



DEPARTMENT OF HEALTH & HUMAN SERVICES

PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH

FOR US POSTAL SERVICE DELIVERY:

Office of Laboratory Animal Welfare
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December 3, 2013

Andrew Z. Mason, Ph.D.
Interim Associate Vice President for
Research and Sponsored Programs
Office of Research and Sponsored Programs
California State University, Long Beach
1250 Bellflower Boulevard
Long Beach, CA 90840

Dear Dr. Mason,

The Office of Laboratory Animal Welfare (OLAW) has reviewed and approved the Animal Welfare Assurance (Assurance) which was submitted in compliance with the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals (Policy) revised August 2002.

Your renewed Assurance with identification #**A3390-01** became effective on December 3, 2013 and supersedes any previously issued Assurance. The approval period is for four years, and will expire on December 31, 2017. Please be sure to reference your Assurance number in all correspondence to this Office.

The Assurance is a key document in defining the relationship of your Institution to the PHS since it sets forth the responsibilities and procedures of your Institution regarding the care and use of laboratory animals. Among the important elements of the Assurance, I would especially call your attention to the reporting requirements which are essential for continued compliance with the PHS Policy.

Please note that an Annual Report to OLAW is required at least once every 12 months. The reporting period is the calendar year. Reports for the previous calendar year are due **January 31**. Therefore your Annual Report for 2013 is due to this office by January 31, 2014.

A copy of the approved Assurance signature page is enclosed. If I may be of any further assistance, please contact me.

Sincerely,

Brent C. Morse, D.V.M.
Animal Welfare Program Specialist
Office of Laboratory Animal Welfare

cc: John De la Cuesta, M.S., IACUC Chair

CALIFORNIA STATE UNIVERSITY, LONG BEACH
Assurance Number *A3390-01*.
Animal Welfare Assurance for Domestic Institutions
in accordance with the PHS Policy for
Humane Care and Use of Laboratory Animals

I, Andrew Z. Mason, as named Institutional Official for animal care and use at California State University, Long Beach, provide assurance that this Institution will comply with the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals (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.

A. The following are branches and components over which this Institution has legal authority, included are those that operate under a different name:

Under branch of Academic Affairs, the eight colleges (Arts, Business Administration, Education, Engineering, Health and Human Services, Liberal Arts, Natural Sciences and Mathematics, Continuing and Professional Education) and all centers and institutes housed within the respective colleges.

