



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  
RKL 1, Suite 360, MSC 7982  
Bethesda, Maryland 20892-7982  
Home Page: <http://grants.nih.gov/grants/olaw/olaw.htm>

FOR EXPRESS MAIL:

Office of Laboratory Animal Welfare  
Division of Assurances  
6705 Rockledge Drive, Suite 360  
Bethesda, Maryland 20817  
Telephone: (301) 594-3657  
Facsimile: (301) 480-3393

April 1, 2014

Reference: Assurance A3471-01

Leonard Paplauskas  
Associate Vice President of Research Administration,  
Emeritus  
Institutional Official  
University of Connecticut Health Center  
263 Farmington Avenue  
Farmington, Connecticut 06030-2806

Dear Mr. Paplauskas:

I am pleased to inform you that the Office of Laboratory Animal Welfare (OLAW) has reviewed and approved your institution's Animal Welfare Assurance (Assurance). Your Assurance, number A3471-01, became effective on **April 1, 2014** and will expire on **April 30, 2018**. Please include the Assurance number in all correspondence to OLAW. A copy of the Assurance signature page is enclosed. This signature page provides verification of approval by OLAW and specifies the period during which your Assurance is effective.

Thank you for your cooperation in submitting an Assurance in compliance with the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals (Policy) as revised August 2002. This Assurance supersedes all previous issued Assurances. The Assurance is a key document in defining the relationship of your Institution to the PHS. It sets forth the responsibilities and procedures of your Institution regarding the care and use of laboratory animals.

I would especially call your attention to the Annual Report requirement, which is a key element of the Assurance and is essential for continued compliance with the PHS Policy. Please note that a Report to OLAW is required at least once every 12 months. The reporting period is January 1 to December 31. Therefore, an Annual Report will be due to OLAW by **January 31, 2015**.

Thank you for your attention to these matters. If I may be of further assistance, please do not hesitate to contact me.

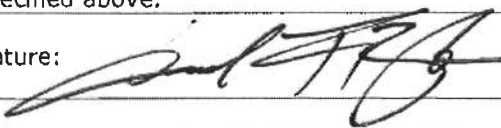
Sincerely,

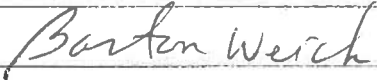
Barton Weick  
Animal Welfare Program Specialist  
Office of Laboratory Animal Welfare, NIH

Enclosure:

cc: Joseph Lorenzo, M.D., Chairperson, IACUC  
Alison Pohl, M.S., rLATg, CPIA, IACUC Coordinator

**VII. Institutional Endorsement and PHS Approval**

<b>A. Authorized Institutional Official</b>	
Name: Leonard P. Paplauskas	
Title: Associate Vice President of Research Administration, Emeritus	
Name of Institution: University of Connecticut Health Center	
Address: (street, city, state, country, postal code)	
263 Farmington Avenue Farmington, CT 06030-2806	
Phone: 860-679-4216	Fax: 860-679-2670
E-mail: Paplauskas@adp.uchc.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: 3/13/2014

<b>B. PHS Approving Official</b> (to be completed by PHS Official)	
Barton Weick, Ph.D., D.V.M. Animal Welfare Program Specialist Office of Laboratory Animal Welfare (OLAW) 6705 Rockledge Drive RKL1, Suite 360, MSC 7982 Bethesda, Maryland 20892-7982 bweick@mail.nih.gov Phone: +1 (301) 496-7163 Fax: +1 (301) 915-9465	
Signature: 	Date: April 1, 2014
Assurance Number: A 3471-01	
Effective Date: April 1, 2014	Expiration Date: April 30, 2018