

**Minnesota State University Moorhead**  
**Assurance number: \_A4566-01\_\_**  
**ANIMAL WELFARE ASSURANCE**  
**in accordance with the PHS Policy for**  
**Humane Care and Use of Laboratory Animals**

*I, Dean Michelle Malott Ph. D, as named Institutional Official for animal care and use at Minnesota State University Moorhead, hereinafter referred to as Institution, by means of this document, provide assurance that this Institution will comply with the Public Health Service Policy on Humane Care and Use of Laboratory Animals, hereinafter referred to as PHS Policy.*

## **I. APPLICABILITY OF ASSURANCE**

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

**"Institution" includes the following branches and major components of *Minnesota State University Moorhead: The departments of Biosciences, Chemistry, and Psychology.***

## **II. INSTITUTIONAL COMMITMENT**

**A. This Institution will comply with all applicable provisions of the Animal Welfare Act and other Federal statutes and regulations relating to animals.**

**B. This Institution is guided by the "U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training."**

**C. This Institution acknowledges and accepts responsibility for the care and use of animals involved in activities covered by this Assurance. As partial fulfillment of this responsibility, this Institution will ensure that all individuals involved in the care and use of laboratory animals understand their individual and collective responsibilities for compliance with this Assurance, as well as all other applicable laws and regulations pertaining to animal care and use.**

**D. This Institution has established and will maintain a program for activities involving animals in accordance with the "Guide for the Care and Use of Laboratory Animals" ("Guide").**

## **III. INSTITUTIONAL PROGRAM FOR ANIMAL CARE AND USE**

**A. The lines of authority and responsibility for administering the program and ensuring compliance with this Policy are as follows: *President Edna Szymanski, Ph. D., is the chief executive officer. Dean Michelle Malott, Ph. D. is the Dean of Social and Natural Sciences and the Institutional Official for animal care and use. Dr. Merrill Reinhiller, DMV, is the veterinarian, and Dr. A. Derick Dalhouse, Ph. D., is the IACUC chair. Dr. Michelle Malott reports to President Edna Szymanski, Dr. Merrill Reinhiller***

reports to Dr. Malott and Dr. A. Derick Dalhouse and the IACUC reports to Dr. Michelle Malott. Todd Nolte, the animal facility manager, is on the pay roll of the Biosciences Department and is thus supervised by the chair of that department. However, on matters relating to animal husbandry, he reports to the veterinarian and the IACUC. The IACUC, after deliberations, sends its decisions to Dean Michelle Malott as recommendations for his approval.

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

*The veterinarian is Merrill Reinhiller, DMV. Dr. Reinhiller has a doctorate of veterinary medicine degree. He has had 30 years of small animal practice. In his 30 years of small animal practice which consisted mainly of dogs and cats, Dr. Reinhiller also worked with gerbils, hamsters, rats, rabbits, birds, and on occasion snakes. As the primary vet for MSUM Dr. Reinhiller has been overseeing the use of mainly rats and mice; however, he also inspects fish labs and labs that house rabbits, hamsters, gerbils, frogs, and snakes. Dr. Reinhiller has had extensive on the job, training in small animal medicine. He also has access to the list serve ComMed, The Lab Animal Practitioner and Lab Animal and he will be attending workshops on laboratory animal care at AVMA meetings.*

**Time Contributed to Program:** *Dr. Reinhiller has direct program authority and responsibility for the Institution's animal care and use program. The estimated time that the veterinarian contributes to the program per month is approximately 30 minutes. There are seldom more than 150 rats and mice at any one time in both animal facilities. However, occasionally there are two rabbits that are used in an immunology class. The time that the veterinarian spends on the campus is used primarily to inspect the animal facilities and animals. The veterinarian is also available on call if he is needed.*

*The back-up veterinarian is Nick Machtell, DMV. Dr. Machtell is in private practice in the Fargo/Moorhead area. He has had 19 years of small animal practice. In the event that Dr. Reinhiller is unavailable Dr. Machtell is available to attend IACUC meetings, inspect animal facilities, evaluate the well being of the animals, and to consult on questions that may arise. In Dr. Machtell's 19 years of practice he has worked mainly with cats and dogs. However he has also worked with hamsters, rats, and mice.*

