

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE  <b>ANNUAL REPORT OF RESEARCH FACILITY</b> (TYPE OR PRINT)	<b>1. REGISTRATION NO.</b> 47-R-0026	<b>CUSTOMER NO.</b> 1809	<b>FORM APPROVED</b> OMB NO. 0579-0036
<b>2. HEADQUARTERS RESEARCH FACILITY</b> (Name and Address, as registered with USDA, include Zip Code)  BIOCOR ANIMAL HEALTH, INC. 2720 N 84TH ST OMAHA, NE 68134			

**3. REPORTING FACILITY** (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

FACILITY LOCATIONS(sites)
SITE 01 OMAHA, NE 68134

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

A. Animals Covered By The Animal Welfare Regulations	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 tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, 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)
4. Dogs		110			110
5. Cats		22			22
6. Guinea Pigs	6	224			224
7. Hamsters		4661		4415	9076
8. Rabbits			440		440
9. Non-Human Primates					
10. Sheep	30	20			20
11. Pigs					
12. Other Farm Animals					
Cattle	32	18			18
13. Other Animals					

**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 the 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 provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

<b>CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL</b> (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
		11/19/2002

✓  
11/19/02



### APHIS Form 7023 Column E Explanation

This form is intended as an aid to completing the APHIS Form 7023 Column E explanation. It is not an official form and its use is voluntary. Names, addresses, protocols, veterinary care programs, and the like, are not required as part of an explanation. A Column E explanation must be written so as to be understood by lay persons as well as scientists.

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1. Registration Number:

47-R-0026

2/3. Species (common name) & Number of animals used in this study:

Hamsters (4415)

4. Explain the procedure producing pain and/or distress.

Inoculation with virulent leptospira organisms.

5. Provide scientific justification why pain and/or distress could not be relieved. State methods or means used to determine that pain and/or distress relief would interfere with test results. (For Federally mandated testing, see Item 6 below)

Not applicable.

6. What, if any, federal regulations require this procedure? Cite the agency, the code of Federal Regulations (CFR) title number and the specific section number (e.g., APHIS, 9 CFR 113.102):

Agency: APHIS, 9 CFR 113.101, 113.102, 113.103, 113.104  
CFR:

**APHIS Form 7023 Additional Reported Sites**

The following additional sites have been reported by the facility. The reported sites have not been verified by APHIS and have been provided by the facility solely for completeness of the APHIS Form 7023 Annual Reporting submission.

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Registration Number: 47-R-0026  
Customer Number: 1809  
Facility: BIOCOR ANIMAL HEALTH, INC.  
2720 N 84TH ST  
OMAHA, NE 68134

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Midwest Veterinary Services  
1443 Highway 77  
Oakland, Nebraska 68045-5515

# **BIOCOR**

## **Animal Health**

**A CSL Company**

31 December 2002

Dr. J.E. Slaughter  
USDA, APHIS, AC  
Supervisory Animal Care Specialist  
2150 Centre Ave., Building B  
Mail Stop # 3W11  
Fort Collins, CO 80526-8117

REF: Annual Report, Registration #47-R-0026 (APHIS Form 7023)

Dear Dr. Slaughter:

Following receipt of your letter dated December 18<sup>th</sup>, the information as noted below is being sent as a supplement to Section E of the APHIS Form 7023, Annual Report filed electronically on November 22, 2002.

**4. Explain the procedure producing pain and/or distress.**

Hamsters in this section have been used for the test of potency of *Leptospira*-containing vaccines following 9 CFR codified tests required by USDA-APHIS. These tests (APHIS 9CFR 113.101, 113.102, 113.103 and 113.104) are performed by inoculating vaccinated and unvaccinated hamsters with virulent *leptospira* organisms and monitoring death as an endpoint.

