

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 35-R-0001
CUSTOMER NUMBER: 616

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

University Of Wisconsin-Madison
Research Animal Resources Ctr.
396 Enzyme Institute
1710 University Avenue
Madison, WI 53706 26-4037
Telephone: (608) -262-1238

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 animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|--|---|---|--|--|--|
| 4. Dogs | 25 | 127 | 541 | 15 | 683 |
| 5. Cats | 8 | 135 | 86 | | 221 |
| 6. Guinea Pigs | -- | -- | -- | | -- |
| 7. Hamsters | 88 | 140 | 4 | | 144 |
| 8. Rabbits | 34 | 70 | 203 | | 273 |
| 9. Non-human Primate | 608 | 1,417 | 658 | | 2,075 |
| 10. Sheep | 26 | 17 | 111 | | 128 |
| 11. Pigs | 78 | 168 | 209 | | 377 |
| 12. Other Experimental Gerbils | 11 | 30 | 66 | | 96 |
| 13. Other Rodents Chinchilla | 3 | 21 | 90 | | 111 |
| Ferrets | -- | 6 | -- | | 6 |
| Ground Squirrels | -- | 216 | -- | | 216 |
| Mice (Wild Caught) | 427 | 384 | 579 | | 963 |

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

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

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

DATE SIGNED

11/27/02

which is obsolete.

EG
12/3/02

SUMMARY OF IACUC APPROVED EXCEPTIONS TO THE STANDARDS AND REGULATIONS OF THE USDA ANIMAL WELFARE ACT

University of Wisconsin - Madison

Registration No.: 35-R-0001

Reporting Period: 10/01/01 - 09/30/02

More Than One Protocol Involving a Major Operative Procedure:

While there are some protocols containing multiple surgical procedures, there are no approved protocols for use of animals across protocols and involving major operative procedures.

Food and/or Water Deprivation:

- IACUC approved protocol for up to 60 Rhesus and 70 Marmosets - water deprivation for up to 14 hours/day for five (5) days for Conditioned Taste Aversion Training.
- IACUC approved protocol for up to 26 Rhesus - 30% calorie restriction of diet for aging study.
- IACUC approved protocol for up to 480 Marmosets – 15-18 hour fast or 42 hour fast for glucose challenge.
- IACUC approved protocol for up to 47 Rhesus – water restriction as work stimulus for up to 12 hours per day for 5 day work period.

Not Cleaning and/or Sanitizing at Required Frequencies:

- IACUC approved protocol for up to 432 13-lined ground squirrels - exempted from cage cleaning during hibernation period.

Restraint:

- IACUC approved protocol for up to 247 Rhesus - chair restraint of animals for up to 104 hours for the collection of hypothalamic perfusates.
- IACUC approved protocol for up to 232 sheep - tethering of post-surgical animals in portable enclosures for up to 72 hours to prevent damage to surgical instrumentation.
- IACUC approved protocol for up to 32 Rhesus - chair restraint of animals involved in sleep study data collection.
- IACUC approved protocol for up to 16 Marmosets - chair restraint of animals involved in regulation of emotion study data collection.

**SUMMARY OF IACUC APPROVED EXCEPTIONS TO THE
STANDARDS AND REGULATIONS OF THE USDA ANIMAL WELFARE
ACT**

Page 2

- IACUC approved protocol for up to 74 Rhesus - chair restraint of animals for up to 96 hours for the collection of amygdala perfusates
- IACUC approved protocol for up to 30 Rhesus – chair restraint of animals for 12 hours to conduct sleep measurement.
- IACUC approved protocol for up to 480 Marmosets - chair restraint of animals for up to 36 hours for glucose data collection.
- IACUC approved protocol for up to 47 Rhesus – chair restraint to allow for eye coil measurement.
- IACUC approved protocol for up to 88 Rhesus – chair restraint for 16 hours to collect intruder measurement data.

EXPLANATION FOR COLUMN E ANIMALS

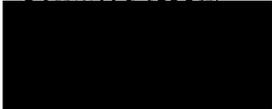
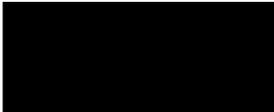
Dogs:

- 15 dogs were listed under this category as they were controls for vaccine studies and where treatment would have adversely affected the results. The IACUC protocol approved the scientific rationale for this procedure and contained specified endpoints at which there would be intervention in the form of euthanasia.

UNIVERSITY OF WISCONSIN - MADISON
USDA REGISTRATION NUMBER: 35-R-001
ACTIVE SITES (10/01/02)

The attached list is of sites that are currently active for the above noted registration number.

35-R-0001

| | | |
|-----------------------------|---|--|
| Site: 001 Status: Active | College of Agri & Life Science Meat & Animal Sciences Dept. Animal Science Facility Madison, WI 53706 County: Dane | Contact Person:  |
| Site: 003 Status: | College of Agri & Life Science Active Biochemistry Dept. Biochemistry Facility Madison, WI 53706 County: Dane | Contact Person:  |
| Site: 006 Status: Active | College of Agri & Life Science Food Microbiology & Toxicology Food Micro/Toxicology Building Madison, WI 53706 County: Dane | Contact Person:  |
| Site: 007 Status: Active | School of Veterinary Medicine AHABS AHABS Facility Madison, WI 53706 County: Dane | Contact Person:  |
| Site 011 Status: Active | School of Veterinary Medicine AHABS Charmany Farm/Semi II Madison, WI 53706 County: Dane | Contact Person:  |
| Site: 012 Status: Active | School of Veterinary Medicine AHABS Charmany Farm/Semi III Madison, WI 53706 County: Dane | Contact Person:  |
| Site: 013 Status: Active | School of Veterinary Medicine AHABS Physiology Charmany Farm/Dairy Barn Madison, WI 53706 County: Dane | Contact Person  |
| Site: 015 Status: Active | Graduate School Biotron Madison, WI 53706 County: Dane | Contact Person:  |
| Site: 016 Status: Active | Graduate School Waisman Center Madison, WI 53706 County: Dane | Contact Person:  |

