



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) 496-7163  
Facsimile: (301) 451-5672

February 24, 2014

Reference: Renewal Assurance #**A3056-01**

P. Michael Conn, Ph.D.  
Senior Vice President for Research  
Texas Tech University Health Sciences Center  
3601 4th Street MS 6252  
Lubbock, Texas 79430

Dear Dr. Conn:

I am pleased to inform you that The Office of Laboratory Animal Welfare (OLAW) reviewed and approved the renewal of your institution's Animal Welfare Assurance (Assurance) that was submitted in compliance with the Public Health Service (PHS) Policy on Humane Care and Use of Laboratory Animals (Policy), as revised August 2002.

Your Assurance renewal, number **A3056-01**, became effective on **February 24, 2014** and expires on **February 28, 2018**. This Assurance supersedes all previously issued Assurances. Please include the Assurance number in all correspondence to OLAW. A copy of the Assurance signature page is enclosed.

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. Among the important elements of the Assurance, I would especially call your attention to the reporting requirements that are 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, unless requested otherwise in writing, is the calendar year. Reports, for the previous calendar year, are due **January 31**.

If we may be of further assistance, please do not hesitate to contact me or Dr. Parlett.

Thank you for your attention in these matters.


Sincerely,



for Eileen M. Morgan  
Director, Division of Assurances  
Office of Laboratory Animal Welfare, NIH

Enclosure

cc:  
Dr. Samuel Prien  
Ms. Mandy Fair

**VII. Institutional Endorsement and PHS Approval**

A. Authorized Institutional Official	
Name: P. Michael Conn, Ph.D.	
Title: Senior Vice President for Research	
Name of Institution: Texas Tech University Health Sciences Center	
Address: (street, city, state, country, postal code)	
3601 4th Street MS 6252, Lubbock, Texas 79430	
Phone: (806) 743-3600	Fax: (806) 743-3615
E-mail: <a href="mailto:michael.conn@ttuhsc.edu">michael.conn@ttuhsc.edu</a>	
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:  , SVPR, TTUHSC	Date: Feb 11, 2014

B. PHS Approving Official (to be completed by OLAW)	
 Eileen M. Morgan Director, Division of Assurances, OLAW National Institutes of Health 6705 Rockledge Drive RKL1-Suite 360-MSC 7982 Bethesda, MD 20892-7982	
Signature: 	Date: 2/25/14
Assurance Number: A 3056-01	
Effective Date: 2/24/14	Expiration Date: 2/28/18