### ANNUAL REPORT OF RESEARCH FACILITY

**TYPE OR PRINT**

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

- **FACILITY LOCATIONS (Sites)**
  - 301 Railway Ave
  - Seward, AK 99664

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY**

<table>
<thead>
<tr>
<th>Animals Covered By The Animal Welfare Regulations</th>
<th>A. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.</th>
<th>B. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.</th>
<th>C. Number of animals upon which experiments, teaching, research, or tests were conducted involving pain, distress, or use of pain-relieving drugs.</th>
<th>D. Number of animals upon which experiments, research, 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.)</th>
<th>E. Number of animals upon which teaching, research, experiments, surgery or tests were conducted involving accompanying pain or distress to the animals and for which 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.)</th>
<th>F. TOTAL NO. OF ANIMALS (Cols. C + D + E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dogs</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Cats</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Guinea Pigs</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
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<td>Hamsters</td>
<td>15</td>
<td>16</td>
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<td>18</td>
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<td>1</td>
</tr>
<tr>
<td>Rabbits</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>3</td>
</tr>
<tr>
<td>Non-human Primates</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
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<td>3</td>
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<td><strong>Steller sea lions</strong></td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td><strong>Harbor Seals</strong></td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>8</td>
</tr>
</tbody>
</table>

**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. The facility is adhering to the standards and regulations under the Act, and it has been required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.

4. The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL**

(Chief Executive Officer or Legally Responsible Institutional Official)

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

**DATE SIGNED**

11/21/00

**PART 1 - HEADQUARTERS**
**UNIVERSAL REPORT OF RESEARCH FACILITY**

**TYPE OR PRINT**

1. **CERTIFICATE NUMBER:** 96-R-0002
   **CUSTOMER NUMBER:** 1012

**Southern Region & M S Council, Inc.**
6130 Tuttle Place
Anchorage, AK 99507

**Telephone:**
(907)562-6449

---

**1. 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)**

---

**2. REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY**

**Attach additional sheets if necessary and use APHIS Form 7023A**

<table>
<thead>
<tr>
<th>Category</th>
<th>B. Number of animals</th>
<th>C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs</th>
<th>D. Number of animals upon which teaching, research, surgery, or tests were conducted involving no pain, distress, or use of pain-relieving drugs</th>
<th>E. Number of animals upon which teaching, research, surgery, or tests were conducted involving no pain, distress, or use of pain-relieving drugs</th>
<th><strong>F. TOTAL NUMBER OF ANIMALS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dogs</td>
<td>(10) <strong>ten</strong></td>
<td></td>
<td></td>
<td></td>
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<td>Cats</td>
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<tr>
<td>Guinea Pigs</td>
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<tr>
<td>Hamsters</td>
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<tr>
<td>Rabbits</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Non-human Primate</td>
<td></td>
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<tr>
<td>Sheep</td>
<td></td>
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</tr>
<tr>
<td>Pigs</td>
<td></td>
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<tr>
<td>Other Farm Animals</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other Animals</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**ASSURANCE STATEMENTS**

**Principal Investigator:** (b)(6), (b)(7)c

1. Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.

2. Each principal investigator has considered alternatives to painful procedures.

3. This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.

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---

**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL**

(Chief Executive Officer or Legally Responsible Institutional Official)

**SIGN**

**DATE SIGNED**

SEP 26

**APHIS FORM 7023** (Replaces V6 FORM 18-23 (OCT 98), which is obsolete. **AUG 91**
Annual Report Site Listing:
*Customer ID and Site Address:

Cust ID: 1012
6130 Tuttle Place
Anchorage, AK 99507
County: Anchorage

College Village Animal Clinic (overnight only)
2036 Northern Lights, Anchorage, AK 99504
### Annual Report of Research Facility

**United States Department of Agriculture**
**Animal and Plant Health Inspection Service**

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

**1. Certificate Number:** 96-R-0004  
**Customer Number:** 1014  
**Form Approved OMB No. 0579-0039**

**Lifeguards Providence A K Med. Ctr.**  
**P. O. Box 196804**  
**Anchorage, AK 99519**

**2. 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)

<table>
<thead>
<tr>
<th>Animals Covered By The Animal Welfare Regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td><strong>A.</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>8</td>
<td>N/A</td>
<td>8</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Assurance Statements**

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4. The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care.

**Certification by Headquarters Research Facility Official**
(Characters: 101000)

**Signature of C.E.O.**

APHIS FORM 7023  
(Aug 91)
### Annual Report of Research Facility (Type or Print)

- **Facility Name:** University of Alaska Fairbanks
  - **Address:** P.O. Box 757500, Fairbanks, AK 99775-7500

### 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:**
  - Arctic Health Research Building
  - Irving I Building Animal Quarters
  - Biological Reserve
  - Experimental Psychology Lab
  - Large Animal Research Station

### Report of Animals Used by or Under Control of Research Facility

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<thead>
<tr>
<th>Animals Covered By The Animal Welfare Regulations</th>
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<td></td>
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<td></td>
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<tr>
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<td></td>
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<tr>
<td>Non-human Primates</td>
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<tr>
<td>Other Farm Animals</td>
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<tr>
<td>Other Animals</td>
<td>13</td>
<td>See form 7023A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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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:** [Signature]

**Name & Title of C.E.O. or Institutional Official (Type or Print):** [Name and Title]

**Date Signed:** [Date]

(Aug 91)
### CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY

**TYPE OR PRINT**

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY**

**TECHNICAL REPORT NO.**

**FORMATION NO.**

**OMB NO.**

**USDA**

**AGRICULTURE**

**ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

**UNIVERSITY OF ALASKA FAIRBANKS**

**P.O. BOX 757500**

**FAIRBANKS, AK 99775-7500**

---

<table>
<thead>
<tr>
<th>A. Animals Covered By The Animal Welfare Regulations</th>
<th>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</th>
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<th>F. TOTAL NO. OF ANIMALS</th>
<th>(Cols. C + D + E)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Arctic Ground Squirrels</strong></td>
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<td>150</td>
<td></td>
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</tr>
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<tr>
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<td><strong>Muskoxen</strong></td>
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<tr>
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<td>2</td>
</tr>
</tbody>
</table>

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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**

**DATE SIGNED**

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**APHIS FORM 7023A**

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