Site: 018
Status: Active

Graduate School
Primate Center
Madison, WI 53706
County: Dane

Contact Person:



Site: 019
Status: Active

College of Letters & Sciences
Psychology Department
Harlow Primate Lab
Madison, WI 53706
County: Dane

Contact Person:



Site: 020
Status: Active

Graduate School
Primate Center - Annex
Madison, WI 53706
County: Dane

Contact Person:



Site: 021
Status: Active

College of Letters & Sciences
Psychology Department
Brogden Psychology Facility
Madison, WI 53706
County: Dane

Contact Person:



Site: 022
Status: Active

Health Sciences
Medical School
Medical Sciences Center
Madison, WI 53706
County: Dane

Contact Person:



Site: 023
Status: Active

Health Sciences
Medical School
Clinical Sciences Center
Madison, WI 53706
County: Dane

Contact Person:



Site: 024
Status: Active

Health Sciences
Medical School
Walnut Street Facility
Madison, WI 53706
County: Dane

Contact Person:



Site: 026
Status: Active

Health Sciences
Medical School
Meriter Hospital
Madison, WI 53706
County: Dane

Contact Person:



Site: 027
Status: Active

Health Sciences
School of Pharmacy
Pharmacy Building
Madison, WI 53706
County: Dane

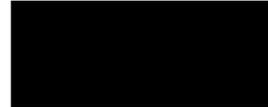
Contact Person:



Site: 028
Status: Active

Health Sciences
Bardeen Site
Madison, WI 53706
County: Dane

Contact Person:



Site: 031
Status: Active

Health Sciences
State Lab. of Hygiene
Madison, WI 53706
County: Dane

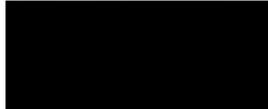
Contact Person:



Site: 032
Status: Active

School of Veterinary Medicine
Veterinary Teaching Hospital
Madison, WI 53706
County: Dane

Contact Person:



Site: 033
Status: Active

School of Veterinary Medicine
Charmany Farms
Madison, WI 53706
County: Dane

Contact Person:



Site: 035
Status: Active

College of Letters & Sciences
Zoology Department
Birge Hall
Madison, WI 53706
County: Dane

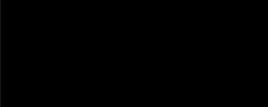
Contact Person:



Site: 036
Status: Active

College of Agri & Life Sciences
Zoology Department
Zoology Research
Madison, WI 53706
County: Dane

Contact Person:



Site: 040
Status: Active

College of Agri & Life Science
Meat & Animal Sciences Dept.
Livestock Laboratory
Madison, WI 53706
County: Dane

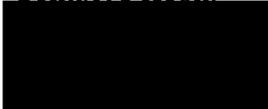
Contact Person:



Site: 041
Status: Active

College of Agri & Life Science
Nutritional Science Dept.
Nutritional Science Facility
Madison, WI 53706
County: Dane

Contact Person:



Site: 042
Status: Active

College of Agri & Life Science
Wildlife Ecology
Russell Labs
Madison, WI 53706
County: Dane

Contact Person:



Site: 044
Status: Active

Health Sciences
SMI Site
Madison, WI 53706
County: Dane

Contact Person:



Site: 047
Status: Active

School of Veterinary Medicine
Bookout Farm - AHABS
Arlington Farms
Arlington, WI 53911

Contact Person:



Site: 049
Status: Active

School of Veterinary Medicine
Old Turkey Bldg. #653 - AHABS
Charmany Farm
Madison, WI 53706
County: Dane

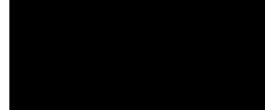
Contact Person:



Site: 051
Status: Active

College of Agri & Life Science
SPF Swine Facility
Arlington Farms
Arlington, WI 53911

Contact Person:



Site: 057
Status: Active

VA Animal Research Facility
2500 Overlook Terrace
Madison, WI 53706
County: Dane

Contact Person:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 35-R-0029
CUSTOMER NUMBER: 634

FORM APPROVED
OMB NO. 0579-0038

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

Medical College Of Wisconsin
Oscar F. Peterson Animal Research Ctr
8701 Watertown Plank Road
P.O. Box 26509
Milwaukee, WI 53226

Telephone: (414) -456-8250

NOV 22 2002

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 | | | 610 | | 610 |
| 5. Cats | | | 117 | | 117 |
| 6. Guinea Pigs | | | 1014 | | 1014 |
| 7. Hamsters | | | 79 | | 79 |
| 8. Rabbits | | 77 | 1306 | 54 | 1437 |
| 9. Non-human Primate | | | 1 | | 1 |
| 10. Sheep | | | | | 0 |
| 11. Pigs | | 7 | 5 | | 12 |
| 12. Other Farm Animals | | | | | 0 |
| Goats | | | 29 | | 29 |
| 13. Other Animals | | | | | 0 |
| Chinchilla | | | 173 | | 173 |
| Ferrets | | 9 | | | 9 |

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

11/18/02

Ed 11/26/02

Column E Explanation

This form is intended as an aid to completing the 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.