Office of Research and Sponsored Programs

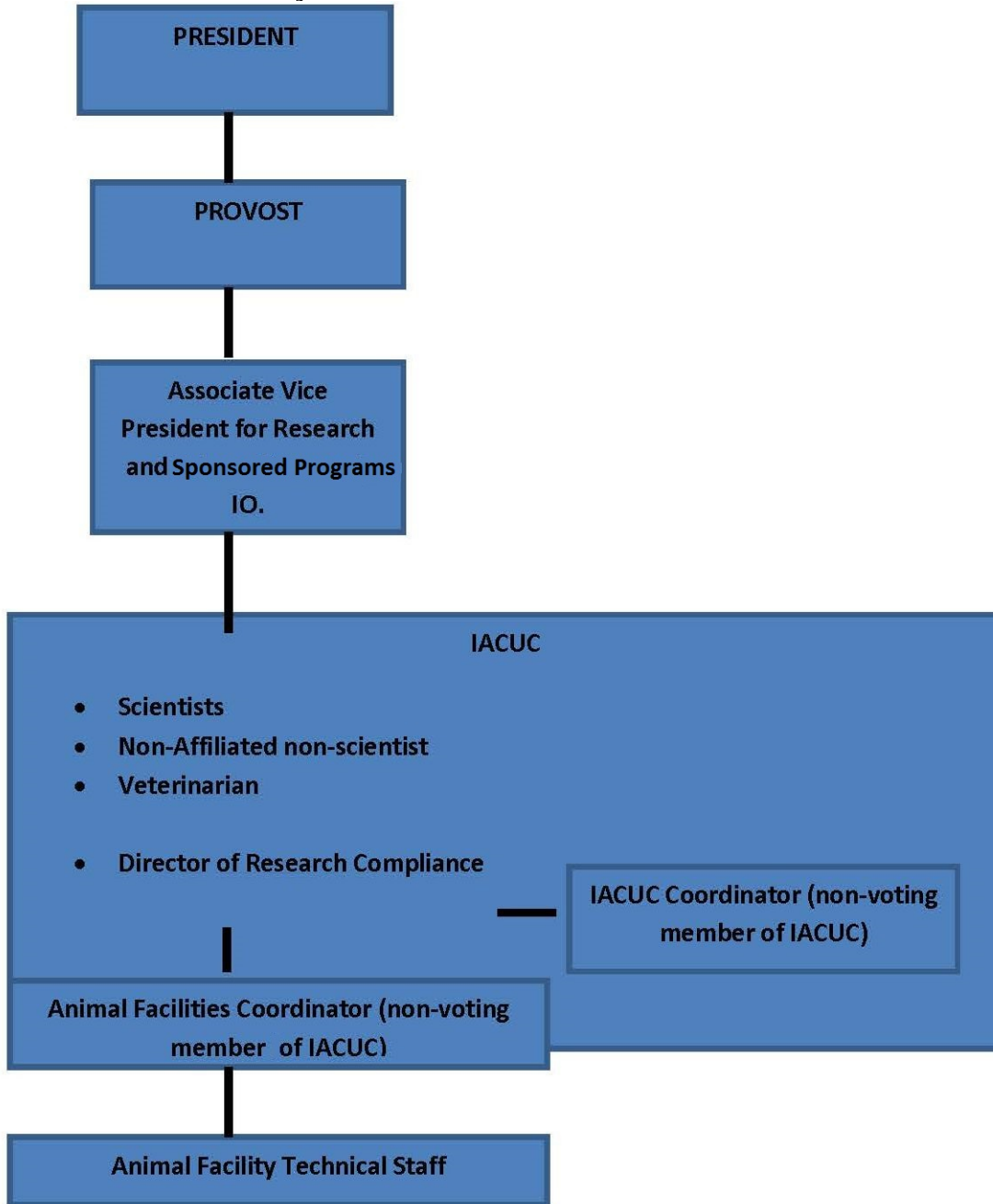
B. The following are other institution(s), or branches and components of another institution:
None

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 according to 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 the PHS Policy are as follows:



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

1) Name: John David Young, Jr.

Qualifications

- Degrees:
The Pennsylvania State University
University Park, Pennsylvania: B.S. (1979)

University of Pennsylvania
Philadelphia, Pennsylvania: V.M.D. (1983)

The Pennsylvania State University
Hershey, Pennsylvania: M.S. (1985)

Diplomate, American College of Laboratory Animal Medicine (1989)

- Training or experience in laboratory animal medicine or in the use of the species at the institution:

Research Fellow in Laboratory Animal Medicine
The Milton S. Hershey Medical Center
Pennsylvania State University
Hershey, Pennsylvania

VETERINARY MEDICAL LICENSURE:
Pennsylvania

PROFESSIONAL EXPERIENCE:
Director, Department of Comparative Medicine
Cedars-Sinai Medical Center
Los Angeles, California
(1989 – Present)

Director, Animal Research Facility
VA Medical Center
Sepulveda, California
(1985 – 1989)

Consultant Laboratory Animal Veterinarian
Cedars-Sinai Medical Center
Los Angeles, California
(1986 – 1989)

Consultant Laboratory Animal Veterinarian
Olive View Medical Center
Sylmar, California
(1987 – 1989)

Attending Laboratory Animal Veterinarian
V.A. Medical Center
Long Beach, California
(1992 – 2001)

Attending Laboratory Animal Veterinarian
California State University, Long Beach
Long Beach, CA
(1994 – Present)

LEARNED AND PROFESSIONAL SOCIETIES:
American Veterinary Medical Association (1983)

Pennsylvania Veterinary Medical Association (1983)

American Association of Laboratory Animal Science (1984)

Southern California Branch – American Association of Laboratory Animal Science (1985)

California Laboratory Animal Medical Society (1985)

American Society of Laboratory Animal Practitioners (1987)

American College of Laboratory Animal Medicine (1989)

California Veterinary Medical Association (1992)

Authority: Dr. Young has direct program authority and responsibility for the Institution's animal care and use program including access to all animals. Dr. Young has complete access to all animals via code access to the facility entrance and hard key access to all animal rooms.