Requirements of a valid test is that control hamsters show an 80% death rate due to *Leptospira spp.* infection while vaccinated hamsters show no more than 20% death rate in the first test or a total of no more than 25% death rate after a second retest. Each test is performed concurrently with a dose titration of the challenge material in the format of a 50% Lethal Dose (LD50) determination, involving unvaccinated hamsters. This requirement is also for validity purposes and it is part of these codified tests

Additionally, in order to perform these codified tests, organisms are passaged in animals for maintaining the *Leptospira spp.* challenge strains. Passage animals for these organisms are also included in Column E. These animals are sacrificed for liver harvest to pass the organisms for the challenge of hamsters.

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### **BIOCOR Animal Health Inc.**

2720 North 84<sup>th</sup> Street  
P.O. Box 34325; Omaha, NE 68134

www.biocorah.com  
Ph (402) 393-7440 Fx (402) 393-4712  
Customer Service (800) 441-7480 Fx (402) 393-3455

All redactions on this page are pursuant to (b)(6) & (b)(7)(c).

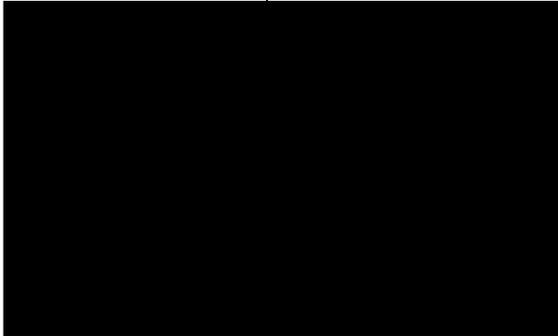
Dr. J.E. Slaughter  
December 31, 2002

Page 2

- 5. Provide scientific justification why any pain and/or distress could not be relieved. State methods or means used to determine that pain and/or distress relief would interfere with test results (For Federally mandated testing, see item 6 below)*

Death is the end-point requirement of these USDA-APHIS tests, and therefore, they do not allow any intervention that could alter the results. While it is assumed that these tests cause pain or distress in the hamsters no supportive therapy (antibiotics, analgesics, anti-inflammatory drugs, etc.) is administered in order to maintain the validity and integrity of these tests.

If you have any further questions, please feel free to contact



UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE  <b>ANNUAL REPORT OF RESEARCH FACILITY</b> ( TYPE OR PRINT )	1. CERTIFICATE NUMBER: 47-R-0002 CUSTOMER NUMBER: 1543	FORM APPROVED OMB NO. 0579-0036
Creighton University 2500 California Plaza Bldg: Criss1, Room 638 Omaha, NE 68178  Telephone: (402) -280-4081		

**3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )**

FACILITY LOCATIONS ( Sites ) - See Attached Listing

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )**

A. Animals Covered By The Animal Welfare Regulations	B. Number of animal 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 tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, 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 tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. ( An explanation of the procedures producing pain or distress in these animals and the reasc such drugs were not used must be attached to this report	F. TOTAL NUMBER OF ANIMALS ( COLUMNS C + D + E )
4. Dogs			0		0
5. Cats			0		0
6. Guinea Pigs			77		77
7. Hamsters			680		680
8. Rabbits			4		4
9. Non-human Primates			0		0
10. Sheep			0		0
11. Pigs			8		8
12. Other Farm Animals					
Goats			5		5
13. Other Animals					
Gerbils			69		69

**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 rese- 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 apr 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 in- 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 provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL ( Chief Executive Officer or Legally Responsible Institutional Official )		
SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL ( Type or Print )	DATE SIGNED  11/26/02

Customer ID and Site Address:

ID: 1543

2500 California Plaza

Omaha, NE 68178

County: Douglas

Telephone 402-280-1834

Creighton University Medical Center

- Criss I/II/III, Beirne Tower Buildings
- Boyne Building
- St. Joseph Hospital

Creighton University College of Arts and Sciences

- Rigge Science Building (Biology Department)