1. Registration Number: 35-R-0029

2. Number 54 of animals used in this study.

3. Species (common name) Rabbit of animals used in the study.

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

See Attached

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)

See Attached

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 CFR 634

Registration Number: (35-R-0029) Justification for 54 rabbits in Column E

ANIMAL STUDIES

Approximately 400,000 cases of herpetic keratitis occur each year in the US. Some of these cases are due to initial infections of the cornea which can be treated with antiviral agents alone. Many of the cases, however, are due to recurrent disease which involves severe inflammation and an undesirable immune response, leading to corneal opacification ("stromal disease"). To reduce the risk of visual impairment, therapy including both an antiviral agent and corticosteroid is the standard of care. This form of therapy is successful only about 50% of the time and extended use of steroids causes many complications. The goal of these studies is to determine whether nitric oxide synthase 2 (an inducible enzyme involved in inflammation) plays a role in HSV-induced corneal edema. Our preliminary data indicate that it does. One of our aims is to determine whether NOS2 inhibitors are effective replacements for steroids.

Rabbits are the model of choice because herpetic keratitis in the rabbit mirrors the disease as it occurs in humans, including reactivation. Furthermore, rabbits have large corneas which are amenable to the evaluation of disease severity. This model has provided the preliminary data required to gain FDA approval of four antiviral agents for the treatment of acute disease. Models in mice, cats and guinea pigs have value for certain studies with other goals, but for the type of studies required to achieve our specific aims, rabbits are the best model.

Herpes simplex virus (HSV) is a neurotrophic virus which establishes latent infections in the neurons that serve the infected dermatome. HSV DNA also persists at the site of the initial infection. Primary infection will be established in rabbits by injection of 10⁸ pfu of virus at the midline of the alveolar mucosa of the mandible. These infections are much like primary infection in humans. The disease is a mild gingivitis, the rabbit seroconverts and a latent infection is established in the trigeminal ganglia. Three weeks after primary infection, 10⁸ pfu of virus is injected into the corneal stroma to produce stromal keratitis. At the time of both infections, rabbits will be anesthetized by IM injection of a mixture of 25 mg/kg ketamine and 5 mg/kg xalazine. One or two drops of 0.5% proparacaine will be placed at the site of infection. Some animals will be treated with antiviral agents combined with test compounds possessing putative anti-inflammatory activity. Other animals will receive no medication so that they can be killed at various times after infection and their tissues taken to the laboratory for analysis. The administration of any neuroactive drug other than ones used as part of a specifically-designed protocol could adversely affect the outcome of our studies.

The primary infection of rabbits rarely causes any problems in our hands. On rare occasion the primary disease can cause ulceration of the gingiva or death due to encephalitis just as it may in humans. The animals will be observed daily for signs of problems. Any animal experiencing severe oral infection or encephalitis will be killed immediately. We do not have exact numbers on these complications, but our guess is that less than 1% of animals experience such difficulties. The secondary or 'recurrent-like' infection of the cornea causes the development of herpetic keratitis and stromal disease. It is our experience that none of these animals will die of encephalitis because they all possess HSV-1 neutralizing antibodies from their primary infections. All of the animals, if not receiving antiviral/steroid therapy, will develop stromal disease which causes their corneas to become edematous and opaque, thus impairing vision. It

is our experience that only about 2% of eyes become blind. Rarely «1%» does bilateral blindness develop. If bilateral blindness develops, the rabbit will be killed immediately. If unilateral blindness develops, the rabbit remains able to function and eat, and thus is able to complete the experiment.

| | | |
|---|--|---|
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 35-R-0030 CUSTOMER NUMBER: 640 | FORM APPROVED OMB NO. 0579-0036 <i>CM</i> |
| Covance Laboratories, Inc. 3301 Kinsman Boulevard Madison, WI 53704 Telephone: (608) -242-2712 | | |

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)

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|--|--|---|--|--|--|
| 4. Dogs | | 1382 | 419 | ∅ | 1801 |
| 5. Cats | | 7 | ∅ | ∅ | 7 |
| 6. Guinea Pigs | 82 | 271 | ∅ | 488 | 759 |
| 7. Hamsters | | 480 | ∅ | ∅ | 480 |
| 8. Rabbits | 58 | 981 | 1220 | 38 | 2239 |
| 9. Non-human Primate | 231 | 1340 | 288 | ∅ | 1628 |
| 10. Sheep | | | | | |
| 11. Pigs | | 40 | 106 | ∅ | 146 |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals | | | | | |

ASSURANCE STATEMENTS

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

| | | | |
|-----------|-------|--|-------------------------------|
| SIGNATURE | ICIAL | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print | DATE SIGNED <i>11/8/02</i> |
|-----------|-------|--|-------------------------------|

ED 11/21/02

ATTACHMENT 1

Facility Sites Listing

35-R-0030

Site: 001
Status: ActiveCovance Laboratories Inc.
3301 Kinsman Boulevard
Madison, WI 53704
County: Dane

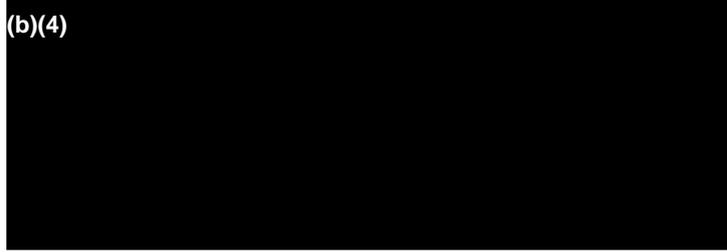
Contact:

Site: 002
Status: DeletedASL
Building 3
3802 Packers Ave.
Madison, WI 53704
County: DaneSite: 003
Status: DeletedOak Grove Farm
5919 Oncken Road
Waunakee, WI 53549
County: DaneSite: 004
Status: DeletedSunrise Farm
AEF Building
6315 Kopp Road
Waunakee, WI 53549
County: Dane

Attachment to USDA Annual Report 2002
Explanation regarding animals listed in category E

Rabbits:

(b)(4)

A large black rectangular redaction box covers the text for Rabbits and Guinea Pigs.