Time contributed to program:

Dr. Young visits the University twice monthly and participates in the University IACUC monthly meetings and the semi-annual program evaluations and facility inspections. He is expected to spend approximately 15 hours per month on the campus animal care and use program. He is available for consultation with the faculty and research administrative and facility staff via e-mail, phone, and fax, and provides 24 hr./day on call service. A backup veterinarian, Dr. Erin Goodwin (D.V.M, Western University, 2010) also of Cedars-Sinai Medical Center, is available by telephone in case Dr. Young cannot be reached.

- C. The 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 of PHS Policy 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) Review at least once every 6 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:

Every 6 months the IACUC reviews the animal care and use program using a Semiannual Program Review Checklist – Institutional Policies and Responsibilities based on the checklist developed by OLAW. This review takes place during a monthly meeting with a majority of Committee members present. No member of the IACUC who wishes to participate in the review is precluded from doing so.

- 2) Inspect at least once every 6 months all of the Institution's animal facilities, including satellite facilities and animal surgical sites, using the *Guide* as a basis for evaluation. The IACUC procedures for conducting semiannual facility inspections are as follows:

Every 6 months the IACUC inspects all animal facilities utilizing a Semiannual Facility Inspection Checklist – Animal Housing and Support Areas based on the checklist developed by OLAW. The full Committee is invited to participate in the inspection, but minimally two voting members and the Attending Veterinarian participate in the inspections. The inspections are conducted immediately after the regularly-scheduled meetings so that all members may participate. No member of the IACUC who wishes to participate in the inspection is precluded from doing so.

- 3) Prepare reports of the IACUC evaluations according to 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:

After the facilities inspection and the program review, a report (based on the Semiannual Report to the Institutional Official developed by OLAW) is developed and approved by

signature by a majority of the IACUC at a convened meeting and sent to Associate Vice President for Research and Sponsored Programs.

The Institution maintains a record of all minority views expressed by IACUC members. Minority views are included in the semiannual report.

The IACUC identifies departures from the PHS Policy and the Guide through protocol, Annual Report, and Protocol Modification review. If no alternative to a departure can be identified, and the reason is justified based on scientific, veterinary medical, or animal welfare issues, the departure is to be approved by Committee prior to implementation. Approved departures including their nature, reason, and justification are tracked by the IACUC Coordinator via meeting minutes and a database, reviewed annually, and reported by the IACUC to the Institutional Official at the time of approval and in semiannual reporting. IACUC approved departures are also reported to OLAW in Annual Reports. The report identifies any non-IACUC approved departures from the Guide and any deficiencies as minor or significant discovered in either the program review or the facilities inspection including reasonable plan and schedule for correction of the deficiencies.

Non-IACUC approved departures from the Guide are reviewed at a convened meeting of the IACUC and are subsequently and promptly reported to the IO and the OLAW.

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

Any deficiencies in animal care and treatment at the Institution can be reported (anonymously, if desired) to any of the following individuals: the Institutional Official, the Director for Research Integrity and Compliance, the IACUC Chair, the Attending Veterinarian, and/or the Research Facilities Coordinator. The policy is posted conspicuously in the Animal Research Facility (Vivarium). It is the policy of this Institution to protect any individual reporting a concern in the care and use of animals against reprisals. Individuals reporting concerns are protected against retaliatory actions for disclosure of perceived improper activities involving the care and welfare of animals in accordance with extant University policy under Chancellor's executive order 822 and section 8547.3(a) of the Government Code, which is part of the California Whistleblower Protection Act. All individuals involved in the approved care and use of animals receive training from the Research Facilities Coordinator regarding the policy for reporting perceived deficiencies in animal care. This policy, together with the contact information of the individuals to whom concerns should be addressed, are provided on the CSULB IACUC website.

Concerns are discussed by the IACUC at a convened meeting. In the event that concerns are against an IACUC member, that member cannot be in attendance at the meeting nor be part of the quorum. All issues are evaluated based upon the principles, policies and procedures established by the Office of Research and Sponsored Programs for the care and use of animals at this institution as described in this assurance.

- 5) Make written recommendations to the Institutional Official regarding any aspect of the Institution's animal program, facilities, or personnel training. The procedures for making recommendations to the Institutional Official are as follows:

The procedures for making recommendations to the Institutional Official consist of sending an email to the Associate Vice President for Research and Sponsored Programs followed by a written hard copy whenever appropriate, with the President and Provost copied on the report.