**C. The Institutional Animal Care and Use Committee (IACUC) at this Institution is properly appointed in accordance with the PHS Policy IV.A.3.a and is qualified through the experience and expertise of its members to oversee the Institution's animal care and use program and facilities. The IACUC consists of at least five members, and its membership meets the composition requirements set forth in the PHS Policy, Section IV.A.3.b. Attached is a list of the chairperson and members of the IACUC and their names, degrees, profession, titles or specialties, and institutional affiliations. The list can be found on page 13.**

**D. The IACUC will:**

**1. Review at least once every six months the Institution's program for humane care and use of animals, using the "Guide" as a basis for evaluation. The IACUC**

**procedures for conducting semiannual program reviews are as follows:** Copies of the IACUC Program Review Checklist are distributed to the committee members for their assessment. Committee members are asked to rate five categories of the program: IACUC Membership and Functions, IACUC Records and Reporting Requirements, Veterinary Care, Personnel Qualifications and Training, and Occupational Health and Safety of Personnel, by indicating whether they believe each item under each category is being addressed acceptably, has minor deficiency, or has significant deficiency. If the rating of acceptable is unanimous all committee members sign one checklist. If one or more categories or items under a category is/are rated as having minor or significant deficiency, the IACUC member(s) who gave the less than acceptable rating is/are required to provide the IACUC chair with written documentation of their concern(s). The IACUC Chair then pursues the concern(s), sees that the concern(s) are addressed and reports to the IO and IACUC, at its next meeting, the steps that were taken to correct the deficiency(ies).

**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:** Copies of the Facilities Inspection Checklist, Non-Survival Surgeries Labs, and Aseptic Surgeries Labs are handed out to the IACUC members. Following this, the members tour the animal facilities in Bridges Hall, BR 365 (Psychology Department) and the Science Laboratories, SL 02 (Biosciences and Chemistry) and indicate on their checklist whether the area inspected, based on guidelines in The Guide, is acceptable, has minor deficiencies, or has significant deficiencies. If all of the IACUC members find an area acceptable they sign next to their names on a facilities checklist. If a member or members find an area to have minor deficiency(ies) the concern is discussed and if possible corrected immediately. If it or they cannot be corrected immediately the IACUC chair makes a note of the concerns, contacts the responsible party/parties in writing, and gives a report to the IO and the IACUC, at its next meeting, on steps taken to address the minor deficiency (ies). If significant deficiency(ies) are found, the Chair of the IACUC sends the IACUC concerns, in writing, to the researcher(s) involved, with a copy to the IO. Included in the letter are recommended steps that should be taken to correct the deficiency(ies) and a timeline within which the deficiency(ies) must be corrected. If the deficiency (ies) addressed in the letter is/are not corrected within the time specified, a letter is sent to the IO informing him/her that the deficiency(ies) observed in the laboratories by the IACUC members was/were not corrected within the time specified. The letter also informs the Institutional Official that if the deficiency(ies) is/are not corrected within a specified time, an explanation must be provided as to why the deficiency(ies) could not be corrected within the time-line specified by the IACUC. If the explanation given for non-compliance is not accepted by the IACUC, the IACUC will inform OLAW and the USDA Inspector about the deficiency(ies) and the lack of compliance with the IACUC requirements by the Institution and the researcher(s).

**3. Prepare reports of the IACUC evaluations as set forth in the PHS Policy IV.B.3 and submit the reports to the Institutional Official. The IACUC procedures for developing reports and submitting them to the Institutional Official are as follows:** The reports are submitted to Dean Michelle Malott, the IO. The minutes of the semiannual meetings of the IACUC are prepared following the sample format for

*Semiannual Reports published on the OLAW website. The minutes of the IACUC meeting along with copies of all documents discussed at the meeting such as : annual protocol reports, three year protocol renewals, major and /or minor protocol renewals, annual review of the Animal Care Person including training and qualifications, annual report(s) on humane care and use protocols, and semiannual checklist for the program of institutional policies and responsibilities , veterinary medical care, animal housing and support areas, non-survival surgery laboratories, and aseptic surgery laboratories are sent to the IO, Dean Michelle Malott, within 30 days after each semi-annual meeting.*

