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| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. REGISTRATION NO. 94-R-0010 | CUSTOMER NO. 893 | FORM APPROVED OMB NO. 0579-0036 |
| 2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code) PONCE SCHOOL OF MEDICINE P.O. BOX 7004 PONCE, PR 00732 | | | |

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) |
|---|
| PONCE SCHOOL OF MEDICINE PONCE, PR 00731 |
| |

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

| A. Animals Covered By The Animal Welfare Regulations | B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report) | F. TOTAL NO. OF ANIMALS (Cols. C + D + E) |
|--|---|---|---|--|---|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-Human Primates | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals | | | | | |
| Rats | 580 | 122 | 1006 | | 1128 |
| Mice | 314 | | 144 | | 144 |

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.

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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) 075113118105037071053040093111115116104119037088124113131032066117118 115104111104124110032069103100114037108118122041082102117104101119105 111040047032072116100104122103123109041083117119103109106121 | DATE SIGNED 10/21/2005 |

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 94-R-0012
CUSTOMER NUMBER: 870

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

San Juan Bautista School Of Medicine
Pó Box 4968
Caguas, PR 00726

FEB 02 2006

Telephone: (787) -743-3038

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

FACILITY LOCATIONS (Sites) - See Attached Listing

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

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

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual rese teaching, testing, surgery, or experimentation were followed by this research facility.
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- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

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

SIGNATURE OF C.E.

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

DATE SIGNED

23/01/06

DEC 02 2005

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 21:

See attached form for additional information.

Interagency Report Control No. (Handwritten initials)

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|---|--|------------------------------------|
| UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) | 1. CERTIFICATE NUMBER: 94-R-0103 CUSTOMER NUMBER: 864 | FORM APPROVED OMB NO. 0579-0036 |
| University Of Puerto Rico-Rio Piedras Ca Po Box 23360 San Juan, PR 00931 Telephone: (787) -764-0000 | | |

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

FACILITY LOCATIONS (Sites) - See Attached Listing

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

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

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
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| CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official) | |
| SIGNATURE | DATE SIGNED |
| | 30/11/05 |

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

| | | |
|---|---------------------|------------------------------------|
| 1. REGISTRATION NO. 94-R-0109 | CUSTOMER NO. 960 | FORM APPROVED OMB NO. 0579-0036 |
| 2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code) | | |
| UNIVERSITY OF PUERTO RICO PO BOX 365067 - MEDICAL SCIENCE CAMPUS SAN JUAN, PR 00936-5067 | | |

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)

| | |
|--|--|
| UNIVERSITY OF PUERTO RICO - MEDICAL SCIENCE SAN JUAN, PR 00936-5067 | SABANA SECA TRUJILLO ALTO, PR 00936-5067 |
| NEUROBIOLOGY SAN JUAN, PR 00701 | CARIBBEAN PRIMATE CENTER TRUJILLO ALTO, PR 00936-5067 |

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 | | | 200 | | 200 |
| 8. Rabbits | | | 3 | | 3 |
| 9. Non-Human Primates | 882 | 1828 | 90 | | 1918 |
| 10. Sheep | | | | | |
| 11. Pigs | | | 29 | | 29 |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals | | | | | |
| Thirteen Lined Squirrels | | 17 | | | 17 |
| Gerbils | | | 13 | | 13 |
| Rats | | 799 | 756 | | 1555 |

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 |
| | | 11/07/2005 |

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

| | | |
|---|---------------------|------------------------------------|
| 1. REGISTRATION NO. 94-R-0110 | CUSTOMER NO. 856 | FORM APPROVED OMB NO. 0579-0036 |
| 2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code) | | |
| INTER AMERICAN UNIV OF P R-METROPOLITAN P.O. BOX 191293 SAN JUAN, PR 00919-1293 | | |

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)

VA MEDICAL CENTER
SAN JUAN, PR 00919-1293

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

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

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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 12/13/2005 |
|---|--|---------------------------|

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 94-V-0001
CUSTOMER NO. 944

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

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

ONE VETERANS PLAZA
SAN JUAN, PR 00927

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)

VA MEDICAL CENTER
SAN JUAN, PR 00927

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

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|--|---|---|---|--|---|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-Human Primates | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals | | | | | |

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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)

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| SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) | DATE SIGNED 12/13/2005 |
|---|--|---------------------------|