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

The IACUC meets monthly as a committee of the whole. Draft applications (new protocols, annual reports and requests for significant modifications to protocols) are first emailed to the Attending Veterinarian for pre-review, consultation, and recommendation for revision prior to IACUC review. Following pre-review by the Attending Veterinarian, copies of the submitted new protocols, annual reports and requests for significant modifications to protocols are submitted by the Attending Veterinarian via e-mail to the Office of Research and Sponsored Programs at least two weeks prior to the scheduled meeting of the IACUC. The documents are made available electronically via a secure server site to committee members no later than one week prior to the meeting by the IACUC Coordinator, together with any pre-review email correspondence from the Attending Veterinarian. New Applications are assigned a unique number upon receipt by the Office of Research and Sponsored Programs and prior to setting the meeting agenda. All submitted materials for IACUC review are reviewed and evaluated using guidelines published in the Guide.

A quorum is necessary for any business to be conducted by the IACUC, including final action on a protocol. An IACUC member may not participate in the review and approval of his/her protocol, nor may a member who has a conflict of interest contribute to the constitution of a quorum. Project applications are discussed when the Committee meets and a vote is taken to approve, require modifications, or withhold approval regarding the use of animals. A simple majority is required for approval of any business before the Committee. Investigators are invited to attend the meeting in support of their project applications, but are required to leave prior to any voting decision regarding their protocol. The proposals are discussed at the IACUC meeting and a vote is taken on whether or not the protocol should be approved. The IACUC, through the Office of Research and Sponsored Programs, notifies investigators in writing of its decisions (also see section II.D.8 of this assurance).

If the protocol receives a majority vote of approval and positive recommendation, the IACUC Coordinator sends a letter to the principal investigator stating that the animal use protocol was approved by the IACUC for a period not to exceed 3 years. The letter also states that an annual progress report must be submitted to the IACUC and that if changes are intended in the protocol execution; a protocol modification application must be submitted and approved by the IACUC prior to implementation. Certain changes may require the submission of a new protocol application.

If a protocol does not receive a majority vote for approval, the IACUC Chair sends an email to the principal investigator 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 modifications are required in order to secure approval, the necessary modifications requested by the Committee are communicated to the principal investigator in writing by the IACUC Coordinator. Upon voting to return a protocol for recommended changes the full IACUC can decide whether the Chair or a designee should review the change(s) or whether it should come back to Full Committee Review (FCR). If Designated Member Review (DMR) is approved, the Chair and IACUC Coordinator, along with the Designated Member(s), if any, will review the final, revised version of the proposal to ensure that the modifications have been implemented.

The campus has no policy for "expedited review" of protocols. The IACUC has utilized DMR during times when the University is not in session. The entire IACUC has signed a statement agreeing that a quorum of members at a meeting may decide by unanimous

vote to use DMR at times when a scheduled meeting is not feasible due to campus closures or other circumstances. To instigate DMR, email notifications are first sent out to the committee members who have 3 working days within which to indicate whether they would like to request a full committee review. Any Committee member has the right to object and ask for a full Committee review. If a Committee member requests that the protocol be reviewed by the full Committee, it will be reviewed at the next scheduled IACUC meeting. If no Committee member(s) request a full committee review of the protocol, the entire Committee is given notice that a Committee member(s), designated by the Chair, will review a project application. When authority is given to the Designated Member(s), the Committee understands that the decision of the Designated Member(s) to approve, refer the protocol to the full committee or require modifications to (to secure approval) activities related to the care and use of animals is binding and final. However, the Designated Member(s) cannot withhold approval of a study. Rather he/she/they must refer the study to full committee review if significant concerns are identified that might result in disapproval.

- 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 according to PHS Policy IV.C. The IACUC procedures for reviewing proposed significant changes in ongoing research projects are as follows:

During the conduct of an approved project it may become necessary to modify or deviate from the approved protocol. Such changes must be communicated to the IACUC for approval prior to the implementation of the change by use of the Request for Modification of an Approved Protocol Using Animal Subjects form. It is institutional policy that no one may implement modifications to an existing protocol prior to IACUC review and approval.

The Request for Modification of an Approved Protocol Using Animal Subjects must be completed and submitted to the Attending Veterinarian by e-mail. The Veterinarian will review the modification and determine whether the modification is minor or significant according to the policies developed by the IACUC. The Office of Laboratory Animal Welfare explains that the IACUC has discretion to define what it considers to be a significant change, or to establish a mechanism for determining significance on a case-by-case basis.