Guinea Pigs

(b)(4)

A large black rectangular redaction box covers the majority of the page content below the animal categories.

All of the above listed animals in category E were used on studies going to regulatory agencies regarding product safety or toxicity testing. These tests are required of our clients by state, federal, or regulatory agencies. During the conduct of these studies it was imperative that the animals receive no drugs that might interfere with the testing in order to assure study validity. These activities and procedures of conduct for the studies were reviewed and approved by the Institutional Animal Care and Use Committee.

The regulations that may require these procedures included 21 CFR 58 (FDA), 40 CFR 160 (EPA-FIFRA), 40 CFR 792 (EPA-TSCA), ENV/MC/CHEM(98) 17, Revised 1997, Issued 1998 (OECD), 59 NohSan No. 3850 (Japanese MAFF), and Ordinance 21 (Japanese MOHW).

35-R-0030

ATTACHMENT 3

SUMMARY OF EXCEPTIONS

There were no exceptions to the standards in 2002.

| | | |
|---|--|------------------------------------|
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 35-R-0035 CUSTOMER NUMBER: 630 | FORM APPROVED OMB NO. 0579-0036 |
| United Vaccines, Inc. 2826 Latham Drive Madison, WI 53713 Telephone: (608) -277-2000 | | |

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 | 0 | 0 | 171 | 15 | 186 |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-human Primate | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals | | | | | |
| Mink | 943 | 365 | 245 | 237 | 847 |
| Ferret | 0 | 46 | 0 | 0 | 46 |
| Fox | 0 | 0 | 5 | 0 | 5 |

ASSURANCE STATEMENTS

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- 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

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

| | | |
|-------------|--|-------------|
| SIGNATURE O | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print | DATE SIGNED |
| | | 11/8/02 |

EG 11/21/02



UNITED VACCINES, INC.

APHIS Form 7023 Site List

The following sites have been reported by the facility.

| | |
|----------------------|---|
| Registration Number: | 35-R-0035 |
| Customer Number: | 630 |
| Facility: | UNITED VACCINES, INC. 2826 LATHAM DRIVE MADISON, WI 53713 (608) 277-2000 |

LATHAM DRIVE FACILITY
2826 LATHAM DRIVE
MADISON, WI 53713



35 R 0035

UNITED VACCINES, INC.

November 8, 2002

ADDENDUM #1

The animals listed in Column E were utilized for safety or potency testing of this firm's products as specified in the following 9 CFR sections:

| Regulatory Justification | | Description of Study | Species | Number |
|--------------------------|-------------|------------------------------|-------------|--------|
| 9 CFR | 113.109 (c) | <i>Clostridium botulinum</i> | Mink | 31 |
| | 113.302 (c) | Mink distemper virus | Mink | 35 |
| | 113.204 (b) | Mink enteritis virus | Mink | 11 |
| | 113.38 | Guinea pig safety test | Guinea Pigs | 15 |

In addition, animal vaccination/challenge testing was performed for the following studies:

(b)(4)

Agencies that regulate the testing of biologics generally insist that these tests run their course without interference. In some instances, the symptoms may become protracted. In these cases we do administer a euthanasia solution at an appropriate state to reduce pain and distress.

(Registration Number: 35-R-0035)

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 35-R-0107 CUSTOMER NO. 636

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

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

BELL LABORATORIES, INC.
3699 KINSMAN BOULEVARD
MADISON, WI 53704

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)

BELL LABORATORIES, INC.
MADISON, WI 53704

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 | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | 8 | | | 8 |
| 9. Non-Human Primates | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals | | | | | |
| Eastern mole | 18 | 10 | | 20 | 30 |
| Deer mice | | 72 | | | 72 |
| | | | | | 12 |

ASSURANCE STATEMENTS

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- 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)

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

11/27/2002

EG
12/2/02

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.

1. Registration Number: 35-R-0107

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

Eastern mole (20)

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

Animals were exposed to diets containing anticoagulants and acute poisons at various concentrations in bait feeding trials. This was conducted to determine palatability of the bait matrix, and any associated overt signs of toxicity and mortality observed post consumption of these baits.

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)

Limited published data dealing with the physiology of *Scalopus aquaticus* made intervention to minimize pain and distress unwise, as the introduction of these agents could inadvertently compromise the effect of tested active ingredients.

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:

CFR:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 35-R-0003
CUSTOMER NUMBER: 610

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

University Of Wisconsin-Eau Claire
504-A Phillips Hall
Eau Claire, WI 54701

Telephone: (999) -999-9999

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)

Phillips Hall - Biology Department Animal Care Facility
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 animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|---|---|--|---|---|--|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | 31 | 88 | 24 | 0 | 112 |
| 8. Rabbits | | | | | |
| 9. Non-human Primate | | | | | |
| 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 research, 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

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

DATE SIGNED

10/30/02

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 35-R-0004
CUSTOMER NUMBER: 769

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

Ridglan Farms, Inc.
P. O. Box 318
Mount Horeb, WI 53572

Telephone: (608)-437-8670

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 animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|--|---|---|--|--|--|
| 4. Dogs | 3017 | 288 | 0 | 0 | 288 |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-human Primate | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals | | | | | |

ASSURANCE STATEMENTS

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

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

DATE SIGNED
11/21/02

| | | |
|---|--|------------------------------------|
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 35-R-0007 CUSTOMER NUMBER: 613 | FORM APPROVED OMB NO. 0579-0036 |
| University Of Wisconsin-Parkside Department Of Biological Sciences 900 Wood Road P. O. Box 2000 Kenosha, WI 53141 Telephone: (414) -595-2570 | | |

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 Atached 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 | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | 473 | | 136 | | 136 |
| 8. Rabbits | | | | | |
| 9. Non-human Primate | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals | | | | | |

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 |
| | | 10/29/02 |

35-R-0008

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

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

Marshfield Medical Research + Education Foundation
1000 N. Oak Ave
Marshfield WI 54449
(715) 387-9134

JAN 21 2003

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)

Marshfield Medical Research Foundation - Animal Facility
1000 N. Oak Avenue Marshfield WI

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 those 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 | 0 | 0 | 0 | 0 |
| 5. Cats | 0 | 0 | 1 | 0 | 1 |
| 6. Guinea Pigs | 0 | 0 | 0 | 0 | 0 |
| 7. Hamsters | 0 | 0 | 0 | 0 | 0 |
| 8. Rabbits | 0 | 0 | 2 | 0 | 2 |
| 9. Non-human Primates | 0 | 0 | 0 | 0 | 0 |
| 10. Sheep | 0 | 0 | 0 | 0 | 0 |
| 11. Pigs | 0 | 0 | 0 | 0 | 0 |
| 12. Other Farm Animals | 0 | 0 | 0 | 0 | 0 |
| 13. Other Animals | 0 | 0 | 0 | 0 | 0 |

ASSURANCE STATEMENTS

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CERTIFICATION BY HEADQUARTERS 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 CEO OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF CEO OR INSTITUTIONAL OFFICIAL

DATE SIGNED

12/23/02

| | | |
|---|--|------------------------------------|
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 35-R-0009 CUSTOMER NUMBER: 629 | FORM APPROVED OMB NO. 0579-0036 |
| Aurora Sinai Sinai Samaritan Medical Center 945 North 12th Street P.O. Box 342, Rm. W303 Milwaukee, WI 53201 Telephone: (414)-219-7280 | | |

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 | 5 | 0 | 57 | 0 | 57 |
| 5. Cats | 0 | 0 | 0 | 0 | 0 |
| 6. Guinea Pigs | 0 | 0 | 0 | 0 | 0 |
| 7. Hamsters | 88 | 473 | 0 | 0 | 473 |
| 8. Rabbits | 0 | 0 | 78 | 0 | 78 |
| 9. Non-human Primate | 0 | 0 | 0 | 0 | 0 |
| 10. Sheep | 0 | 0 | 37 | 0 | 37 |
| 11. Pigs | 0 | 0 | 0 | 0 | 0 |
| 12. Other Farm Animals | 0 | 0 | 0 | 0 | 0 |
| 13. Other Animals | 0 | 0 | 0 | 0 | 0 |

ASSURANCE STATEMENTS

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 (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 11/13/02 |
|---|--|-----------------------------|

| | | |
|---|--|------------------------------------|
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 35-R-0010 CUSTOMER NUMBER: 614 | FORM APPROVED OMB NO. 0579-0036 |
| University Of Wisconsin-River Falls 410 S. 3rd St. River Falls, WI 54022 Telephone: (715)-425-3195 | | |

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 Primate | | | | | |
| 10. Sheep | 176 | | | | 176 |
| 11. Pigs | 325 | | | | 325 |
| 12. Other Farm Animals | 28 | | | | 28 |
| Horses | 265 | | | | 265 |
| cattle | 17 | | | | 17 |
| poultry | | | | | |
| 13. Other Animals | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 11/27/02 |
|------|--|-------------------------|

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|---|--|------------------------------------|
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 35-R-0011 CUSTOMER NUMBER: 643 | FORM APPROVED OMB NO. 0579-0036 |
| Marquette University 1217 W. Wisconsin Avenue P.O. Box 1881 Milwaukee, WI 53201 Telephone: (414) -288-6249 | | |

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 animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|---|---|--|---|---|--|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | 5 | | 54 | | 54 |
| 9. Non-human Primate | | | | | |
| 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 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 provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and

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 <i>12/11/02</i> |
|---|--|--------------------------------|

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

| | | |
|---|---------------------|------------------------------------|
| 1. REGISTRATION NO. 35-R-0012 | CUSTOMER NO. 800 | FORM APPROVED OMB NO. 0579-0036 |
| 2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code) | | |
| GALA DESIGN, INC. P.O. BOX 620120 MIDDLETON, WI 53562 | | |

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

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)

OAK HILL FARMS
HILLPOINT, WI 53937

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 | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-Human Primates | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| cattle | 52 | 3 | 33 | | 36 |
| 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.

