This report is required by law (7 USC 2143). Failure to report according to the regulations can OCT 08 2002 See attached form for additional information

Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0004

CUSTOMER NUMBER: 104

FORM APPROVED
OMB NO. 0579-0036

CM

Cheri-Hill Kennel & Supply
17190 Polk Road
Stanwood, MI 49346

231 ← Please note area code.

Telephone: ~~(616)~~ -823-2392

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)

Please see attached.

FACILITY LOCATIONS (Sites) - See Atached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessarv 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 appropnate 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	154	449	NONE	NONE	449
5. Cats	4	43	NONE	NONE	43
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 anestetic, 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
Mary E. Ulrich	Mary E. Ulrich, Owner	10-7-02

APHIS FORM 7023 Replaces VS FORM 18-23 (OCT 88), which is obsolete.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

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

FACILITY SITES LISTING

Licensee/Registrant Name: dba - Cheri-Hill Kennel

License/Registration Number: 34-R-004

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: Cheri-Hill Kennel

Address: 17190 Polk Rd.

Stanwood, Mi 49346

Building: See attached diagram

Floor/Room: RESEARCH FACILITY SQUARE FOOTAGE, 19,684

Contact Person: [redacted] Phone No. [redacted]

Fax No. [redacted]

Site No.: _____ Name/Department: _____

Address: _____

_____

Building: _____

Floor/Room: _____

Contact Person: _____ Phone No.: _____

Site No.: _____ Name/Department: _____

Address: _____

_____

Building: _____

Floor/Room: _____

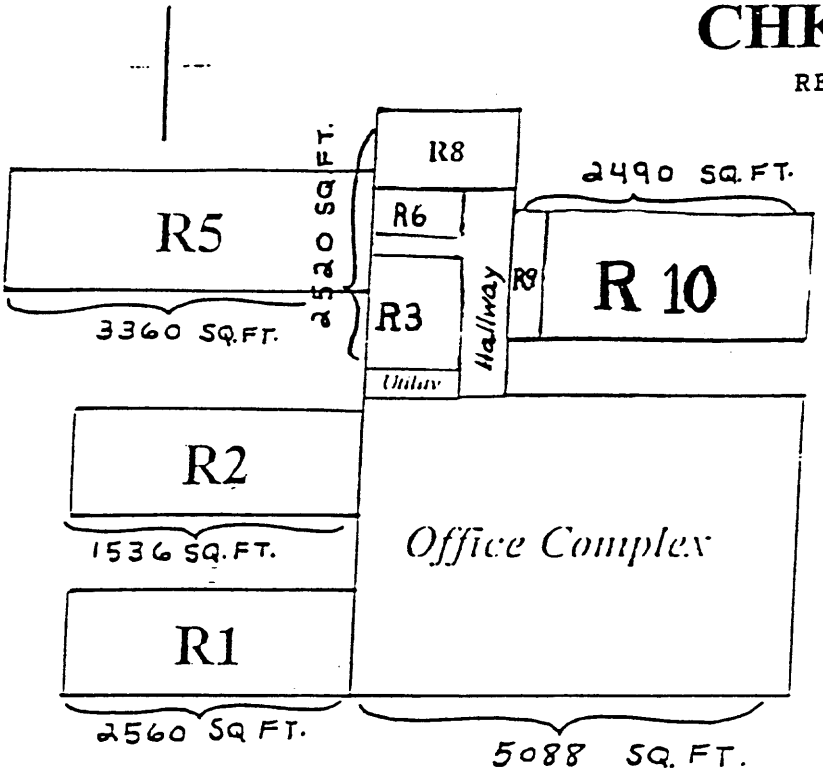
Contact Person: _____ Phone No.: _____

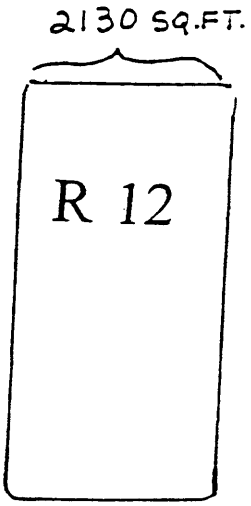
COPY

34 R 0004

CHK Facilities

RESEARCH





TOTAL SQUARE FOOTAGE, KENNELS 14,596

TOTAL SQUARE FOOTAGE, OFFICE COMPLEX 5,088

TOTAL SQUARE FOOTAGE, ENTIRE RESEARCH FACILITY 19,684

COPY

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

NOV 22 2002

See attached form for additional information

Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0008

CUSTOMER NUMBER: 115

FORM APPROVED
OMB NO. 0579-0036

Dow Chemical Company
~~Health & Environmental Reasereh~~ ← Toxicology and Environmental Research and Consulting
1803 Building
Midland, MI 48674