Submissions for minor changes are reviewed by the Veterinarian and either returned to the applicant for revision and resubmittal, or forwarded to the IACUC Chair with their recommendation for approval. When the Chair and the Veterinarian both approve, the Chair will send the approved Modification to the Office of Research and Sponsored Programs indicating approval. Modifications approved by the Chair are communicated to all Committee members at the next convened meeting. They appear as agenda items, but are informational only and not voted upon. The Investigator is notified of the outcome by the Office of Research and Sponsored Programs in writing. This entire process should take approximately four working days. Additional time may be required to make changes required by the Veterinarian or Chair to a Modification request. Significant modifications in an approved protocol require FCR. Significant modifications include (but are not limited to): A change in the objectives of the study, increase in animal numbers greater than 10% of the currently approved quota for rats (*Rattus*), mice (*Mus*) and birds or any increase in animal numbers for AWA/AWR covered species, change in anesthetic agent(s) or the use of or withholding of analgesics, change in method of euthanasia if the proposed euthanasia method is not in compliance with the most current AVMA Guidelines, change resulting in an increase in duration, frequency, or number of procedures performed on an animal or the addition of procedures that have potential to cause pain and distress.

A change in species or Principal Investigator requires submission of a new Application for Use of Animal Subjects. Modification of radiation exposure, radioactive materials, carcinogens, or biohazards [including Recombinant DNA] requires new submission of the Radiation & Environmental Safety forms.

If required, the IACUC can utilize DMR for modifications requesting significant changes as described under item 6. To instigate DMR, modifications requesting significant changes are sent the committee members by email and they have 3 working days within which to indicate if they would like to request a full committee review. Any Committee member has the right to object and ask for a full Committee review. If a committee member requests that the protocol be reviewed by the full committee, it will be reviewed at the next scheduled IACUC meeting. If no committee member(s) request a full committee review of the protocol, DMR will commence as described in section II.D.6.

- 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 according to 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 notified by the IACUC Coordinator, by email, of the approval status of his/her protocol application as soon as possible after the relevant meeting. This notification will include a list of any modifications required by the Committee. When the conditions of approval are satisfactorily met as determined by the IACUC Chair, Director of Research Compliance, or Designated Member investigators are sent a formal approval letter signed by the Director for Research Integrity and Compliance. This letter will be an electronically signed .pdf document. Signed hard paper copies are available on request. The IO is copied on all IACUC committee correspondence regarding approval and modification of protocols.

- 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 at least once every 3 years according to PHS Policy IV.C.1.-5. The IACUC procedures for conducting continuing reviews are as follows:

Research projects are approved up to a maximum of 3 years. After 3 years, the IACUC requires a new application for the continuation of a previously approved project. The IACUC procedures for conducting continuing review of each previously approved, ongoing activity covered by PHS Policy require the submission of an Annual Report at a minimum of one year following the approved project period start date, and at least each year thereafter for the entire project period. The Annual Report must be supplemented with documented evidence of appropriate literature searches for alternatives to using animals and potentially painful procedures with attention to the principles of reduction, refinement, and replacement. The information in the Annual Report also provides the committee with a full review of the approved protocol and a summary of research activities during the previous year.

Annual Reports of approved protocols must be completed and submitted to the Attending Veterinarian by e-mail. Upon Veterinarian review, the Annual Report is sent to the IACUC Coordinator for placement on the agenda for the next convened IACUC meeting. Annual Reports require FCR. If required, the IACUC can utilize DMR for Annual Reports as described under section II.D.6. Approval of Annual Reports will be communicated to the Principle Investigator by the IACUC Coordinator via email.

- 10) Be authorized to suspend an activity involving animals according to PHS Policy IV.C.6. The IACUC procedures for suspending an ongoing activity are as follows:

Suspension of research under a protocol would be accomplished either by a majority vote on an ad hoc motion in the full Committee with a quorum present or by disapproval at an annual report review. In the event of a suspension, the IACUC notifies the Principal Investigator and the IO of the suspension and the circumstances, reasons and justification regarding their action. Subsequently, the IO in consultation with the IACUC

reviews the reasons for the suspension takes appropriate corrective actions and reports such actions with a full explanation to OLAW.

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

1) Control and Prevention Strategies

Animal Facility staff and faculty who use the facility must submit a Project Authorization form to the CNSM (College of Natural Sciences and Math) Safety Office where trained safety professionals review all materials and methods are examined. Any necessary restrictions are identified and set before the project is approved by the department chair and CNSM Safety personnel. These authorizations are updated every 3 years or anytime a new hazard is introduced. Use of appropriate engineering controls, such as fume hoods, enclosures barriers and sharps containers are mandated. Safety equipment such as eye wash and safety showers are in place and tested monthly. Appropriate personal protective equipment is supplied and used as necessary.

