conducted in April and October. The NIH/OLAW Sample Semiannual Program Review Checklist is used for this activity.
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 inspects and evaluates the Lifespan animal care facilities every six months. Semi-annual tours are conducted in April and October. The NIH/OLAW Sample Semiannual Facility Inspection Checklist is used for this activity.
3. Prepare reports of the IACUC evaluations as set forth in the PHS Policy at IV.B.3. and submit the reports to the Institutional Official. The IACUC Chairman compiles the inspection reports from each review team. The Chairman composes the semi-annual report and a draft version is

forwarded to each IACUC member for comment. The final report is presented at the next IACUC meeting for members to sign. The report of the semi-annual review, co-signed by all members of the IACUC who are in agreement with its content, is transmitted to the Institutional Official. Members are afforded an opportunity to express any minority views, which are also then included in the report to the Institutional Official. Semi Annual reports for the year 2005 are included in Appendix 6.

4. Review concerns involving the care and use of animals at the institution. Individuals having concerns involving animal care and use at Lifespan facilities are encouraged to contact any member of the Lifespan IACUC verbally or in writing. Any concerns regarding the care and use of animals brought to the Committee are promptly investigated by the Chair. The Chair may enlist the aid of any IACUC member(s) for this purpose. An initial confidential interview between the concerned individual and the subcommittee is preferred; however, the individual may choose to remain anonymous to all but the contacted member. The ability to retain anonymity is obviously important in any situation where the person fears possible reprisals. (The IACUC subcommittee investigates any presented concerns in the same manner, irrespective of the identity status or the degree of subsequent participation by the individual.) No adverse action will be taken against any party who reports, in good faith, any violation or apparent or threatened violation. The subcommittee members conduct interviews and gather information about the animal treatment in question until they feel that rational conclusions can be drawn. Any situation, which cannot quickly be rectified then, comes before the full Committee for resolution. All IACUC members are made aware at the next meeting of the presented concerns, evidence compiled by the subcommittee, and any actions taken to rectify matters. The Committee is charged by the institution to provide an official channel to receive, evaluate and respond to such concerns. Reports of concerns, findings, and any corrective actions taken are made by the IACUC in writing to the Institutional Official, OLAW, USDA and to the project Sponsor if applicable.

5. Make written recommendations to the Institutional Official regarding any aspect of the institution's animal program, facilities, or personnel training. Recommendations regarding any aspect of the institutions animal program, facilities, or personnel training are included in the semi-annual report to the Institutional Official. Recommendations or concerns may also be forwarded to the Institutional Official at any time between review cycles.

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 reviews and must approve all animal proposals regardless of the source of funding or whether they will be subjected to further review by funding sources. All new protocols, existing approved protocols that are being submitted for refunding or competing renewal, must have a full IACUC review. All projects are subject to a *de novo* review every three years. A complete new application is required at that time.

A full review requires that all committee members be provided with a completed Animal Care and Use Protocol (ACUP) with supporting documentation, including the grant application for proposals seeking external funding. Supporting documentation for studies that will be internally funded must include a research plan that provides scientific justification for the study, identifies the

specific aims of the study, and provides a detailed description of the proposed experiments **that** will involve animals. The ACUP and supporting documentation provide the scientific background and basis upon which the proposed hypothesis to be tested is evaluated. **A** minimum of three members of the committee, one of whom is the Attending Veterinarian, are assigned to be the primary reviewers of the application. The three primary reviewers are charged with the responsibility of rendering their opinion of the appropriateness of approving this application to the committee. All other members of the committee also review the protocol as part of their responsibilities.

Primary reviewers and other members of the committee may need additional information prior to submitting their opinion of a proposal. They can seek clarification directly from the investigator or may ask the Chair of the committee, the Manager of CRF, the Attending Veterinarian, or the Committee Coordinator to contact the investigator for additional information. In those instances, the investigator will be asked to bring additional clarifying information to the IACUC meeting at which that protocol will be discussed and action taken.

The committee requires that the Department Chair/Chief review any application from a member of his or her department to ensure that its scientific merit and adequacy meet the standards of the department, prior to submission for IACUC consideration. The committee expects that all applications seeking external funding will be peer reviewed via any funding entity process. Nevertheless, the IACUC is responsible to assure that any use of animals is scientifically and ethically justified. If in its deliberations the committee finds that it does not possess the necessary expertise to make such judgments, the Chair has the authority to seek experts from outside of the committee, either independently or with the assistance of other committee members.