CERTIFICATION BY HEADQUARTERS 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 |
| | | 11/08/2002 |

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 35-R-0013
CUSTOMER NUMBER: 607

FORM APPROVED
OMB NO. 0579-0038

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

University of Wisconsin-Stevens Point
Old Main Building
Stevens Point, WI 54481

Telephone: (715) -346-4235

DEC 10 2002

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 animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|--|---|---|--|--|--|
| 4. Dogs | 0 | | | | 0 |
| 5. Cats | 0 | | | | 0 |
| 6. Guinea Pigs | 0 | | | | 0 |
| 7. Hamsters | 0 | | | | 0 |
| 8. Rabbits | 0 | | | | 0 |
| 9. Non-human Primate | 0 | | | | 0 |
| 10. Sheep | 0 | | | | 0 |
| 11. Pigs | 0 | | | | 0 |
| 12. Other Farm Animals | 0 | | | | 0 |
| 13. Other Animals | 0 | | | | 0 |

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

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

12-4-02

| | | |
|---|--|------------------------------------|
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE <div style="text-align: right; font-size: 1.2em; font-weight: bold;">NOV 19 2002</div> ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 35-R-0014 CUSTOMER NUMBER: 608 | FORM APPROVED OMB NO. 0579-0036 |
| University Of Wisconsin-Whitewater Research And Sponsored Program 800 W. Main Street Whitewater, WI 53190 Telephone: (414) -472-5212 | | |

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 animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|---|--|--|---|---|--|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-human Primate | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals | | | | | |
| Deer mice | | 16 | | | 16 |

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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- 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

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 10/02 |
|---|--|----------------------|

| | | |
|--|--|--|
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE OCT 07 2002 ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 35-R-0015 CUSTOMER NUMBER: 611 | FORM APPROVED OMB NO. 0579-0036 |
| University Of Wisconsin-La Crosse College Of Arts/Letters/Scienc [REDACTED] 1725 State Street Room 305 Cowley Hall Room 106 Health Science Center La Crosse, WI 54601 Telephone: (608) -785-8218 3195 | | |

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 animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|--|---|---|--|--|--|
| 4. Dogs | | | | | 0 |
| 5. Cats | | | | | 0 |
| 6. Guinea Pigs | | | | | 0 |
| 7. Hamsters | | | | | 0 |
| 8. Rabbits | | | | | 0 |
| 9. Non-human Primate | | | | | 0 |
| 10. Sheep | | | | | 0 |
| 11. Pigs | | | | | 0 |
| 12. Other Farm Animals | | | | | 0 |
| 13. Other Animals | | | | | 0 |

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

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

DATE SIGNED

| | | |
|---|--|------------------------------------|
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 35-R-0016 CUSTOMER NUMBER: 617 | FORM APPROVED OMB NO. 0579-0036 |
| Madison Area Tech College District 3550 Anderson Street Madison, WI 53704 Telephone: (608) -246-6100 | | DEC 02 2002 |

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 animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|--|---|---|--|--|--|
| 4. Dogs | | | 71 | | 71 |
| 5. Cats | | | 76 | | 76 |
| 6. Guinea Pigs | | | 20 | | 20 |
| 7. Hamsters | | | 47 | | 47 |
| 8. Rabbits | | | 55 | | 55 |
| 9. Non-human Primate | | | 0 | | 0 |
| 10. Sheep | | | 4 | | 4 |
| 11. Pigs | | | 8 | | 8 |
| 12. Other Farm Animals | | | - | | - |
| COWS | | | 12 | | 12 |
| 13. Other Animals | | | - | | - |
| GOATS | | | 28 | | 28 |
| PONIES | | | 6 | | 6 |

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.
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- 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

| | | |
|--|--|-------------|
| 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 |
| | | 11/27/2002 |

FACILITY SITES LISTING

Licensee/Registrant Name: Vocational, Technical and Adult Education District #4

License/Registration Number: 35-R-016

Please list below all sites that house regulated animals under the above number. Be sure to include all requested information. If the line does not apply, please mark it N/A. If you have more than three (3) sites copy this form as many times as needed before filling in the sites.

Site No.: 1 Name/Department: Madison Area Technical College

Address: 3550 Anderson Street

Madison, WI 53704

Building: Truax Campus

Floor/Room: First floor

Contact Person:  Phone No.: 

Site No.: _____ Name/Department: _____

Address: _____

Building: _____

Floor/Room: _____

Contact Person: _____ Phone No.: _____

Site No.: _____ Name/Department: _____

Address: _____

Building: _____

Floor/Room: _____

Contact Person: _____ Phone No.: _____

OCT 10 2002

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 35-R-0017
CUSTOMER NUMBER: 612

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

University Of Wisconsin-Milwaukee
3209 N. Maryland, Lapham B14
P. O. Box 413
Milwaukee, WI 53201

Telephone: (414)-229-6339

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)

Lapham Hall
3209 N. Maryland Ave. B51

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 animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|--|---|---|--|--|--|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | 9 | | | 9 |
| 9. Non-human Primate | | | | | |
| 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 research, 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

(Type or Print)

DATE SIGNED

10/3/02

OCT 28 2002

This report is required by law (7 USC 2143). Failure to report according to the regulations can

See attached form for additional information

Interagency Report Control No.:

| | | |
|--|--|--|
| <p>UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</p> <p>ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)</p> | <p>1. CERTIFICATE NUMBER: 35-R-0022 CUSTOMER NUMBER: 641</p> | <p>FORM APPROVED OMB NO. 0579-0036</p> |
| <p>Gundersen Lutheran Medical Center 1836 South Avenue La Crosse, WI 54601</p> <p>Telephone: (608) -785-0530</p> | | |

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 animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|--|--|---|--|--|--|
| 4. Dogs | | | 16 | | 16 |
| 5. Cats | | | 10 | | 10 |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | 153 | | 153 |
| 8. Rabbits | | | | | |
| 9. Non-human Primate | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals <i>3# / HES Mice</i> | | | 40 | | 40 |

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

| | |
|---|--|
| <p>CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official)</p> | |
| S | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print |
| | DATE SIGNED <i>10/16/02</i> |

