According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Interagency Report Control
No. 0180-DOA-AN

OMB APPROVED 0579-0036 Exp. XX/XXXX

This report is required by law (7 USC 2143). Failure to report according to the regulations can result in an order to cease and desist and to be subject to penalties as

See reverse side for Additional information.

| UNITED STATES DEPARTMENT OF AGRICULTUR | Ε |
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| ANIMAL AND PLANT HEALTH INSPECTION SERVICE | 1 |

1. REGISTRATION NO.

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, Include ZIP Code)

ANNUAL REPORT OF RESEARCH FACILITY

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| 3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, t | esting, teaching or experimenta | tion, or held for these purposes. | Attach additional sheets if |
|---|---------------------------------|-----------------------------------|-----------------------------|
| necessary) | | | |

FACILITY LOCATIONS (Sites)

REPORT OF ANIMALS USED BYOR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A.) Number of animals upon which teaching, В. Number of animals upon experiments, research, surgery or tests were which experiments, Number of animals Number of animals conducted involving accompanying pain or teaching, research, being bred, upon which distress to the animals and for which the use of surgery, or tests was Animals Covered By conditioned, or held teaching, research, experiments, or test TOTAL NO. appropriate anesthetic, analgesic, or conducted involving The Animal for use in teaching, tranquilizing drugs would have adversely OF ANIMALS accompanying pain or Welfare Regulations testing, experiments, research, or surgery affected the procedures, results, or interpretation of the teaching research, were conducted distress to the animals (Cols. C + D + E) involving no pain, and for which but not yet used for distress, or use of experiments, surgery, or tests. (An explanation appropriate anesthetic or such purposes. pain-relieving drugs of the procedures producing pain or distress in these animals and the reasons such drugs tranquilizing drugs were used. were not used must be attached to this report). 4. Dogs 5. Cats 6. Guinea Pias 7. Hamsters 8. Rabbits 9. Non-human Primates 10. Sheep 11. Pigs 12. Other Farm Animals 13. Other Animals

ASSURANCE STATEMENTS

- Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2. Each principal investigator has considered alternatives to painful procedures
- 3. This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4. The attending veterinarian for this research facility has appropriate authority to ensure the provisions of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEACHFACILITY OFFICIAL

(Chief Executive Officer or Legally Responsible Institutional Official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

| SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) | DATE SIGNED |
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| | INSTRUCTIONS FOR COMPLETING OF APHIS FORM 7023 (Refer to 9 CFR Part 2, Subpart C, Sections 2.33 and 2.36) |
|----------------|--|
| ITEM 1 | Enter registration number as assigned to the Research Facility by United States Department of Agriculture (USDA). |
| ITEM 2 | Enter the complete name and address of the Headquarters Research Facility as registered with USDA. |
| ITEM 3 | List location of each Facility or Site were animals were housed and used in actual research, testing, teaching, or experimentation, or held for these purposes. (Attached additional sheets if necessary.) |
| ITEM 4 – 13 | DO NOT enter numbers in Column A. DO NOT add numbers entered in Column B into the total in Column F. Column F is to show total numbers entered in Columns C + D + E. Entries in Column E must be explained on attached sheet(s). |
| ITEM 12 | List by common name all other farm animal species. |
| ITEM 13 | Other: List by common name, all other warm-blooded animal species covered by the Regulations. (This will include all wild or exotic species.) Attach additional sheets if necessary or use APHIS Form 7023A. |
| CERTIFICATION: | Must be signed by the Chief Executive Officer (C.E.O.) of the Registered Research Facility or other Institutional Official (I.O) having authority to legally commit on behalf of the Registered Research Facility. Sign, Print or type Name and Title, and Date. |
| | RETURN COMPLETED FORM WITH AN ORIGINAL SIGNATURE OF C.E.O OR I.O. TO APPROPRIATE SECTOR OFFICE. |