



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 27, 2015

Reference: Assurance #**A4727-01**

James V. Janowiak
Vice President, Finance and Administration
INCELL Corporation, LLC
12734 Cimarron Path
San Antonio, Texas 78249

Dear Mr. Janowiak:

Thank you for your recent correspondence. I am pleased to inform you that the Office of Laboratory Animal Welfare (OLAW) reviewed and approved 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), revised August 2002.

Your Assurance, identification number **A4727-01**, became effective on **February 27, 2015** and will expire on **February 28, 2019**. 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 with 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. Your Institution's first [Annual] Report to OLAW, for the reporting period **February 27, 2015 – December 31, 2015**, is due **January 31, 2016**.

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


Sincerely,

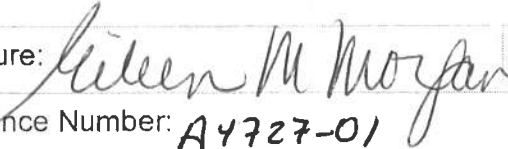
Eileen M. Morgan
Director, Division of Assurances
Office of Laboratory Animal Welfare, NIH

Enclosure

cc:
Dr. Mary Pat Moyer
Dr. Josep-Maria Peralba
Ms. Erica West-NIGMS-2R44GM108070-02

VII. Institutional Endorsement and PHS Approval

A. Authorized Institutional Official	
Name: James V. Janowiak	
Title: Vice President, Finance and Administration	
Name of Institution: INCELL Corporation, LLC	
Address: <i>(street, city, state, country, postal code)</i>	
12734 Cimarron Path San Antonio, TX, USA, 78249	
Phone: 210.877.0100	Fax: 210.877.0200
E-mail: jjanowiak@incell.com	
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: 02/25/2015

B. PHS Approving Official <i>(to be completed by OLAW)</i>	
<p>Eileen M. Morgan-Director, Division of Assurances Office of Laboratory Animal Welfare National Institutes of Health 6705 Rockledge Drive RKLI-Suite 360-MSC 7982 Bethesda, MD 20892-7982</p>	
Signature: 	Date: 3-2-15
Assurance Number: A4727-01	
Effective Date: 2/27/15	Expiration Date: 2/28/19