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

Failure to report is required by law (7 USC 2143). Failure to report or falsify may result in an order to cease and desist and to be subject to penalties as provided for in Section 2150. See reverse for additional information.

0150-0036 AN

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. REGISTRATION NO. 12-R-0001

FORM APPROVED
OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY *(Name and Address, as registered with USDA, include Zip Co* 12-R-0001, Cust Id 166

[redacted]

DARTMOUTH COLLEGE, TRUSTEES OF
OFFICE OF GRANTS & CONTRACTS
6210 RAVEN HOUSE
HANOVER, NH 03755

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or [illegible] additional sheets if necessary.)
Dartmouth College, Vail, Moore and Borwell Buildings

FACILITY LOCATIONS *(Sites)*

See attached

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			6		6
5. Cats			55		55
6. Guinea Pigs			3		3
7. Hamsters		2	10		10
8. Rabbits		8	42		50
9. Non-human Primates	2		8		10
10. Sheep			1		1
11. Pigs	33		363		396
12. Other Farm Animals					
13. Other Animals					
Tree Shrews			44		44

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
M. Dyer Chamberlain	Margaret Dyer-Chamberlain Associate Provost	11/28/00

APHIS FORM 7023
(AUG 91)

(Replaces VS FORM 18-23 (OCT 88), which is obsolete.)

PART 1 - HEADQUARTERS

Facility Locations

Dartmouth College Animal Resource Center
Vail Building
Hanover, NH 03755

Dartmouth College Animal Resource Center
Moore Psychology Building
Hanover, NH 03755

Dartmouth College Animal Resource Center
Dartmouth-Htichcock Memorial Hospital
7150 Borwell Building, Level 3
Lebanon, NH 03756

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

Form Approved
0100-0004 AN

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. REGISTRATION NO.

FORM APPROVED
OMB NO. 0579-0036

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

12-R-0008, Cust Id 8970
JOAN POEHLMAN
BIOGENESIS, INC.
P.O. BOX 1016
KINGSTON, NH 03848

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, te ... additional sheets if necessary.)

FACILITY LOCATIONS *(Sites)*

180 ROUTE 125
BRENTWOOD, NH 03833

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		62			62
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					

ASSURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual 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
Joan Poehlman	Joan Poehlman, President	11/16/96

APHIS FORM 7023 (Replaces VS FORM 18-23 (OCT 88), which is obsolete.)
(AUG 91)

PART 1 - HEADQUARTERS