A Principal Investigator who has not previously carried out research with animals at Lifespan must meet with the Chair of the IACUC prior to the IACUC meeting at which the investigator's proposal is discussed. The Chair reviews the mission of the committee, how it functions and how it can assist the investigator perform research that meets the highest ethical and scientific standards. The Chair describes the ethical and legal framework that guides IACUC decision making to assure that the investigators are prepared to undertake their work, fully compliant with all applicable regulations.

Investigators are required to attend the IACUC meeting during which their protocols are discussed. **All** questions and concerns of the committee are addressed to the investigator so that if additional clarification is required, the investigator can provide it at that time. If that information cannot be made available at that meeting, action on the proposal will be deferred to the next meeting. A proposal in its original or amended form must be approved by a majority of the committee members present at a duly convened meeting in which quorum has been established (a majority of voting IACUC members in attendance). Committee members may not participate in either the discussion or the vote for any protocol that they are involved with. Committee members adhere to Lifespan Conflict of Interest policies and excuse themselves from review, deliberation and voting as is consistent with those policies.

At the discretion of the Chair of the IACUC, a special priority review may be brought before the full committee for consideration of a new protocol or a significant change in an existing protocol when waiting until the next regularly scheduled meeting will result in a detrimental interruption of the project, in the loss of funding, or prevent it from being considered for funding. Approval will be granted only at a specially convened IACUC meeting (attended by a quorum of the membership) at which a majority vote is recorded.

After the IACUC meeting, the minutes are prepared by the IACUC Committee Coordinator and forwarded to the investigator. Minor edits are to be reviewed by the Coordinator and an approval letter is generated after all IACUC requested revisions have been completed. If the IACUC requires substantive revisions to a project description or ACUP form, the IACUC would appoint the Executive Committee (AWEC) to review the changes under the designated reviewer system.

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.

Proposed significant changes to approved Animal Care and Use Protocols (ACUPs) are reviewed and approved by the Animal Welfare Executive Committee (AWEC) as designated reviewers for the IACUC. All IACUC members are notified that the AWEC is reviewing the proposed request for changes and members may request a full committee review (using the primary reviewer process) for any item. Changes are considered to be significant when they fall into the following categories:

- An increase in animal numbers is proposed that is greater than ten percent of the figure originally approved by the IACUC for the project. (Note that any requested increase in animal numbers must be adequately justified before IACUC approval can be granted.)
- The proposed change would add a species covered by the USDA Animal Welfare Act to the protocol.
- A survival surgical procedure is proposed to be added to a protocol which was originally approved with no surgical procedures.
- A major survival surgical procedure is proposed to be added to an approved protocol. (A major survival surgical procedure is considered by the IACUC to be one in which a body cavity is entered or one which could cause an animal to become debilitated post-operatively.)
- The proposed change involves scheduling of access or restriction of food and/or water other than routine restriction of food prior to surgery. (A literature search for alternatives is also required when scheduling access or restriction of food and/or water is proposed other than as a pre-surgical precaution.)

- Changes are proposed which would move the protocol to a higher Pain Category (eg. From Category C to D, C to E, or D to E).
- Any proposed protocol change which would introduce prolonged restraint of animals.

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. Notification letters of IACUC approval, deferral or disapproval, accompanied by applicable sections of the IACUC minutes, are sent to investigators after the meeting. The minutes provide the conditions for IACUC approval, or reasons for deferral or disapproval. Copies of the entire minutes are sent to the Institutional Official each month along with a summary of IACUC activities for the month.

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.

Protocols are considered annually by the committee either by full de novo review or via the annual progress report and request for continuation review process that is described below. Continuation reviews for years one and two are conducted with the Animal Welfare Executive Committee (AWEC) as the designated reviewers. The Executive Committee (a subcommittee of the IACUC) meets one week prior to the full committee and consists of the Chair of IACUC, the Associate Chair(s), the Attending Veterinarian and the Manager of CRF. If any member of the Executive Committee believes that the protocol under consideration may require greater scrutiny, he or she may request that this protocol be given a full committee review. The agenda of the monthly IACUC meeting is sent to all IACUC members before the meeting. It lists all protocols undergoing subcommittee review so that IACUC members have the opportunity to request full board review for any protocol independently before the regular meeting.