Facility Locations

35 R 22

Gundersen Lutheran Medical Center
1836 South Avenue
La Crosse, WI 54601

La Crosse Veterinary Clinic
2128 Hwy. 16
La Crosse, WI 54601
(this location is located approx. 5 miles from Gundersen Lutheran)

OCT 24 2002

| | | |
|---|--|--|
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 35-R-0034 CUSTOMER NUMBER: 639 | FORM APPROVED OMB NO. 0579-0036 |
| Geneva Laboratories, Inc. P.O. Box 140 Elkhorn, WI 53121 Telephone: (262) -723-5669 | | |

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)

Geneva Laboratories, Inc. FACILITY LOCATIONS (Sites) - See Attached Listing
 Elkhorn, WI

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 ye | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|--|--|---|--|--|--|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | 30 | 1280 | | | 1280 |
| 7. Hamsters | | | | | |
| 8. Rabbits | 39 | 455 | 48 | | 503 |
| 9. Non-human Primate | | | | | |
| 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 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 provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and

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

| | | |
|-----------------------|--|-------------------------|
| SIGI APHI (| NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL / Type or Print | DATE SIGNED 10-24-02 |
|-----------------------|--|-------------------------|

OCT 10 2002

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 35-R-0042
CUSTOMER NUMBER: 648

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

Powderject Vaccines, Inc.
585 Science Dr
Madison, WI 53711

Telephone: (608) -231-3150

eh

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 animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|--|---|---|--|--|--|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | 354 | | 354 |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-human Primate | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | 518 | | 518 |
| 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 research, teaching, testing, surgery, or experimentation were followed by this research facility.
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- 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

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

30 Oct 02

APHIS Form 7023 Site List

The following sites have been reported by the facility.

Registration Number: 35-R-0042
Customer Number: 648
Facility: POWDERJECT VACCINES, INC.
585 SCIENCE DR
MADISON, WI 53711
(608) 231-3150

WATERLOO SITE
N363 HUBBLETON ROAD
WATERLOO, WI 53594

POWDER JECT VACCINES
8551 RESEARCH WAY BLVD
MIDDLETON, WI 53562

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 35-R-0105
CUSTOMER NUMBER: 635

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

Pewaukee Veterinary Service
W240
N3425 Highway J
Pewaukee, WI 53072

Telephone: (262) -691-2298

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)

W240 58098 Hwy 83 Mukwonago, WI 53149 FACILITY LOCATIONS (Sites) - See Attached Listing W240 N3425 Hwy J Pewaukee, WI 53072

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 | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|--|---|---|--|--|--|
| 4. Dogs | | | 0 | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-human Primate | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | 6 | | 6 |
| 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 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 provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and

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

10/1/02

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| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 35-R-0108 CUSTOMER NUMBER: 622 | FORM APPROVED OMB NO. 0579-0036 |
| Panigen, Inc W8959 Highway 39 Blanchardville, WI 53516 Telephone: () - 608-523-1903 | | |

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 animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|---|---|--|---|---|--|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-human Primate | | | | | |
| 10. Sheep | 4 | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| Goats | 20 | 3 | | | 3 |
| 13. Other Animals | | | | | |
| | | | | | |
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| | | | | | |

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

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

DATE SIGNED

9-20-00

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| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 35-R-0109 CUSTOMER NUMBER: 774 | FORM APPROVED OMB NO. 0579-0036 |
| Great Lakes Nutrition, Inc. 6493 Rosy Lane Ridgeway, WI 53582 Telephone: (608) -924-1309 (25) 935-9386 | | |

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)

1 of 1 5392 Section Line Road Dodgeville WI 53533 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 animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|--|---|---|--|--|--|
| 4. Dogs | | 51 | | | 51 |
| 5. Cats | | 65 | | | 65 |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-human Primate | | | | | |
| 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 research, teaching, testing, surgery, or experimentation were followed by this research facility.
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- 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

| | | |
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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 |
| | | 10/24/02 |

| | | |
|---|--|------------------------------------|
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 35-R-0111 CUSTOMER NUMBER: 795 | FORM APPROVED OMB NO. 0579-0036 |
| University Of Wisconsin-Oshkosh 800 Algoma Blvd Oshkosh, WI 54901 Telephone: (920) -424-0200 | | NOV 14 2002 |

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 animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|--|---|---|--|--|--|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-human Primate | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals | | | | | |
| lined ground mice | 21 | 7 | | | 28 |
| Rats | 32 | 99 | 70 | | 169 |
| American Alligator | | 30 | | | 30 |

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

| | | |
|---|--|------------------------|
| S | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) | DATE SIGNED 11-9-02 |
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| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE NOV 14 2002 ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 35-R-0111 CUSTOMER NUMBER: 795 | FORM APPROVED OMB NO. G579-0036 |
| University Of Wisconsin-Oshkosh 800 Algoma Blvd Oshkosh, WI 54901 Telephone: (920) -424-0200 | | |

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 animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMN C + D + E) |
|--|---|---|--|--|---|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-human Primate | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals | | | | | |
| lined ground squirrels | 21 | 7 | | | 28 |
| Rats | 32 | 99 | 70 | | 169 |
| American Alligator | | 30 | | | 30 |

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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- 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

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| CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official) | |
| NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) | DATE SIGNED 11-9-02 |

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

NOV 14 2002

1. REGISTRATION NO.

35-R-0111

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)

University of Wisconsin-Oshkosh
800 Algoma Blvd
Oshkosh, WI 54901
Telephone: (920) 424-0200