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE  <b>ANNUAL REPORT OF RESEARCH FACILITY</b> ( TYPE OR PRINT )	1. CERTIFICATE NUMBER: 47-R-0004 CUSTOMER NUMBER: 1552	FORM APPROVED OMB NO. 0579-0036
University Of Nebraska - Lincoln 302 Admin Bldg Lincoln, NE 68588-0433  Telephone: (402) -472-3123		

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

FACILITY LOCATIONS ( Sites ) - See Attached Listing

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )**

A.  Animals Covered By The Animal Welfare Regulations	B. Number of animal 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 tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, 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 wh the use of appropriate anesthetic, analgesic, or tranquil drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. ( An explanation of the procedures producing pain or distress in these animals and the reas such drugs were not used must be attached to this repor	F.  TOTAL NUMBER OF ANIMALS  ( COLUMNS C + D + E )
4. Dogs		120			120
5. Cats			60		60
6. Guinea Pigs					
7. Hamsters					
8. Rabbits			20		20
9. Non-human Primates					
10. Sheep					
11. Pigs			8		8
12. Other Farm Animals					
13. Other Animals					

**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 rese: 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 app 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 in 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 provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
 ( Chief Executive Officer or Legally Responsible Institutional Official )

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL ( Type or Print )	DATE SIGNED  11/21/02
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FACILITY SITES

University of Nebraska-Lincoln

Animal Science Complex  
College of Dentistry  
Manter Hall  
Veterinary & Biomedical Sciences

Customer ID and Site Address:

ID: 1552

302 Administration  
Building

Lincoln, NE 68588 0433

County: Lancaster

Telephone 402 472-3123

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE  <b>ANNUAL REPORT OF RESEARCH FACILITY</b> ( TYPE OR PRINT )	1. CERTIFICATE NUMBER: 47-R-0009 CUSTOMER NUMBER: 1545	FORM APPROVED OMB NO. 0579-0036
Father Flanagan Boys Home Boys Town Natl Research Hosp 555 N 30th St Omaha, NE 68131  Telephone: (402)-498-1000		

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

Boys Town National Research Hospital  
 555 N 30th St., Omaha, NE 68131 FACILITY LOCATIONS ( Sites ) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

A.  Animals Covered By The Animal Welfare Regulations	B. Number of animal 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 tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, 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 wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. ( An explanation of the procedures producing pain or distress in these animals and the reas such drugs were not used must be attached to this report	F.  TOTAL NUMBER OF ANIMALS  ( COLUMNS C + D + E )
4. Dogs					
5. Cats					
6. Guinea Pigs	10	0	101	0	101
7. Hamsters					
8. Rabbits					
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
Gerbils	17	0	160	0	160

ASSURANCE STATEMENTS

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
 ( Chief Executive Officer or Legally Responsible Institutional Official )

SIGN	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL ( Type or Print )	DATE SIGNED  13nov02
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<p><b>UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</b></p> <p><b>ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)</b></p>	<p>1. REGISTRATION NO. <b>47-R-0016</b></p>	<p>FORM APPROVED OMB NO 0579-0036</p>
<p>2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)</p> <p style="font-size: 1.2em;"><b>Good Samaritan Hospital</b> 10 E 31st Street Kearney, NE 68848 Box 865-7091</p>		
<p>3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)</p>		

FACILITY LOCATIONS (Sites)

<p><b>Hill Top Pet Clinic, 4507 First Avenue Place</b> <b>Kearney, NE 68847 -</b> <b>Buffalo County</b> <b>(308) 236-5912</b></p>	
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REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHS FORM 7023A.)