2) Hazard Identification and Risk Assessment

Hazard identification and risk assessment is part of the Project Authorization process. Risk assessment is conducted and control measures are put in place that address the hazards identified. Use of hazardous materials such as infectious agents, compressed gas, chemical agents, sharps, radioisotopes and physical hazards are closely monitored and substituted out where possible. Other hazards in the animal facility may include use of autoclaves, cage washers, compressed gas and steam cleaners and are used only by appropriately trained personnel. Moving heavy or large items such as cages, food packages, bedding and cleaning solutions pose a risk of injury and are handled by appropriately trained personnel using materials handling equipment where necessary.

Field work may present unique hazards. Site hazard assessments are performed by project supervisors and all relevant safety procedures are communicated to and followed by project personnel.

3) Facilities, Equipment and Monitoring

The central animal facility, built in 2011, is a state of the art animal research complex equipped with various engineering and environmental controls to minimize exposure to harmful agents and hazardous activities. A commercial cage washer, segregated cage areas, vented dissection table, ventilated cage changing hood, autoclave, compressed gas racks and changing/showering facilities are provided. Safety shower/eyewash units are present in corridors. Safety equipment are maintained and calibrated routinely. Satellite facilities are all modern research and instructional labs built to current standards and equipped with chemical fume hoods, biosafety cabinets, emergency shower and eyewash stations among other safety equipment items.

4) Personnel Training

Introductory Safety training is required for all personnel associated with approved protocols. The CNSM Safety Office administers introductory safety training following its Chemical Hygiene plan and the campus Injury Illness and Prevention Program, in conformance with Cal/OSHA regulations for research laboratories. Also required is CITI (Collaborative Institutional Training Initiative) training, titled "Working with the IACUC" along with the appropriate species-specific training modules. Procedural and task-specific training is provided to individuals by their lab supervisors.

Additional training needs for PIs and research personnel, including students, is determined by the Attending Veterinarian and the IACUC committee during interaction with the PI at the time of initial consultation/protocol pre-review. Additional training needs are also identified during introductory safety training, described above. This training may include methods to minimize the number of animals used as well as methods to limit animal pain and distress. The experience and qualifications of all individuals identified on the proposed protocol are

reviewed with respect to the specific bi methodology and species identified in the proposed protocol. The IACUC also reviews the personnel qualifications and experience at the time of protocol review. If individuals are identified on the protocol that do not have experience/training with the species and bi methodology identified on the protocol, the protocol must detail how and by whom training will be accomplished. Training can be conducted by experienced persons listed on the protocol, the Attending Veterinarian, other faculty, or outside experts as is indicated. Training, in addition to the required modules, is provided by the Research Facilities Coordinator. That training includes, but is not limited to, an overview of the rules and regulations, specific occupational points of concern relating the animals species identified in the protocol, the animal micro and macro environments, increased risk during pregnancy, illness and decreased immunocompetence, as well as general university policies. If requested the Research Facilities Coordinator can also provide species and bi methodology training. Periodic animal-specific training is provided to the animal technicians by expert researchers as necessary. In addition, the Office of Research and Sponsored Programs supports periodic training sessions for IACUC members, the Animal Technicians, Research Facilities Coordinator, and Office of Research and Sponsored Programs Staff associated with animal care and use. Additional ad-hoc training for the IACUC is provided during each monthly meeting by the Attending Veterinarian as part of his/her report. These training sessions include pertinent information on changes and improvements in policy, current practices, and methodologies to ensure compliance with this Assurance for animal care and welfare. All trainings are documented and verification of completion is conducted by the IACUC Coordinator, Research Facilities Coordinator, Director of Research Integrity and Compliance, and CNSM Safety Office, as applicable.

5) Personal Hygiene

The primary facility is equipped with two change rooms with shower stalls. All personnel are required to maintain a high standard of personal cleanliness. Suitable protective prevention equipment for use in the animal facility and laboratories are supplied to the animal facilities staff. Personnel are required to wash their hands and launder and change clothing to maintain personal hygiene. Lab coats or personal protective equipment worn in the animal facility are not to be worn outside of the animal facility. Personnel are not permitted to eat, drink, use tobacco products, or apply cosmetics in animal rooms.