The annual progress report and request for continuation provides information needed to assure that the project continues to be necessary and scientifically justified. It also requires an assurance, from the investigator, that no new alternatives to the use of animals or the use of potentially painful procedures have become available. Finally it provides a mechanism by which the committee can track approved modifications to the original application, to be certain that they have not resulted in major changes that should be considered via a full IACUC review. The application format assures that all of the required areas of deliberation necessary for committee approval during the initial review are reconsidered annually while this project continues.

De novo continuing reviews are conducted every three years. An updated Animal Care and Use Protocol (ACUP) and research plan are submitted for review by the full board. The ACUP and supporting documentation provide the scientific background and basis upon which the proposed hypothesis to be tested is evaluated. A minimum of three members of the committee, one of whom is the Attending Veterinarian, are assigned to be the primary reviewers of the application. The three primary reviewers are charged with the responsibility of rendering their opinion of the

appropriateness of approving this application to the committee. All other members of the committee also review the protocol as part of their responsibilities.

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 detailed in the RIH "IACUC Policy for Violations of Hospital and NIH Animal Care and Use Regulations", dated 10/93 (Appendix 7). In cases involving misuse or unauthorized use of animals, the IACUC Chair is empowered to immediately suspend any animal activity, subsequent to rapid review by the full committee. In the event that the IACUC suspends animal activities, OLAW, USDA and applicable funding agencies will be notified.

E. The individual(s) authorized by this institution to verify IACUC approval of those sections of applications and proposals related to the care and use of animals is Peggy McGill, Director, Research Administration.

F. Occupational health and safety program for personnel who work in laboratory animal facilities or have frequent contact with animals.

The personnel occupational health and safety program is coordinated by the Central Research Facility (CRF) Secretary in conjunction with the Employee Health Services (EHS) at RIH and TMH. Included in the program are all members of the animal care staff and all research laboratory personnel working with animals, including volunteers. Newly hired personnel are interviewed by the nurses of the EHS; medical histories are established, physical examinations are done and blood samples are collected. Serum samples are processed by the Central Research Facility (CRF) Veterinary Technician and stored at -80 degrees C for those working with dogs/cats at Lifespan and with nonhuman primates or ruminants at other locations. Rabies prophylaxis is provided if requested by persons handling cats, dogs or nonhuman primates. (Individuals may sign a waiver indicating that they do not wish to be immunized against rabies). Current tetanus prophylaxis and yearly tuberculosis testing is required for all Lifespan personnel. The CRF Secretary maintains a record of these transactions. Personnel injured or exposed to hazardous materials in the animal facilities are sent to EHS for evaluation and any necessary medical attention.

Procedures for personnel protection from hazardous agents used in animal projects are agreed upon by the Biohazard and Laboratory Safety Committee and the Principal Investigator during review by that committee, prior to IACUC review of the protocol. Principal Investigators licensed by the Radiation Safety Committee are responsible for putting in place appropriate safeguards for personnel when radioisotopes are used in animal work. Recommended area and health monitoring may be done by the Radiation Safety Office, EHS or by other specialized departments. All exposures and possible exposures to hazardous agents in animal facilities are reported to the CRF management and acted on accordingly. Personnel are then sent to the EHS for evaluation and any necessary treatment.

Nonhuman primates are not housed at Lifespan. Investigators who may work with nonhuman primates elsewhere follow precautions and use safeguards in place at the institutions housing these animals.

During the orientation session for laboratory and animal care personnel, information about zoonoses, personal hygiene and occupational health and safety is covered by the Manager of CRF and/or Supervisor of the Animal Facility. The Veterinarian discusses relevant zoonotic considerations with Principal Investigators at the time of protocol submission and there is a section on zoonoses in the manual of animal care policy and procedures. This manual is available in every laboratory using animals.

All new employees are provided with information concerning OSHA's Hazard Communication Standard (Right-to-Know) during their orientation to the hospital. This orientation is conducted during the hospital's general orientation program for new employees and consists of an overview of the Standard presented via a videotape.