A. Animals Covered By The Animal Welfare Regulations	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 tests were conducted involving no pain, distress, or use of pain-relieving drugs	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, 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)
4. Dogs					0
5. Cats					0
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					

**ASSURANCE STATEMENTS**

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<p><b>CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL</b> (Chief Executive Officer or Legally Responsible Institutional Official)</p> <p>I certify that the above is true, correct, and complete (7 USC Section 2143)</p>		
SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)	DATE SIGNED
		8/28/02

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE  <b>ANNUAL REPORT OF RESEARCH FACILITY</b> ( TYPE OR PRINT )	1. CERTIFICATE NUMBER: 47-R-0017 CUSTOMER NUMBER: 1548	FORM APPROVED OMB NO 0579-0036
Nebraska College Of Technical Agriculture Rr 3 Box 23-A Curtis, NE 69025  Telephone: (308)-367-4124		

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

FACILITY LOCATIONS ( Sites ) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

A. Animals Covered By The Animal Welfare Regulations	B. Number of animal 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 tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals or for which appropriate anesthetic, analgesic, 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 wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. ( An explanation of the procedures producing pain or distress in these animals and the reas such drugs were not used must be attached to this report	F. TOTAL NUMBE OF ANIMALE  ( COLUMN C + D + E
4. Dogs	0	16	0	0	16
5. Cats	0	11	0	0	11
6. Guinea Pigs	0	6	0	0	6
7. Hamsters	0	2	0	0	2
8. Rabbits	0	2	0	0	2
9. Non-human Primates	0	0	0	0	0
10. Sheep	0	00	0	0	0
11. Pigs	0	0	0	0	0
12. Other Farm Animals					
Cattle	0	44	0	0	44
13. Other Animals					
goats	0	1	0	0	1
Llama	0	4	0	0	4

ASSURANCE STATEMENTS

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

SIGNATURE	TITLE	NAME & TITLE OF CEO OR INSTITUTIONAL OFFICIAL ( Type or Print )	DATE SIGNED
			9   30



UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 47-R-0018  
CUSTOMER NUMBER: 1551

FORM APPROVED  
OMB NO. 0579-0036

**ANNUAL REPORT OF RESEARCH FACILITY**  
( TYPE OR PRINT )

University Of Nebraska Medical Center  
986385 Nebraska Medical Center  
Omaha, NE 68198

Telephone: (402) -559-4034

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

FACILITY LOCATIONS ( Sites ) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

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4. Dogs	0	0	31	0	31
5. Cats	0	0	2	0	2
6. Guinea Pigs	0	0	0	0	0
7. Hamsters	0	220	1149	0	1369
8. Rabbits	0	0	233	0	233
9. Non-human Primates	0	0	18	0	18
10. Sheep	0	0	0	0	0
11. Pigs	0	0	141	0	141
12. Other Farm Animals					
Chickens	0	2	0	0	2
13. Other Animals					
Bovine	0	0	2	0	2
Amphibians	0	346	0	0	346

ASSURANCE STATEMENTS

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

SIG

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL ( Type or Print )

DATE SIGNED

Attachment 1

**Locations Where Animals Are Housed or Used (Item 3 APHIS Form 7023)**

1. Wittson Hall Level 2
2. Swanson Hall Level 2
3. Shackelford Memorial Hall Levels 1 and 2
4. Eppley Hall of Science Levels 1,2, and 5
5. College of Pharmacy Level 4
6. Lied Transplant Center Level 2
7. Midwest Veterinary Services, Oakland, Nebraska

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 47-R-0019  
CUSTOMER NUMBER: 1547

FORM APPROVED  
OMB NO. 0579-0036

**ANNUAL REPORT OF RESEARCH FACILITY**  
( TYPE OR PRINT )

(b)(6), (b)(7)c  
Wilderness Kennels  
1320 Twin Ridge Rd  
Lincoln, NE 68510

Telephone: (402) -489-8223

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

FACILITY LOCATIONS ( Sites ) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

A. Animals Covered By The Animal Welfare Regulations	B. Number of animal 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 tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, 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 wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. ( An explanation of the procedures producing pain or distress in these animals and the reasc such drugs were not used must be attached to this repor	F. TOTAL NUMBER OF ANIMALS ( COLUMNS C + D + E )
4. Dogs					0
5. Cats					0
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					