Telephone: ~~(517)~~ -636-1509
989

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 necessarv 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		145	4	0	149
5. Cats		0	0	0	0
6. Guinea Pigs		0	0	0	0
7. Hamsters		0	0	0	0
8. Rabbits		209	10	0	219
9. Non-human Primate		0	0	0	0
10. Sheep		0	0	0	0
11. Pigs		0	0	0	0
12. Other Farm Animals		0	0	0	0
13. Other Animals		0	0	0	0

ASSURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, 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
Gregory G. Bond	Gregory G. Bond, Ph.D., EH&S Corporate Director of Product Responsibility	11/19/02

APHIS FORM 7023
(AUG 91)

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

34R0008

ATTACHMENT 1

FACILITY LOCATIONS (SITE LISTINGS)

ACTIVE SITE

- Toxicology and Environmental Research and Consulting Laboratory
  1803 Building
  Midland, Michigan 48674

LIST OF DELETED SITES
(Sites Permanently Closed)

- Central Research Materials and Development Laboratory
  1701 Building
  Midland, MI 48674

  Site Deleted (permanently closed) on May 20, 1996

- Dow Chemical Company
  Toxicology Research Laboratory - Indianapolis
  9550 N. Zionsville Road
  Indianapolis, IN 46268

  Site Deleted (permanently closed) on December 31, 1995

- Health & Environmental Sciences
  Lake Jackson Research Center
  Freeport, TX 77541

  Site Deleted (permanently closed) on November 19, 1994

34 R0008

NOV 22 2002

The Dow Chemical Company
Midland, Michigan 48674

1803 Building
November 21, 2002

Elizabeth Goldentyer, D.V.M.
Regional Director - Animal Care
Eastern Region
United States Department of Agriculture
Marketing and Regulatory Programs
Animal and Plant Health Inspection Service
920 Main Campus Drive
Suite 200
Unit 3040
Raleigh, NC 27606-5213

Dear Dr. Goldentyer,

Please find enclosed the original and one copy of the completed USDA Annual Report (APHIS form 7023 only) for the reporting facility of The Dow Chemical Company (registration number 34-R-0008, Customer Number 115). This facility has adhered to the standards and regulations under the Animal Welfare Act, as indicated on the Annual Report form.

As note the AHPIS form 7023 has been corrected to reflect the current telephone area code, which is 989, and the correct facility name, which should be the Toxicology and Environmental Research and Consulting Laboratory. These changes were made on Animal Welfare Registration form submitted in June 2002.

Also enclosed are two copies of the list of former sites, previously listed under USDA registration number 34-R-0008, which have been permanently closed and are no longer in operation. There are no animal numbers to report from these facilities, as no animals were present in the permanently closed facilities during this reporting period.

The only site that listed animals on this Annual Report is:

Site 1: Toxicology and Environmental Research and Consulting Laboratory
1803 Building
Midland, MI 48674

Status: Active

The Institutional Animal Care and Use Committee of the Dow Chemical Company also inspects the Environmental Toxicology Laboratory which houses fresh water aquatic species only.

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

34 R0008

The deleted sites and the dates of permanent closure are as follows:

Central Research Materials and Development Laboratory
(formerly Central Research Bioproducts Laboratory)
1701 Building
Midland, MI 48674

Status: Deleted, Permanently closed May 20, 1996

Toxicology Research - Indianapolis
9550 N. Zionsville Road
Indianapolis, IN 46268

Status: Deleted, Permanently closed December 31, 1995 (building has been demolished)

Health and Environmental Sciences
Lake Jackson Research Center
Freeport, TX 77541

Status: Deleted, Permanently closed November 19, 1994 (building has been demolished)

If you require additional information or clarification, please contact me.