Department managers are responsible for expanding upon the hazardous materials information provided to employees during orientation. Managers are to provide specific training for employees on:

- Hazardous agents used in their departments
- OSHA's Hazard Communication Standard
- Interpreting Material Safety Data Sheets applicable to their work area
- How to interpret cautionary information on container labels
- How to protect themselves when using hazardous materials
- How to deal with a hazardous materials spill, accident, or other emergency
- Applicable hospital and departmental policies and procedures concerning hazardous materials, including proper disposal of hazardous waste

Training considers employee's educational background and past training. Retraining takes place at least annually and supplemental training takes place if new hazardous substances enter the work area. Employees are to be familiar with important concepts, understand them, and demonstrate that they know how to safely handle and use workplace chemicals.

Departmental Managers involved with hazardous materials must keep attendance records on all employees who receive training or retraining involving hazardous substances.

The personnel occupational health and safety program has recently been expanded to include continuous health surveillance for all personnel who work with animals. The Primary goal of the program is to assess, and if necessary, address potential health risks to research personnel that may be associated with the use of animals in the research environments. The Health Surveillance Program description is included in Appendix 10.

G. 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 (Appendix 8).

H. Training or instruction available to scientists, animal technicians, and **other** personnel involved in animal care, treatment, or use:

All personnel working with laboratory animals at Lifespan facilities or submitting Animal Care and Use Protocols are required to attend an orientation meeting with the Manager of the CRF. At this meeting, overviews of the USDA Animal Welfare Act and the Public Health Service Policy on Humane Care and Use of Laboratory Animals are presented. New laboratories are provided with a copy of the Lifespan "Central Animal Facility Policy and Procedures Manual". An orientation packet with highlights of the manual is provided to new personnel from an established laboratory. Policies on humane animal care and handling are reviewed with all personnel at orientation. Topics presented include minimizing animal numbers, minimizing animal pain and distress, occupational health and safety issues, and zoonotic concerns. The "Central Research Facility New Personnel Animal Research Orientation and Training Packet" is given along with a verbal summary of the protocol review process. (See Appendix 9). Methods for reporting deficiencies in animal care and treatment are discussed, and a file of the individual's past experience with laboratory animals is completed. At this time, anyone who will be performing procedures with animals submits a Laboratory Animal Procedures/Privileges form to the Manager. The Veterinarian and the Manager compare these qualifications with those required for the proposed animal work. Laboratory personnel are contacted by the Veterinarian about animal work to be done by new individuals and possible training needs. The Veterinarian and Veterinary Technician then coordinate any additional training which might be best done by having the new individual work with skilled, established laboratory personnel, or personally provide any other needed guidance or training. During IACUC review of protocols, the Veterinarian discusses with established laboratory personnel any training needs for new projects, and furnishes any appropriate training or arranges training by skilled Lifespan laboratory personnel.

All Principal Investigators who are new to Lifespan, or who are doing animal research at the hospital for the first time, must also meet with the Chair of the IACUC. The Chair presents the ethical principles that guide the operation and deliberation of the committee. This meeting also serves as an opportunity for new Principal Investigators to learn how the IACUC functions so that there will be no unnecessary delays in initiating their research activities.

IV. INSTITUTIONAL STATUS

As specified in the PHS Policy at IV.A.2., as Category 1, **all** of this institution's programs and facilities (including satellite facilities) for activities involving animals have been evaluated and accredited by The Association for Assessment and Accreditation of Laboratory Animal Care International (AAALAC). All of this institution's programs and facilities (including satellite 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 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 evaluations will be submitted to the Institutional Official. Semiannual reports of IACUC evaluations will be maintained by this institution and made available to the Office of Laboratory Animal Welfare (OLAW) upon request.

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 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.
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. **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 the institution (*e.g., if the institution becomes accredited 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 changes in IACUC membership. If there are no changes to report, this institution will provide OLAW with 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 Institutional Official.

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. 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: Boyd P. King, M.D.

Title: Senior Vice President, Medical Affairs

Address: 593 Eddy St., Providence, R.I. 02903

Phone: 401-444-5074

Fax: 401-444-4218

Signature: *Boyd P King*

Date: *4-24-06*

B. PHS Approving Official

Name: **Dr. Venita B. Thornton-Senior Assurance Officer
Office of Laboratory Animal Welfare**

Title: **6705 Rockledge Drive
RKL1, Suite 360, MSC 7982**

Address: **Bethesda, MD 20892-7982**

Phone: *(301) 496-7163*

Fax: *(301) 402-2803*

Signature: *Venita B Thornton DVM, MPL*

Date: *4/27/06*

C. Effective Date of Assurance: *4/27/06*

D. Expiration Date of Assurance: *4/30/10*