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 rese. 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 app 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 in 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 provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

S

DATE SIGNED

11/8/02

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE  <b>ANNUAL REPORT OF RESEARCH FACILITY</b> ( TYPE OR PRINT )	1. CERTIFICATE NUMBER: 47-R-0021 CUSTOMER NUMBER: 1553	FORM APPROVED OMB NO. 0579-0036
University Of Nebraska-Omaha 6001 Dodge St Omaha, NE 68182  Telephone: (402) -554-2558		

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

*Mill wine Hall, Ames, Iowa* FACILITY LOCATIONS ( Sites ) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

A. Animals Covered By The Animal Welfare Regulations	B. Number of animal 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 tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, 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 wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experments, surgery, or tests. ( An explanation of the procedures producing pain or distress in these animals and the reasc such drugs were not used must be attached to this report	F. TOTAL NUMBER OF ANIMALS ( COLUMNS C + D + E )
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primates		148			148
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
<i>Pronghorn antelope</i>		26			26
<i>Mink deer</i>		7			7
<i>White tailed deer</i>		7			7

ASSURANCE STATEMENTS

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL ( Chief Executive Officer or Legally Responsible Institutional Official )		
SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL ( Type or Print )	DATE SIGNED
		12/02/02

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.

FORM APPROVED  
OMB NO 0579-0036

**CONTINUATION SHEET FOR ANNUAL REPORT  
OF RESEARCH FACILITY  
(TYPE OR PRINT)**

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

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use this form)**

A. Animals Covered By The Animal Welfare Regulations  12 & 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 tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, 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)
<i>Manx rat</i>		1			1
<i>White rat</i>		1			1
<i>Spiny pocket mouse</i>		6			6
<i>White pocket mouse</i>		20			20
<i>Black pocket mouse</i>		2			2
<i>Hispid pocket mouse</i>		2			2
<i>Rock pocket mouse</i>		14			14
<i>Beane pocket mouse</i>		27			27
<i>Manx kangaroo rat</i>		22			22
<i>Beane kangaroo rat</i>		6			6
<i>Beane kangaroo rat</i>		1			1
<i>White footed mouse</i>		21			21
<i>Deer mouse</i>		34			34
<i>Rock mouse</i>		41			41
<i>Field mouse</i>		1			1
<i>Neotoma grasshopper mouse</i>		1			1
<i>Southern grasshopper mouse</i>		4			4
<i>Eastern rat</i>		1			1
<i>Wood cotton rat</i>		1			1

**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.
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- 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 provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

**CERTIFICATION BY HEADQUARTER RESEARCH FACILITY 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

12/02/07

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.

47-12-2021

FORM APPROVED  
OMB NO 0579-0036

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

**CONTINUATION SHEET FOR ANNUAL REPORT  
OF RESEARCH FACILITY  
(TYPE OR PRINT)**

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use this form.)**

A. Animals Covered By The Animal Welfare Regulations  12 &/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 tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, 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)
Myotis bat		12			12
Southeastern bat		26			26
Southwestern bat		2			2
California bat		4			4
Long-eared bat		53			53
Little brown bat		4			4
Tricolored bat		17			17
Cave bat		2			2
Long legged bat		107			107
Texas bat		1			1
Western Red Bat		1			1
Eastern Red Bat		1			1
Hoary Bat		4			4
Silver-haired Bat		14			14
Pipistrelle		10			10
Pink Brown Bat		15			15
Pallid Bat		5			5
Brazilian Free Bat		216			216
Colorado chipmunk		2			2

**ASSURANCE STATEMENTS**

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**CERTIFICATION BY HEADQUARTER RESEARCH FACILITY 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

12/02/02



UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 47-R-0022  
CUSTOMER NUMBER: 1544