Sincerely,

[redacted]

Enclosures

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.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 34-R-0009
CUSTOMER NUMBER: 116

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

Providence Hospital
16001 W. Nine Mile Road
Southfield, MI , 48075

Telephone: (248) 849-3326

NOV 15 2002

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)

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)
Dogs			5		5
Cats			9		9
Guinea Pigs					
Hamsters					
Rabbits			65		65
Non-human Primate					
Sheep					
Pigs					
Other Farm Animals					
Other Animals					

SURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, 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)

GNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print	DATE SIGNED
[signature]	Robert Casalon, President	11/11/02

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

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

FACILITY SITES LISTING

Licensee/Registrant Name: Providence Hospital Animal Lab

License/Registration Number: 34-R-009

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:** Division of Laboratory Animal Resources- Wayne State

Address: 540 East Canfield

Detroit, Mi. 48201

Building: They may provide overflow housing from time to time

Floor/Room: Location is at their discretion.

Contact Person: [redacted] **Phone No.:** [redacted]

Site No.: _____ **Name/Department:** _____

Address: _____

_____

Building: _____

Floor/Room: _____

Contact Person: _____ **Phone No.:** _____

Site No.: _____ **Name/Department:** _____

Address: _____

_____

Building: _____

Floor/Room: _____

Contact Person: _____ **Phone No.:** _____

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.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 34-R-0009
CUSTOMER NUMBER: 116

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

Providence Hospital
16001 W. Nine Mile Road
Southfield, MI , 48075

Telephone: (248) 849-3326

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)

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)
Dogs			5		5
Cats			9		9
Guinea Pigs					
Hamsters					
Rabbits			65		65
Non-human Primate					
Sheep					
Pigs					
Other Farm Animals					
Other Animals					

SURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, 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.

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

GNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print	DATE SIGNED
[signature]	Robert Casalon, President	11/11/02

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

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

FACILITY SITES LISTING

Licensee/Registrant Name: Providence Hospital Animal Lab

License/Registration Number: 34-R-009

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: Division of Laboratory Animal Resources- Wayne State

Address: 540 East Canfield

Detroit, Mi. 48201

Building: They may provide overflow housing from time to time

Floor/Room: Location is at their discretion.

Contact Person: [redacted] Phone No.: [redacted]

Site No.: _____ Name/Department: _____

Address: _____

_____

Building: _____

Floor/Room: _____

Contact Person: _____ Phone No.: _____

Site No.: _____ Name/Department: _____

Address: _____

_____

Building: _____

Floor/Room: _____

Contact Person: _____ Phone No.: _____

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.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0010
CUSTOMER NUMBER: 111

FORM APPROVED
OMB NO. 0579-0036

Henry Ford Hospital
2799 W Grand Blvd
Detroit, MI 48202

Telephone: (313) -876-2024

NOV 26 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 Atached 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			172		
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits			173		
9. Non-human Primate					
10. Sheep					
11. Pigs			38		
12. Other Farm Animals					
13. Other Animals					
Ferrets			16		

ASSURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, 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
	Tom Roth, Ph.D. Director of Research	11/15/02

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

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

FACILITY SITES LISTING

Licensee/Registrant Name: Henry Ford Health System (HFHS)

Licensee/Registrant Number: 34-R-0010

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: HFHS, Bioresources Department

Address: 2799 West Grand Boulevard

Detroit, MI 48202

Building: Education and Research.

Floor/Room: 4th floor, room 4002

Contact Person: [redacted] Phone: [redacted]

Site No.: 2 Name/Department: William Beaumont Hospital

Address: 3601 West Thirteen Mile Road

Royal Oak, MI 48073

Building: Research Institute

Floor/Room: N/A

Contact Person: [redacted] Phone: [redacted]

Site No.: 3 Name/Department: HFHS, Bioresources F1

Address: One Ford Place

Detroit, MI 48202

Building: One Ford Place

Floor/Room: 3D

Contact Person: [redacted] Phone: [redacted]