**4. Review concerns involving the care and use of animals at the Institution. The IACUC procedures for reviewing concerns are as follows:** *Individuals with concerns involving animal care and use at the institution are asked to address their concerns, in writing, to the chair of the IACUC. If the concern(s) is/are minor the chair of the IACUC will contact the researcher(s) involved and attempt to address the concern without divulging the identity of the individual citing the concern. If the concern(s) can be successfully addressed, the IACUC chair will report the concern(s) and the corrective actions taken to Dean Malott and at the next IACUC meeting. If the researcher(s) is/are unwilling or unable to address the concern(s) the IACUC chair will call a meeting of the full IACUC to discuss the concern and to decide on the appropriate recommendations to be sent to the IO. If the IO does not accept the recommendations of the IACUC, a meeting of the full IACUC and the IO is scheduled to determine appropriate action to be taken. Finally, a report is sent to OLAW detailing the concerns, recommended corrections, and corrective actions taken.*

**5. Make written recommendations to the Institutional Official, Dean Michelle Malott, regarding any aspect of the Institution's animal program, facilities, or personnel training. The procedures for making recommendations to the Institutional Official are as follows:** *After a discussion and consensus by the IACUC members that a written recommendation about the animal program, facilities, or personnel training should be sent to the Dean Michelle Malott, IO, the IACUC Chair constructs a draft of the written recommendation. The draft is shared with IACUC members to ensure that it captures the essence of the IACUC concerns, states clearly what the IACUC wished to be done to address the concern(s), and recommends a timeline within which the concerns must be addressed. The written document is then forwarded to the IO, Dean Michelle Malott.*

**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:** *At approximately the third week of each semester, notices are sent out to all faculty members holding approved animal use protocols and to the chairs of the departments of Biosciences, Chemistry, and Psychology. The notices inform them of the upcoming IACUC meeting and ask that individuals who would like to have the IACUC review an animal use protocol submit the protocol to the IACUC chair by a deadline date, usually at least three weeks before the IACUC meeting. Upon receipt of the protocols, all new protocols or three year renewal protocols or significant change to protocols are sent out to the IACUC members to be evaluated using guidelines published in The Guide. The proposals are discussed at the*

*IACUC meeting and a vote is taken on whether or not the protocol should be approved. A quorum of the IACUC consists of the veterinarian, nonaffiliated member, and two of the four faculty members on the IACUC. Individual members of the IACUC cannot vote on protocols on which they appear as authors. If the protocol gets a majority vote it is approved and a positive recommendation is forwarded to Dean Michelle Malott, the IO. If the IO concurs with the IACUC recommendation, the IACUC chair assigns the protocol a number and sends a letter to the first author stating that the animal use protocol was approved by the IACUC and that the approval is for three years. The letter also states that an annual progress report must be submitted to the IACUC and that if changes are made in the protocol execution, a protocol renewal application must be submitted for minor changes and a new protocol application is required for significant changes.*

*If after consultation with Dean Malott, the IO, a protocol does not receive a majority vote, it is not approved and the IACUC chair sends a letter to the first author informing him/her that the protocol was not approved. Included in the letter is an explanation of why the IACUC did not approve the protocol and, if possible, changes that could be made in the protocol if the author(s) wishes/wish to resubmit. If the IACUC does not believe that a protocol should be rejected, but is not comfortable approving it as submitted, it can vote to return the protocol for recommended change(s) and a specified time is given [three weeks] within which the resubmitted protocol must be received by the IACUC chair. If the revised protocol is not resubmitted within the specified time and/or the recommended changes are not satisfactorily made, the IACUC chair is authorized to send a letter to the first author of the protocol stating that the protocol was not approved by the IACUC. Upon voting to return a protocol for recommended changes the full IACUC decides whether the Chair should review the change(s) or the chair and designated member(s) should do the review. However, when the protocol is received with the requested change(s) copies are sent to all IACUC members and they are given twenty four hours within which to indicate if they would like a full committee review of the protocol. If the request for the full committee review is within two weeks of a scheduled meeting of the full committee, the protocol review is done at the scheduled meeting. If the next scheduled meeting is not within two weeks, the chair calls a special meeting of the full IACUC to review the protocol.*

*Protocols submitted outside of the time frame specified above are sent to the IACUC members who are given a day (24 hours) to inform the chair whether they would like a full committee review of the protocol or if they are comfortable with the Chair appointing designated reviewer(s). If no committee member requests a full committee review the protocol is reviewed by a designated committee. The designated committee can approve the protocol with a unanimous vote, request modification of the protocol, or refer the protocol to the full committee for review. The final decision on the protocol is then sent to the IO for concurrence.*