6) Animal Experimentation Involving Hazards

Potential hazards, such as animal bites, hazardous chemical or infectious agents, radiochemicals, chemical cleaning agents, allergens, and zoonotic diseases, that are associated in dealing with animal use, are identified and evaluated. Health and safety specialists with knowledge in the appropriate disciplines are involved in the assessment of risks in conjunction with the development of the appropriate procedures for the management of those risks. The CNSM Safety Office maintains written policies and procedures governing the use of biohazards, toxic chemicals and physical hazards. These policies and procedures are disseminated to project supervisors directly and available via the CNSM website. These policies are enforced by means of facilities inspections and protocol review.

7) Personal Protection

Animal care personnel are required to wear the university supplied, appropriate personal protection as outlined in the CNSM PPE Hazard Assessment document. This protective equipment may include items such as masks and face shields, gloves, shoes or shoe covers, and laboratory coats. Additional hearing protection is provided in specific high noise areas. Personnel are prohibited from wearing protective clothing and equipment outside the animal facility. Health guidelines for Animal Handlers and a Medical Surveillance Program developed in collaboration with the CSULB Office of Environmental Health and Safety has been implemented.

8) Medical Evaluation and Preventive Medicine for Personnel

Comprehensive medical evaluations are given pre-employment, annually, and upon termination. Each employee undergoes an annual examination to include identifying any changes in medical history including a review of immunization status. Periodic medical evaluations advisable for personnel at specific risk categories are performed; other blood

work may be ordered at the discretion of the examining physician. Vaccinations are given as needed to keep up to date with tetanus –diphtheria, and other physician- recommended immunizations.

Procedures for reporting injuries such as bites and scratches entail completing an Incident Report Form and/or Workers Compensation as appropriate. Treatment beyond simple first aid is obtained through Student Health Services or the campus-contracted Workers Compensation physician (Memorial Occupational Medical Services).

- F. The total gross number of square feet in each animal facility (including each satellite facility), the species of animals housed there and the average daily inventory of animals, by species, in each facility is provided in the attached Facility and Species Inventory table.
- G. The training or instruction available to scientists, animal technicians, and other personnel involved in animal care, treatment, or use is as follows:

The training or instruction available to scientists, animal technicians, and other personnel involved in animal care, treatment, or use includes the CITI Responsible Conduct of Research website Orientation to Animal Care and Use training module. This is required of all personnel new to the area of animal care and use. Additional training needs for PIs and research personnel, including students, is determined by the Attending Veterinarian during interaction with the PI at the time of initial consultation/protocol pre-review. This training may include methods to minimize the number of animals used as well as methods to limit animal pain and distress. The experience and qualifications of all individuals identified on the proposed protocol are reviewed with respect to the specific biomethodology and species identified in the proposed protocol. The IACUC also reviews the personnel qualifications and experience at the time of protocol review. If individuals are identified on the protocol that do not have experience/training with the species and biomethodology identified on the protocol, the protocol must detail how and by whom training will be accomplished. Training can be conducted by experienced persons listed on the protocol, the Attending Veterinarian, other faculty, or outside experts as is indicated. Training, in addition to the required modules, is provided by the Research Facilities Coordinator. That training includes, but is not limited to, an overview of the rules and regulations, specific occupational points of concern relating to the animals species identified in the protocol, the animal micro and macro environments, increased risk during pregnancy, illness and decreased immunocompetence, as well as general university policies. If requested the Research Facilities Coordinator can also provide species and biomethodology training. Safety training is required for all protocols and is administered by the Safety Office in the College of Natural Sciences and Mathematics. Specific species or methodology training can be provided by the Research Facilities Coordinator if necessary. Periodic animal-specific training is provided to the animal technicians by expert researchers as necessary. All trainings are documented and verification of completion is conducted by the IACUC Coordinator, Research Facilities Coordinator, Director of Research Integrity and Compliance, and CNSM Safety Office, as applicable. In addition, the Office of Research and Sponsored Programs supports travel and registration costs for periodic training sessions for IACUC members, the Animal Technicians, Research Facilities Coordinator, and Office of Research and Sponsored Programs Staff associated with animal care and use. Examples of meetings that have been used as venues to provide training for IACUC members include IACUC 101 and the national, regional and local AALAS meetings and online OLAW sponsored webinars. Additional ad-hoc training for the IACUC is provided during each monthly meeting by the Attending Veterinarian as part of his/her report. These training sessions include pertinent information on changes and improvements in policy, current practices, and methodologies to ensure compliance with this Assurance for animal care and welfare.