FORM APPROVED  
OMB NO. 0579-0036

**ANNUAL REPORT OF RESEARCH FACILITY**  
( TYPE OR PRINT )

N E Community College  
801 E Benjamin Ave  
Norfolk, NE 68701

Telephone: (402) -644-0675

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

FACILITY LOCATIONS ( Sites ) - See Attached Listing

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )**

A. Animals Covered By The Animal Welfare Regulations	B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, 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 wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. ( An explanation of the procedures producing pain or distress in these animals and the reas such drugs were not used must be attached to this report	F. TOTAL NUMBER OF ANIMALS ( COLUMNS C + D + E )
4. Dogs	0	0	13	0	13
5. Cats	0	0	19	0	19
6. Guinea Pigs	0	8	0	0	8
7. Hamsters					
8. Rabbits	0	9	10	0	9
9. Non-human Primates					
10. Sheep	50	75	0	0	75
11. Pigs	50	1200	0	0	1200
12. Other Farm Animals	50	75	5	0	80
Cattle					
13. Other Animals	1	3	0	0	4
Horses					

**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 rese: teaching, testing, surgery, or experimentation were followed by this research facility.
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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL ( Type or Print )

DATE SIGNED

10/15/02

Annual Report

Certificate Number: 47-R-0024    Customer Name: PFIZER INC  
 Customer Id Number: 1610    DBA Name:

Species    Fiscal Year: 2002

Species	HOLD	NPND	WFWD	WPND	TOTAL
4. Frogs		160	193		353
5. Cats		51	62		113
6. Guinea Pigs		1738			1738
7. Hamsters		1942		5010	24439
8. Rabbits		2809			2809
9. Non-Human Primates					0
10. Sheep					0
11. Pigs					0
12. Other Farm Animals					0
13. Other Animals					0

Record 1/1    <OSC> <DBG>

*Hard copies  
not journal  
AM*

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 47-R-0025  
CUSTOMER NUMBER: 1695

FORM APPROVED  
OMB NO. 0579-0036

**ANNUAL REPORT OF RESEARCH FACILITY**  
( TYPE OR PRINT )

University Of Nebraska-Kearney  
905 W 25th St  
Founders Hall  
Kearney, NE 68849

Telephone: (308) -865-8196

REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

FACILITY LOCATIONS ( Sites ) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

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Dogs					
Cats					
Guinea Pigs					
Hamsters					
Rabbits					
Non-human Primates					
Sheep					
Pigs					
Other Farm Animals					
Other Animals					
RATS	75	60	0	0	<del>135</del> 60
MICE	125	100	0	0	100
FROGS	6	0	0	0	0

ASSURANCE STATEMENTS

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL ( Type or Print )

DATE SIGNED

9-24-02

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE  <b>ANNUAL REPORT OF RESEARCH FACILITY</b> ( TYPE OR PRINT )	1. CERTIFICATE NUMBER: 47-R-0025 CUSTOMER NUMBER: 1695	FORM APPROVED OMB NO 0579-0036
University Of Nebraska-Kearney 905 W 25th St Founders Hall Kearney, NE 68849  Telephone: (308) -865-8196		

3. REPORTING FACILITY ( List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary )

FACILITY LOCATIONS ( Sites ) - See Attached Listing

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4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
<i>RATS</i>	<i>75</i>	<i>60</i>	<i>0</i>	<i>0</i>	<del><i>1560</i></del>
<i>MICE</i>	<i>125</i>	<i>100</i>	<i>0</i>	<i>0</i>	<i>100</i>
<i>FROGS</i>	<i>6</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>

ASSURANCE STATEMENTS

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
 ( Chief Executive Officer or Legally Responsible Institutional Official )

SIGNATURE OF CEO OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF CEO OR INSTITUTIONAL OFFICIAL ( Type or Print )	DATE SIGNED
		<i>9-24-02</i>