**7. Review and approve, require modifications in (to secure approval), or withhold approval of proposed significant changes regarding the use of animals in ongoing activities as set forth in the PHS Policy IV.C. The IACUC procedures for reviewing proposed significant changes in ongoing research projects are as follows:** *Significant changes in an ongoing protocol require the submission of a new*

protocol, as stated in the protocol approval letter. Thus protocols that require significant changes go through the procedures described above for new protocols. Protocol submissions with minor changes are reviewed by a reviewer designated by the full IACUC, usually the Chair. However, copies of the revised protocol are sent out to the committee members and they have 24 hours within which to indicate if they would like a full committee review. If no committee member(s) request a full committee review of the protocol it is reviewed by the designated committee which will approve the protocol, request modification(s), or refer the protocol to the full committee. If a committee member requests that the protocol is reviewed by the full committee, it is reviewed at the next scheduled IACUC meeting if the meeting is within three weeks of the request. If the next scheduled IACUC meeting is not within three week, the protocol is reviewed at a called meeting of the IACUC. Following deliberation and a majority vote to approve, the committee's decision is forwarded to the IO for concurrence.

**8. Notify investigators and the Institution in writing of its decision to approve or withhold approval of those activities related to the care and use of animals, or of modifications required to secure IACUC approval as set forth in the PHS Policy IV.C.4. The IACUC procedures to notify investigators and the Institution of its decisions regarding protocol review are as follows:** *Investigators are informed about the IACUC decisions regarding their protocol review by letters from the chair of the IACUC. These letters are copied to the IO for his/her information. In the event that a protocol is not approved, the letter informing the researcher of the non-approval includes an explanation of why the protocol was not approved and recommendations as to what the investigator(s) should/could do if the protocol is resubmitted for review.*

**9. Conduct continuing review of each previously approved, ongoing activity covered by PHS Policy at appropriate intervals as determined by the IACUC, including a complete review in accordance with the PHS Policy IV.C.1-4 at least once every three years. The IACUC procedures for conducting continuing reviews are as follows:** *The protocol approval letter states that in accordance with the PHS/USDA/APHIS regulations investigators must submit an annual report on the progress of their project and a new protocol application at the end of three years. New protocol applications and three year renewal protocol applications are reviewed by the full IACUC and require a majority vote for approval by the IACUC. Subsequent to approval, IACUC's actions on protocols are forwarded to the IO for his/her concurrence.*

**10. Be authorized to suspend an activity involving animals as set forth in the PHS Policy IV.C.6. The IACUC procedures for suspending an ongoing activity are as follows:** *If there is concern that a protocol may need to be suspended because of a violation of PHS/USDA/APHIS policy(ies), a meeting is called of the full IACUC and the investigator(s) to discuss the violation. The investigator(s) is/are given a chance to present information in support of non-suspension of the protocol. If suspension is indicated by a majority vote, a letter is sent to the principal investigator(s) information him/her of the IACUC's decision and stating the reason(s) why the IACUC withdrew its approval. Following this, the IACUC in consultation with the IO review the reason(s) for suspension. A letter is also sent to OLAW with full explanation of the reason(s) for suspension of the protocol.*

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

**1. Hazards identification and risk assessment.**

*The IACUC's review of protocols includes an identification and assessment of the use of hazardous materials in experiments using animals. Additionally, there is a Director of Environmental Health and Safety on the campus and he/she and his/her committee oversee the use and disposal of all hazardous materials on the campus.*

**2. Personnel training**

*Prior to working in any animal use laboratory or animal facility on the campus, all individuals must study the IACUC Handbook for the Responsible Care and Use of Animals in Research and Teaching. The Handbook contains a section entitled, Basic Principles of Laboratory Animal Care. This section covers the anatomy and physiology, housing, handling, identification, breeding, diseases, immunosuppression precautions, euthanasia, zoonoses, allergies, hazards, and carcass disposal of rabbits, rats, mice and fish. It also covers research or testing methods that minimize the number of animals required to obtain valid results and limit animal pain and distress. Individual's knowledge of the materials presented in the Handbook is tested with a 50 item multiple choice test entitled, IACUC Responsible Research Animal Care and Use Exam. Individuals are expected to earn 90% on the exam to be allowed to work with animals. There are no limits to the number of times that an individual can take the exam to earn 90%. Upon passing the exam at or above 90%, individuals are given a certificate which certifies that he/she took and passed the IACUC exam and is thus qualified to work in any of the animal use laboratories or facilities on the campus. Individual researchers also provide training for individuals working in their laboratories that is specific to the species (mice, rats, rabbits, fish) with which they work in their laboratories. Additionally, individuals are required to review Modules 03 - The Three Rs of Humane Animal Experimentation and 04 - Occupational Health and Safety, published by the Canadian Council on Animal Care, at [www.ccae.ca/en/CCAC\\_Main.htm](http://www.ccae.ca/en/CCAC_Main.htm). Individuals are also asked to answer the questions provided at the end of the modules, on a form provided, and to sign and return the form to the IACUC Chair. Review of the module is designed to provide individuals with supplemental information in the areas of zoonoses, allergies, hazards and precautions to be taken during pregnancy, illness or immune suppression, as well as the humane practice of animal use and care.*

