



DEPARTMENT OF HEALTH & HUMAN SERVICES

PUBLIC HEALTH SERVICE  
NATIONAL INSTITUTES OF HEALTH

FOR US POSTAL SERVICE DELIVERY:

Office of Laboratory Animal Welfare  
Division of Assurances  
6705 Rockledge Drive  
RKL1, Suite 360, MSC 7982  
Bethesda, Maryland 20892-7982

FOR EXPRESS MAIL:

Office of Laboratory Animal Welfare  
Division of Assurances  
6705 Rockledge Drive, Suite 360  
Bethesda, Maryland 20817  
Telephone: (301) 594-2921  
Fax: (301) 480-3418

February 1, 2016

RE: Assurance Renewal #A3416-01

James W. Hicks, Ph.D.  
Interim Vice Chancellor for Research  
University of California, Irvine  
Office of the Vice Chancellor for Research  
160 Aldrich Hall  
Irvine, CA 92697-3175

Dear Dr. Hicks:

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 2015.

Your renewed Assurance with identification **#A3416-01** became effective on February 1, 2016 and supersedes any previously issued Assurance. The approval period is for four years, and will expire on February 29, 2020. 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.

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**. Your Annual Report for 2015 has been received by this office. Your Annual Report for 2016 must be received by this office by January 31, 2017.

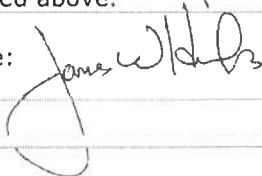
A copy of the approved Assurance signature page is enclosed. If I may be of any further assistance, please contact me.


Sincerely,

Brent C. Morse, DVM, DAACLAM  
Animal Welfare Program Specialist  
Office of Laboratory Animal Welfare

cc: IACUC contact

**VII. Institutional Endorsement and PHS Approval**

<b>A. Authorized Institutional Official</b>	
Name: James W. Hicks, Ph.D.	
Title: Interim Vice Chancellor for Research	
Name of Institution: University of California, Irvine	
Address: <i>(street, city, state, country, postal code)</i> Office of the Vice Chancellor for Research 160 Aldrich Hall Irvine, CA 92697-3175	
Phone: (949) 824-3079	FAX: (949) 824-2094
E-mail: jhicks@uci.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: October 29, 2015

<b>B. PHS Approving Official</b> <i>(to be completed by OLAW)</i>	
Name/Title: <b>Brent C. Morse, DVM</b> 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) 496-7163 Fax: +1 (301) <b>480-3418</b>	
Signature: 	Date: <b>2/1/16</b>
Assurance Number: <b>A3416-01</b>	
Effective Date: <b>2/1/2016</b>	Expiration Date: <b>2/29/2020</b>