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

FACILITY SITES LISTING

Licensee/Registrant Name: Henry Ford Hospital d/b/a Henry Ford Health System

Licensee/Registrant Number: 34-R-0010

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.: 4 Name/Department: Wayne State University, Division of Laboratory Animal Resources

Address: 259 Mack Avenue

Detroit, MI 48201

Building: Applebaum

Floor/Room: 5th floor, room 5420

Contact Person: [redacted] Phone: [redacted]

Site No.: ____ Name/Department: _____

Address: _____

_____

Building: _____

Floor/Room: _____

Contact Person: _____ Phone: _____

Site No.: ____ Name/Department: _____

Address: _____

_____

Building: _____

Floor/Room: _____

Contact Person: _____ Phone: _____

NOV 29 2002

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.

Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. REGISTRATION NO. 34-R-0017 CUSTOMER NO. 129

FORM APPROVED OMB NO. 0579-0036

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

MICHIGAN STATE UNIVERSITY
OFFICE OF RESEARCH & GRADUATE
246 ADMINISTRATION BUILDING
EAST LANSING, MI 48824
(517) 353-5064

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

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	96	87	325		412
5. Cats	10	66	92		158
6. Guinea Pigs		48			48
7. Hamsters		159	369		528
8. Rabbits		89	132		221
9. Non-Human Primates		6			6
10. Sheep		55			55
11. Pigs		6			6
Mink		660			660
Ferret		13			13
Cow		257			257
Horse		19	62		81
Hyena		120	27		147
White Footed Mouse		50			50

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
David E. Wright	Dr. David E. Wright, Assistant Vice President Research Ethics & Standards & Inst. Official	

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

PART 1 - HEADQUARTERS

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.

Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION NO. 34-R-0017 CUSTOMER NO. 129

FORM APPROVED OMB NO. 0579-0036

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

MICHIGAN STATE UNIVERSITY
OFFICE OF RESEARCH & GRADUATE
246 ADMINISTRATION BUILDING
EAST LANSING, MI 48824
(517) 353-5064

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	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)
Wild Caught Mouse		36			36
Grass Rat		115	105		220
Prairie Vole		50			50
Opossums		5			5

ASSURANCE STATEMENTS

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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.

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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 C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL *(Type or Print)*	DATE SIGNED
David E. Wright	Dr. David E. Wright, Assistant Vice President Research Ethics & Standards & Inst. Official	

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

PART 1 - HEADQUARTERS

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

RECEIVED DEC 20 2002

See attached form for additional information

Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0018

CUSTOMER NUMBER: 195

FORM APPROVED
OMB NO. 0579-0036

Eastern Michigan University
433 Mark Jefferson
Eastern Michigan Univ
Ypsilanti, MI 48197

Telephone: (734) -487-3090

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		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					
Bats		290		(this study was conducted in Puerto Rico)	290

ASSURANCE STATEMENTS

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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
Paul T. Schollaert	Paul T. Schollaert, Provost and VP	12/18/02

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

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

See attached form for additional information

OCT - 7 2002

Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0019

CUSTOMER NUMBER: 196

FORM APPROVED
OMB NO. 0579-0036

Ferris State University
220 Ferris Drive
Big Rapids, MI 49307

Telephone: (616) -592-2246

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 necessarv 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	11	11			11
9. Non-human Primate					
10. Sheep					
11. Pigs			3		3
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 anestetic, 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 OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print	DATE SIGNED
Thomas E Oldfield	Thomas Oldfield, Ph.D. Vice President, Academic Affairs	

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

can DEC 0 9 2002 additional information

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0032
CUSTOMER NUMBER: 186

FORM APPROVED
OMB NO. 0579-0036

Dow Corning Corporation
Health & Environmental Sciences Dc-3
2200 W. Salzburg Road
Auburn, MI 48611

Telephone: (989) -496-4000

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 AS ABOVE

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		5	28	0	33
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 anestetic, 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 OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print	DATE SIGNED
Kathleen P. Plotzke	Kathleen P. Plotzke - Director of Health and Environmental Sciences	12/18/02

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

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.

Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. **REGISTRATION NO.** 34-R-0035 **CUSTOMER NO.** 199

FORM APPROVED
OMB NO. 0579-0036

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

HOPE COLLEGE
35 EAST 12TH STREET
HOLLAND, MI 49422

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)*

HOPE COLLEGE
HOLLAND, MI 49422-9000

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	1				
8. Rabbits					
9. Non-Human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
gray-cheeked thrush		1			1
cedar waswings		6			6
swainson's thrush		3			3

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)
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
Dan A. Gerbens	Dan A. Gerbens - Assoc Prof. of Biology, Chair IACUC	11/05/2002

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.

Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION NO. 34-R-0035 CUSTOMER NO. 199

FORM APPROVED
OMB NO. 0579-0036

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

HOPE COLLEGE
35 EAST 12TH STREET
HOLLAND, MI 49422

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	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)
hermit thrush		1			1
american robin		9			9
gray catbird		3			3

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 C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL *(Type or Print)*	DATE SIGNED
Dan A. Gerbens	Dan A. Gerbens - Assoc Prof. of Biology, Chair IACUC	11/05/2002

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.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0037
CUSTOMER NUMBER: 200

FORM APPROVED
OMB NO. 0579-0036

William Beaumont Hospital
Research Institute
3811 West 13 Mile Road
Royal Oak, MI 48073

Telephone: (810) -551-0666

NOV 29 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 Atached 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		5
5. Cats					
6. Guinea Pigs			397		397
7. Hamsters					
8. Rabbits			66		66
9. Non-human Primate					
10. Sheep			6		6
11. Pigs			17		17
12. Other Farm Animals					
13. Other Animals					
Ferrets			72		72

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
	Joyce Conley, Ph.D. Executive Director Research Institute	11/21/02

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

APHIS Form 7023 Site List

The following sites have been reported by the facility.

Registration Number:	34-R-0037
Customer Number:	200
Facility:	WILLIAM BEAUMONT HOSPITAL 3601 WEST 13 MILE ROAD ROYAL OAK, MI 48073 (810) 551-0666

3601 WEST 13 MILE ROAD
ROYAL OAK, MI 48073

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

2002 See attached form for additional information

Interagency Report Control No.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0033

CUSTOMER NUMBER: 522

FORM APPROVED
OMB NO. 0579-0036

Western Michigan University
Research & Sponsored Programs
Kalamazoo, MI 49008
Telephone: (~~616~~ 269) -387-3670

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)

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			143		143
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
Jack Luderer, V.P.	Jack Luderer Vice President for Research	10/28/02

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

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

OCT 16 2002

See attached form for additional information

Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0044
CUSTOMER NUMBER: 202

FORM APPROVED
OMB NO. 0579-0036

Central Michigan University
Brooks Hall
Mount Pleasant, MI 48859

Telephone: (517) -774-3227

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 Rowe Hall
Brooks Hall

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	0				0
5. Cats	0				0
6. Guinea Pigs	0				0
7. Hamsters	0				0
8. Rabbits	10	10			10
9. Non-human Primate	0				0
10. Sheep	0				0
11. Pigs	0				0
12. Other Farm Animals	0				0
13. Other Animals					
Gerbils	60	45			45

ASSURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, 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
James H. Hageman	James H. Hageman, Asst. Vice Pres., Research	10/8/02

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

This report is required by law (7 USC 2143). Failure to report according to the regulations can OCT 21 2002 See attached form for additional information Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0050
CUSTOMER NUMBER: 203

FORM APPROVED
OMB NO. 0579-0036

Foundation For Behaviorial Resource
600 S. Lincoln Street
Augusta, MI 49012

Telephone: (616) -731-5775

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)

600 S. Lincoln Street FACILITY LOCATIONS (Sites) - See Atached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessarv 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	-0-				-0---
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 anestetic, 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
Grace S. Emley	Grace S. Emley, President	10/11/02

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

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

DEC 19 2002 See attached form for additional information

Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0060

CUSTOMER NUMBER: 215

FORM APPROVED
OMB NO. 0579-0036

Macomb Community College
Veterinary Technician Program
44575 Garfield Road
Clinton Township, MI 48038