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) |
|--|---|---|---|---|---|
| Frogs | | 6 | | | 6 |
| House Sparrow | | 25 | | | 25 |
| Black-capped chickadee | | 25 | | | 25 |
| Northern cardinal | | 1 | | | 1 |
| Dark-eyed Junco | | 1 | | | 1 |
| Ruby-crowned kinglet | | 1 | | | 1 |
| Tennessee warbler | | 1 | | | 1 |
| Ovenbird | | 1 | | | 1 |
| Red-eyed vireo | | 5 | | | 5 |
| Chipping sparrow | | 1 | | | 1 |
| House wren | | 1 | | | 1 |
| European starling | | 1 | | | 1 |
| Common grackle | | 3 | | | 3 |
| | | | | | |
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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 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)
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 11-9-02 |
|---|--|----------------------------|

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

NOV 14 2002

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

1. REGISTRATION NO.

35-R-0111

FORM APPROVED
OMB NO. 0579-0036

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

University of Wisconsin-Oshkosh
800 Algoma Blvd
Oshkosh, WI 54901
Telephone: (920) 424-0200

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) |
|---|---|---|---|---|--|
| Frogs | | 6 | | | 6 |
| House Sparrow | | 25 | | | 25 |
| Black-capped chickadee | | 25 | | | 25 |
| Northern cardinal | | 1 | | | 1 |
| Dark-eyed Junco | | 1 | | | 1 |
| Ruby-crowned kinglet | | 1 | | | 1 |
| Tennessee warbler | | 1 | | | 1 |
| Ovenbird | | 1 | | | 1 |
| Red-eyed vireo | | 5 | | | 5 |
| Chipping sparrow | | 1 | | | 1 |
| House wren | | 1 | | | 1 |
| European starling | | 1 | | | 1 |
| Common grackle | | 3 | | | 3 |
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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 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)
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 11-9-02 |
|---|--|----------------------------|

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. **JAN 21 2002** Interspecies Report Control No 0180-DCA-AN

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| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. REGISTRATION NO. 35-R0114 621 |
| | FORM APPROVED OMB NO. 0579-0036 |
| 2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code) Beloit College 700 College Street Beloit, WI 53511 | |
| 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)

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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 | 0 | 0 | 0 | 0 | 0 |
| 5. Cats | 0 | 0 | 0 | 0 | 0 |
| 6. Guinea Pigs | 0 | 0 | 0 | 0 | 0 |
| 7. Hamsters | 0 | 0 | 0 | 0 | 0 |
| 8. Rabbits | 0 | 0 | 0 | 0 | 0 |
| 9. Non-human Primates | 0 | 0 | 0 | 0 | 0 |
| 10. Sheep | 0 | 0 | 0 | 0 | 0 |
| 11. Pigs | 0 | 0 | 0 | 0 | 0 |
| 12. Other Farm Animals | 0 | 0 | 0 | 0 | 0 |
| 13. Other Animals | 0 | 0 | 0 | 0 | 0 |

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

| | | |
|--|---|-------------------------------|
| SIGNATURE OF CEO OR INSTITUTIONAL OFFICIAL | NAME & TITLE OF CEO OR INSTITUTIONAL OFFICIAL | DATE SIGNED 1/15/03 |
|--|---|-------------------------------|

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 35-R-0115
CUSTOMER NO. 10701

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)
MIRUS CORPORATION
505 S ROSA RD
MADISON, WI 53719
(608) 238-4400

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)

See Attached Listing

505 S. Rosa Rd, Madison, WI

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 | 0 | 0 | 0 | 0 | 0 |
| 5. Cats | 0 | 0 | 0 | 0 | 0 |
| 6. Guinea Pigs | 0 | 0 | 0 | 0 | 0 |
| 7. Hamsters | 0 | 0 | 0 | 0 | 0 |
| 8. Rabbits | 0 | 82 | 0 | 0 | 82 |
| 9. Non-Human Primates | 0 | 0 | 0 | 0 | 0 |
| 10. Sheep | 0 | 0 | 0 | 0 | 0 |
| 11. Pigs | 0 | 0 | 0 | 0 | 0 |
| 12. Other Farm Animals | 0 | 0 | 0 | 0 | 0 |
| 13. Other Animals | 0 | 0 | 0 | 0 | 0 |

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.

CERTIFICATION BY HEADQUARTERS 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

12/26/02

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| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 35-R-0116 CUSTOMER NUMBER: 13171 | FORM APPROVED OMB NO. 0579-0036 |
| Genesis Midwest, Llc N6230 County Road G Neillsville, WI 54456 Telephone: (715)-743-4557 | | |

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 animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet | 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, a | 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 | F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E) |
|--|---|---|--|--|--|
| 4. Dogs | 0 | 0 | 0 | 0 | 0 |
| 5. Cats | 0 | 0 | 0 | 0 | 0 |
| 6. Guinea Pigs | 0 | 0 | 0 | 0 | 0 |
| 7. Hamsters | 0 | 0 | 0 | 0 | 0 |
| 8. Rabbits | 0 | 0 | 0 | 0 | 0 |
| 9. Non-human Primate | 0 | 0 | 0 | 0 | 0 |
| 10. Sheep | 0 | 0 | 0 | 0 | 0 |
| 11. Pigs | 0 | 104 | 0 | 0 | 104 |
| 12. Other Farm Animals | 0 | 0 | 0 | 0 | 0 |
| 13. Other Animals | | | | | |
| Dairy Cows | 0 | 10 | 0 | 0 | 10 |
| Poultry | 0 | 10 | 0 | 0 | 10 |

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

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| CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official) | NAME & TITLE OF CEO OR INSTITUTIONAL OFFICIAL | DATE SIGNED <div style="text-align: right; font-size: 1.2em;">10/1/02</div> |
|--|---|--|