**3. Personal hygiene**

*Personal hygiene is stressed in the IACUC Handbook. Individuals are required to wear lab coats, gloves, and protective glasses where indicated and when handling animals. Eating, drinking, and smoking in the labs or animal facilities are prohibited and individuals are instructed to wash hands with soap and warm water prior to leaving animal use labs and/or animal facilities.*

**4. Facilities, procedures and monitoring**

*All animal use laboratories and facilities are inspected twice per year (once each semester) by the entire IACUC. Additionally, the veterinarian is free to visit any animal*

use laboratory and/or any animal facility at any time and he is on call should the need arise.

**Medical evaluation and preventive medicine for personnel**

All individuals who work in animal use laboratories or in animal facilities on the campus are required to get tetanus shots in order to work in the areas. They are also required to complete a medical history questionnaire.

**F. The total gross number of square feet in each animal facility (including each satellite facility), the species of animals housed therein and the average daily inventory of animals, by species, in each facility is provided in the attached Facility and Species Inventory table.** *The number of square feet in the animal facilities in the Department of Psychology in Bridges Hall is 1481 sq. ft. The species housed in this facility are rats and occasionally mice. The number of square feet in the animal facilities used by the Biosciences and Chemistry Departments in the Science Laboratories are 1612 sq. feet. The species housed in this facility include rats, mice, rabbits, xenopus frogs, turtles, and snakes. See attached table on page 15 for the species inventory.*

**G. The training or instruction available to scientists, animal technicians, and other personnel involved in animal care, treatment, or use is as follows:** *As stated above all individuals who work in animal research laboratories or in animal facilities on the campus must study the IACUC Handbook and pass the IACUC Responsible Research Animal Care and Use Exam. They are also required to pass the exam at or above 90% to be allowed to work in any animal research laboratory or facility. They must also complete Modules 3 and 4 of the Canadian Council on Animal Care cited above. Additionally, each animal researcher provides additional training to school individuals working in his/her laboratory on relevant information about the specific species being used in his/her laboratory. The researchers also school individuals in the research skills needed to work with the animals used in their laboratory, in the studies being conducted in their laboratories and research or testing methods that minimize the number of animals required to obtain valid results and limit animal pain and distress.*

*New IACUC members are welcomed to the IACUC at their first meeting, by the IO. They are then given a copy of the Guide and a copy of OLAW's Institutional Animal Care and Use Committee Guidebook, 2<sup>nd</sup> Ed. They are also given copies of the MSUM IACUC Handbook, asked to review Modules 3 and 4 of the Canadian Council on Animal Care at the website given above, given information on workshops for IACUC members and encouraged to attend an IACUC workshop.*

**IV. INSTITUTIONAL PROGRAM EVALUATION AND ACCREDITATION**

**All of this Institution's programs and facilities (including satellite facilities) for activities involving animals have been evaluated by the IACUC within the past six months and will be re-evaluated by the IACUC at least once every six months thereafter, in accord with the PHS Policy IV.B.1-2. Reports have been and will continue to be prepared in accord with the PHS Policy IV.B.3. All IACUC**

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

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 [See Appendix].

## V. RECORDKEEPING REQUIREMENTS

A. This Institution will maintain for at least three years:

1. A copy of this Assurance and any modifications thereto, as approved by the PHS.
2. Minutes of IACUC meetings, including records of attendance, activities of the committee, and committee deliberations.
3. Records of applications, proposals, and proposed significant changes in the care and use of animals and whether IACUC approval was given or withheld.
4. Records of semiannual IACUC reports and recommendations (including minority views) as forwarded to the Institutional Official, [*Dean Michelle Malott*].
5. Records of accrediting body determinations.

B. This Institution will maintain records that relate directly to applications, proposals, and proposed changes in ongoing activities reviewed and approved by the IACUC for the duration of the activity and for an additional three years after completion of the activity.