Telephone: (313) -286-2096

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 necessarv 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	84		84		84
5. Cats	78		78		78
6. Guinea Pigs	12		12		12
7. Hamsters	16		16		16
8. Rabbits	7		7		7
9. Non-human Primate	0		0		0
10. Sheep	0		0		0
11. Pigs	0		0		0
12. Other Farm Animals	0		0		0
13. Other Animals					
Gerbils	10		10		10
Mice	20		20		20
Rats	12		12		12

ASSURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, 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)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print	DATE SIGNED
J.D. Sampson IV For Dr. R. Jackson	Dr. Roberta Jackson, Vice Provost	12/9/02

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

Career & Technical Education

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

NOV 0 - 2002

See attached form for additional information

Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0064

CUSTOMER NUMBER: 218

FORM APPROVED
OMB NO. 0579-0036

Borgess Medical Center
Borgess Research Institute
1521 Gull Road
Kalamazoo, MI 49048

Telephone: (269) -226-5407

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

Borgess Research Institute, 1521 Gull Road, Kalamazoo, MI 49048

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessarv 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					
11. Pigs			55		55
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 anestetic, 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)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print	DATE SIGNED
	Linda Albery VP COU	10/23/02

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

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

OCT 21 2002

See attached form for additional information

Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0068

CUSTOMER NUMBER: 220

FORM APPROVED
OMB NO. 0579-0036

Michigan Dept. Of Natural Resources
Wildlife Division
P.O. Box 30028
Lansing, MI 48909

Telephone: (517) -373-1263

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 necessarv 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					
11. Pigs					
12. Other Farm Animals					
white-tailed deer		5a			5
13. Other Animals					

ASSURANCE STATEMENTS a nutritional or behavioral studies involving no pain

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, 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 OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print	DATE SIGNED
	Rebecca Humphries, Chief Wildlife Division	10/08/02

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

APHIS Form 7023 Site List

The following sites have been reported by the facility.

Registration Number:	34-R-0068
Customer Number:	220
Facility:	MICHIGAN DEPT. OF NATURAL RESOURCES WILDLIFE DIVISION P.O. BOX 30028 LANSING, MI 48909 (517) 373-1263

ROSELAKE WILDLIFE RESEARCH
RESEARCH CENTER 8562 E.
EAST LANSING, MI 48823

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

34R0068

Site: 001
Status: Inactive

Cusino Wildlife
Research Station
Highway M-28
Shingleton, MI 49884
County: Alger

Contact Person:
[redacted]

Site: 002
Status: Inactive

Houghton Lake Wildlife
Research Area
1759 S. Jeffs Road
Merritt, MI 49667
County: Missaukee

Contact Person:
[redacted]

Site: 003
Status: Active

Rose Lake Wildlife
Research Center
8562 E. Stoll Road
East Lansing, MI 48823
County: Ingham

Contact Person:
[redacted]

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

DEC 02 2002

See attached form for additional information

Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0121

CUSTOMER NUMBER: 424

FORM APPROVED
OMB NO. 0579-0036

Northern Michigan University
1401 Presque Isle Avenue
Marquette, MI 49855

Telephone: (906) -227-2301

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)

Biology Department
Psychology Department

FACILITY LOCATIONS (Sites) - See Atached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessarv 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					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
American Woodcock		135			135

ASSURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, 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 OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print	DATE SIGNED
Sara Doubledee	Sara Doubledee, Dean Graduate Studies & Research	11-26-02

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

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

DEC 02 2002

See attached form for additional information

Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0142
CUSTOMER NUMBER: 423

FORM APPROVED
OMB NO. 0579-0036

Michigan Technological University
Vice President For Research
1400 Townsend Drive
Houghton, MI 49931

Telephone: (906) -487-3043

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 necessarv 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					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
Bats		153			153
Gray Squirrel		3			3
Small Mammal		300			300

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
	David D. Reed, Vice President for Research	11.27.02

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

* deer mice, shrew, vole, chipmunk

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Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0144
CUSTOMER NUMBER: 1798

FORM APPROVED
OMB NO. 0579-0036

Parkedale Pharmaceuticals
870 Parkdale Road
Rochester, MI 48307

Telephone: (248) -656-5472

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

Parkedale Pharmaceuticals Building 37 (see above address)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessarv 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	0	980	415	0	1395
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)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print	DATE SIGNED
	Jefferson Gregory Chair and CEO King Pharmaceuticals	10/21/02