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 6 months and are reevaluated by the IACUC at least once every 6 months according to PHS Policy IV.B.1.-2. Reports have been and will continue to be prepared according to 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 PHS Policy and 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.

V. Recordkeeping Requirements


- A. This Institution will maintain for at least 3 years:
 - 1) A copy of this Assurance and any modifications made to it, 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 granted or withheld
 - 4) Records of semiannual IACUC reports and recommendations (including minority views) as forwarded to the Institutional Official, Andrew Z. Mason, PhD.
 - 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 3 years after completion of the activity.
- C. All records are accessible for inspection and copying by authorized OLAW or other PHS representatives at reasonable times and in a reasonable manner.


VI. Reporting Requirements

- A. The Institutional reporting period is the calendar year (January 1 – December 31). The IACUC, through the Institutional Official, will submit an annual report to OLAW by January 31 of each year. The annual 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, Andrew Z. Mason, PhD.
 - 5) Any minority views filed by members of the IACUC
- 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 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: Andrew Z. Mason, Ph.D.	
Title: Interim Associate Vice President of Research and Sponsored Programs	
Name of Institution: California State University, Long Beach	
Address: (street, city, state, country, postal code) Office of Research and Sponsored Programs 1250 Bellflower Boulevard Long Beach, CA 90840	
Phone: (562) 985-5314	Fax: (562) 985-8665
E-mail: Zed.Mason@csulb.edu	
Acting officially in an authorized capacity on behalf of this Institution and with an understanding of the Institution's responsibilities under this Assurance, I assure the humane care and use of animals as specified above.	
Signature: 	Date: 10/29/13

B. PHS Approving Official (to be completed by OLAW)	
<p>Name/Title: Brent C. Morse, DVM Office of Laboratory Animal Welfare (OLAW) National Institutes of Health 6705 Rockledge Drive RKL1, Suite 360, MSC 7982 Bethesda, MD USA 20892-7982 (FedEx Zip Code 20817) Phone: +1 (301) 594-2921 Fax: +1 (301) 480-3418</p>	
Signature: 	Date: 12/3/13
Assurance Number: A3390-01	
Effective Date: 12/3/2013	Expiration Date: 12/31/2017

VIII. Membership of the IACUC

Date: 10/18/2013			
Name of Institution: California State University, Long Beach			
Assurance Number: A3390-01			
IACUC Chairperson			
Name*: John de la Cuesta			
Title*: Science Safety Officer, College of Natural Sciences and Mathematics			Degree/Credentials*: M.S.
Address*: (street, city, state, zip code)			
Office of Research and Sponsored Programs 1250 Bellflower Boulevard Long Beach, CA 90840			
E-mail*: John.delacuesta@csulb.edu			
Phone*: (562) 985-5623		Fax*: (562) 985-8665	
IACUC Roster			
Name of Member/ Code**	Degree/ Credentials	Position Title***	PHS Policy Membership Requirements****
John de la Cuesta	M.S.	Science Safety Officer	Nonscientist
John Young	VMD, MS, DACLAM	Consulting Veterinarian	Veterinarian
A.	B.S., M.S., LATg	Coordinator, Research Facilities	Nonscientist
B.	Ph.D.	Professor, Psychology	Scientist
C.	M.A.	Director of Research Integrity and Compliance	Nonscientist
D.	B.S.	Retired Executive Director, So Cal Institute for Research & Ed., VA Long Beach Healthcare System	Nonaffiliated
E.	Ph.D.	Associate Professor, Biological Sciences	Scientist

IX. Other Key Contacts

None

X. Facility and Species Inventory

Date: 10/18/2013			
Name of Institution: California State University, Long Beach			
Assurance Number: A3390-01			
Laboratory, Unit, or Building*	Gross Square Feet [<i>include service areas</i>]	Species Housed [<i>use common names, e.g., mouse, rat, rhesus, baboon, zebrafish, African clawed frog</i>]	Approximate Average Daily Inventory
Hall of Science Facility Rooms 40-69 (13 animal rooms, 2 procedure rooms, feed and bedding room, surgical suite, teaching and histology lab, cage wash room)	6,043	Ground Squirrels	20
		Rats	180
		Siberian Hamsters	70
		Mice	80