C. All records shall be accessible for inspection and copying by authorized OLAW or other PHS representatives at reasonable times and in a reasonable manner.

## VI. REPORTING REQUIREMENTS

A. This Institution's reporting period is [*January 1 – December 31*]. The IACUC, through the Institutional Official, will submit an annual report to OLAW on [*January 31*] of each year. The report will include:

1. Any change in the accreditation status of the Institution (e.g. if the Institution obtains accreditation by AAALAC or AAALAC accreditation is revoked), any change in the description of the Institution's program for animal care and use as described in this Assurance, or any change in the IACUC membership. If there are no changes to report, this Institution will provide written notification that there are no changes.
2. Notification of the dates that the IACUC conducted its semiannual evaluations of the Institution's program and facilities (including satellite facilities) and submitted the evaluations to the Institutional Official, *Dean Michelle Malott*.

**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. of this document shall include any minority views filed by members of the IACUC.**

**VII. INSTITUTIONAL ENDORSEMENT AND PHS APPROVAL****A. Authorized Institutional Official**

**Name:** Michelle Malott, Ph.D.

**Title:** Dean of College of Social and Natural Sciences

**Name of Institution:** Minnesota State University Moorhead

**Address:** 1104 7<sup>th</sup> Avenue South, Moorhead, MN 56563

**Phone:** 218-477-5892

**Fax:** 218-477-5850

**E-mail:** Malott@mnstate.edu

**Signature:**

**Date:**

**B. PHS Approving Official**

**Name:**

**Title:**

**Address:**

**Phone:**

**Fax:**

**E-mail:**

**Signature:**

**Date:**

**C. Effective Date of Assurance:**

**D. Expiration Date of Assurance:**

**MEMBERSHIP OF THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE**

DATE: May 10 2008

NAME OF INSTITUTION: Minnesota State University Moorhead

ASSURANCE NUMBER:

Chairperson Name, Title, and Degree/Credentials		Business Address, Phone, Fax, and Email of Chairperson	
Name*: A. Derick Dalhouse	Title*: Professor of Psychology	Address*: Department of Psychology Minnesota State University Moorhead Moorhead, MN 56563	

Degree/credentials*: Ph. D.	Phone*: 218-477-2072	Fax*: 218-477-2062	Email*: dalhouse@mnstate.edu
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Name of Member/Code**	Degree/Credentials	Position Title	PHS Policy Requirements***
Merril J. Reinhiller	DVM	Veterinarian	V
Duffy Williams	Reverend	Episcopalian Priest and General Contractor	NS/NA
Stockrahm, Donna	Ph.D.	Professor, Biosciences	S
Brian Wisenden	Ph.D.	Professor, Biosciences	S
Bergstrom, Rochelle	Ph. D.	Assistant Professor, Psychology	S

\*This information is mandatory.

\*\*Names of members, other than the chairperson and veterinarian, may be represented by a number or symbol in this submission to OLAW. Sufficient information to determine that all appointees are appropriately qualified must be provided and the identity of each member must be readily ascertainable by the Institution and available to authorized OLAW or other PHS representatives upon request.

\*\*\*PHS Policy Requirements - identify which IACUC members meet the four criteria below:

- Veterinarian (V) - a veterinarian with direct or delegated program responsibility.
- Scientist (S) - a practicing scientist experienced in research involving animals.
- Nonscientist (NS) - a member whose primary concerns are in non-scientific areas (e.g. ethicist, lawyer, member of the clergy).
- Nonaffiliated (NA) - a member who is not affiliated with the Institution in any way other than as a member of the IACUC, and who is not a member of the immediate family of a person who is affiliated. This member is expected to represent the interests of the general community in the proper care and use of animals and should not be a laboratory animal user. A consulting attending veterinarian may not be considered nonaffiliated.

Notes:

1. All members must be appointed by the CEO (or individual with specific written delegation to appoint members) and must be voting members. Ad hoc or nonvoting members may be listed and identified as such, but are not considered members for the purpose of the PHS Policy, and do not contribute to a quorum.
2. If Alternate members are listed, identify for whom (by name or code number, not specialty) they will serve as Alternates.

### **OTHER KEY CONTACTS (OPTIONAL)**

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

Name: A. Derick Dalhouse  
 Title: Professor of Psychology and Chair IACUC  
 Phone & Fax: 218-477-2602  
 E-mail: dalhouse@mnstate.edu

Name:  
 Title:  
 Phone & Fax:  
 E-mail:

