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 provided for in Section 2150.

See reverse side for Additional information.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION NO.

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

REPORT OF ANIMALS USED BYOR UNDER CONTROL OF RESEARCH FACILITY *(Attach additional sheets if necessary or use APHIS FORM 7023A.)*

A. Animals Covered By The Animal Welfare Regulations — — — — — — — — 12. and/or 13. Other *(List by Species)*	**B.** Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	**C.** Number of animals upon which teaching, research, experiments, or test were conducted involving no pain, distress, or use of pain-relieving drugs.	**D.** Number of animals upon which experiments, teaching, research, surgery, or tests was conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic or tranquilizing drugs were used.	**E.** Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching research, experiments, surgery, or tests. *(An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report).*	**F.** TOTAL NO. OF ANIMALS **(Cols. C + D + E)**

ASSURANCE STATEMENTS

1. 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**

INSTRUCTIONS FOR COMPLETING OF APHIS FORM 7023A

(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 12/13	**Other:** List by common name, all other warm-blooded animal species covered by the Regulations. *(This will include farm species used in biomedical or non-agricultural research, and all wild or exotic species.)* **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).
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.