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

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

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Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0145

CUSTOMER NUMBER: 1825

FORM APPROVED
OMB NO. 0579-0036

Esperion Therapeutics, Inc.
3621 S. State Street
695 Kms Place
Ann Arbor, MI 48108

Telephone: (734) -677-1559

OCT 28 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 Atached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessarv 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		18	60		78
8. Rabbits		84			84
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 anestetic, 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
Roger S. Newton 10/21/02	Roger S. Newton, President / CEO	10/21/02

APHIS FORM 7023 (Replaces VS FORM 18-23 (OCT 88), which is obsolete.
(AUG 9

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.

Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION NO. 34-R-0147 CUSTOMER NO. 10106

FORM APPROVED
OMB NO. 0579-0036

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

WEST MICHIGAN REGIONAL LABS
CALVIN COLLEGE
3201 BURTON ST., SE
GRAND RAPIDS, MI 49506

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)*

WEST MICHIGAN REGIONAL LABS
GRAND RAPIDS, MI 49506

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		5
5. Cats	14		28		28
6. Guinea Pigs					
7. Hamsters		16			16
8. Rabbits	10	2	211		213
9. Non-Human Primates					
10. Sheep					
11. Pigs			86		86
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 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
Henry E. DeVries	Henry E. DeVries, VP of Administration, Finance, and Information Services	11/19/2002

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

PART 1 - HEADQUARTERS

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.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0148
CUSTOMER NUMBER: 11432

FORM APPROVED
OMB NO. 0579-0036

Tsrl, Inc
Tsrl, Inc
540 Avis Dr., Suite A
Ann Arbor, MI 48108

Telephone: (734) -663-4233

NOV 29 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 Atached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessarv 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					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
					0

ASSURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, 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
John Hilfinger	John Hilfinger PhD, Vice President.	11/25/02

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

APHIS Form 7023 Site List

The following sites have been reported by the facility.

Registration Number:	34-R-0148
Customer Number:	11432
Facility:	TSRL, INC 540 AVIS DR., SUITE A ANN ARBOR, MI 48108 (734) 663-4233

TSRL, INC
540 AVIS DR., SUITE A
ANN ARBOR, MI 48108

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.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0149
CUSTOMER NUMBER: 13477

FORM APPROVED
OMB NO. 0579-0036

Grand Valley State University
401 W Fulton
Grand Rapids, MI 49504

Telephone: (616) -336-7265

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 necessarv 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					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					

THIS FACILITY DID NOT USE ANY ANIMALS COVERED BY AWA REGULATIONS

ASSURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, 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
	Priscilla J. Kimbokn, Dean Office of Graduate Studies and Grants Administration	11/8/02

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

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.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0149
CUSTOMER NUMBER: 13477

FORM APPROVED
OMB NO. 0579-0036

Grand Valley State University
401 W Fulton
Grand Rapids, MI 49504

Telephone: (616) -336-7265

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)

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					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					

THIS FACILITY DID NOT USE ANY ANIMALS COVERED BY AWA REGULATIONS

ASSURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, 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 OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print	DATE SIGNED
	Priscilla J. Kimboko, Dean Office of Graduate Studies and Grants Administration	11/8/02

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

NOV 15 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.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0149

CUSTOMER NUMBER: 13477

FORM APPROVED
OMB NO. 0579-0036

Grand Valley State University
401 W Fulton
Grand Rapids, MI 49504

Telephone: (616) -336-7265

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)

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					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					

THIS FACILITY DID NOT USE ANY ANIMALS COVERED BY AWA REGULATIONS

ASSURANCE STATEMENTS

1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, 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 OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print	DATE SIGNED
	Priscilla J. Kimbokota, Dean Office of Graduate Studies and Grants Administration	11/8/02

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

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.:

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 34-R-0150
CUSTOMER NUMBER: 14974

FORM APPROVED
OMB NO. 0579-0036

Baker College
1050 West Bristol Road
Flint, MI 48507

Telephone: (810) -766-4288

NOV 08 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 Atached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessarv 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	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	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 anestetic, 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
[signature]	Michael D. Cross D.V.M.	11/1/02

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