United States Department of Agriculture
Animal and Plant Health Inspection Service

Annual Report of Research Facility
(Type or Print)

1. Registration No. 86-R-0005
2. Customer No. 1045

2. Headquarters Research Facility (Name and Address, as registered with USDA, include Zip Code)
   Northern Arizona University
   Box 4130
   Flagstaff, AZ 86011
   (928) 523-4880

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.)
   Biological Sciences Annex
   Coconino and Kaibab National Forests, AZ
   Zion National Forest, UT

Facility Locations (Sites):
   Colorado Plateau, Northern AZ

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>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 (Cols. C + D + E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dogs</td>
<td></td>
<td></td>
<td></td>
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<td>28</td>
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<tr>
<td>Cats</td>
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<td>Guinea Pigs</td>
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<tr>
<td>Hamsters</td>
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<tr>
<td>Rabbits</td>
<td></td>
<td></td>
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<tr>
<td>Non-Human Primates</td>
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<tr>
<td>Sheep</td>
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<td></td>
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<tr>
<td>Pigs</td>
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<td>13. Other Animals</td>
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<td>Harris ground squirrel</td>
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</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) 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: [Redacted]

Name & Title of C.E.O. or Institutional Official: [Redacted]

Date Signed: 11-9-06

Part 1 - Headquarters

Nov 13 2006
<table>
<thead>
<tr>
<th></th>
<th>A. Animals Covered by The Animal Welfare Regulations</th>
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<th>F. TOTAL NO. OF ANIMALS</th>
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<tr>
<td>Ord's kangaroo rat</td>
<td>1</td>
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<td>White-throated woodrat</td>
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<tr>
<td>Cliff chipmunk</td>
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<td>Baily's pocket mouse</td>
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<td>Deer mice</td>
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<td>Gray-collared chipmunk</td>
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<td>Striped skunks</td>
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<td>Hoary bat</td>
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</tr>
</tbody>
</table>

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

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

I certify that the above is true, correct, and complete under Sections 2141 of the Animal Welfare Act.

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

11-9-06

AFRS FORM 7033A (Replaces V3 Form 18-223 (Oct 88), when used) PART 1 - HEADQUARTERS

NOV 13 2006
### CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY

**TYPE OR PRINT**

**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 teaching, research, experiments, or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs were used | E. Number of animals upon which teaching, research, 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 were used | F. TOTAL NO. OF ANIMALS (

| **Silver haired bat** | 1 | 1 | 1 | 1 |
| **Southwestern myotis** | 141 | 141 | 141 | 141 |
| **California myotis** | 14 | 14 | 14 | 14 |
| **Western Long-eared myotis** | 64 | 64 | 64 | 64 |
| **Occult Myotis** | 107 | 107 | 107 | 107 |
| **Fringed Myotis** | 31 | 31 | 31 | 31 |
| **Long-legged Myotis** | 94 | 94 | 94 | 94 |
| **Mexican Free-tailed bat** | 9 | 9 | 9 | 9 |
| **Short-tailed Opossum** | 33 | 21 | 1 | 22 |

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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**

11-9-06

**APHIS FORM 7023A**

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

PART 1 - HEADQUARTERS

NOV 13 2006
**ANNUAL REPORT OF RESEARCH FACILITY**

**TYPE OR PRINT**

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<tr>
<td>4. Dogs</td>
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<td>5. Cats</td>
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<td>7. Hamsters</td>
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<td>13. Other Animals</td>
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</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)

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

PART 1 - HEADQUARTERS

NUV 27 2006
IACUC-approved exceptions to regulations and standards.

Three exceptions to regulations were approved by the Institutional Animal Care and Use Committee at St. Joseph’s Hospital.

The first exception is the schedule for providing food to cats. As part of four IACUC-approved protocols that involve behavioral experiments, the provision of food to cats is limited to one session each day in the laboratory. Food is provided as a positive reinforcement to obtain the behavior under study. At the end of each session, the animals are allowed to eat to satiation. Sixteen animals have been used in these protocols during the current reporting period.

The second exception is the schedule for providing water to rhesus monkeys. As part of an IACUC-approved protocol that involves behavioral experiments, the provision of water to rhesus monkeys is limited to one session each day in the laboratory. At the end of each session, the animals are allowed to drink to satiation. Two animals have been used in this protocol during the current reporting period.

The final exception is approval for multiple survival surgeries. The IACUC has approved two survival surgeries as part of 5 protocols:

For three of the approved protocols, involving cats, the first surgery involves the placement of a neuro-recording chamber followed approximately two weeks later by a surgery for placement of EMG wires. The committee felt that it was better for the animals to undergo two surgeries of short duration (i.e., less than 8 hours), than one surgery lasting 18 hours. During the past year, 1 animal has undergone these procedures.

As part of one protocol involving dogs, the first surgery involves an aneurysm production in one of the carotid arteries followed one week later by an embolization procedure to fill the aneurysms. The committee felt the time needed to allow the aneurysms to heal between procedures was justified to allow for stabilization of the aneurysms prior to insertion of the catheters used to fill the aneurysms. Three animals have undergone these procedures during the current reporting period.

Finally, as part of one protocol involving rhesus monkeys, the first surgery involves placement of a neuro-recording chamber which may be followed by several small craniotomies as needed. No new craniotomies will be performed within three weeks of each other. The committee felt that it was better for the animal to undergo smaller craniotomies rather than one large one at the time of implantation, thus limiting the risk for infection, edema, and blood vessel damage. No animals have undergone these procedures during this reporting period.
# United States Department of Agriculture

## 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.)

See Attached Listing

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

(Attach additional sheets if necessary or use APHIS FORM 7023A)

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<tbody>
<tr>
<td>4. Dogs</td>
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<td>13. Other Animals</td>
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</table>

### Assurance Statements

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

PART 1 - HEADQUARTERS

NOV 13 2006
UNIVERSIT Y DESP ART OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  

ANNUAL REPORT OF RESEARCH FACILITY  
(TYPE OR PRINT)  

PRIMATE FOUNDATION OF ARIZONA  
P. O. Box 20027  
Mesa, AZ  85277  
Telephone: (480) -832-3780  

1. CERTIFICATE NUMBER: 86-R-0022  
CUSTOMER NUMBER: 1058  

2. 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>
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<tbody>
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<td>4. Dogs</td>
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<td>13. Other Animals</td>
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ASSURANCE STATEMENTS  

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

SIGNATURE  
DATE SIGNED  
9/26/06
**ANNUAL REPORT OF RESEARCH FACILITY**  
*TYPE OR PRINT*

<table>
<thead>
<tr>
<th>3. REPORTING FACILITY</th>
<th>See Attached Listing</th>
</tr>
</thead>
</table>

**FACILITY LOCATIONS (sites):**

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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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<thead>
<tr>
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<th>NAME &amp; TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)</th>
<th>DATE SIGNED</th>
</tr>
</thead>
</table>

**AUG 96** (Replaces form 7023C; Oct 86, which is obsolete)
## ANNUAL REPORT OF RESEARCH FACILITY

### TYPE OR PRINT

#### 1. REGISTRATION NO.
86-R-0031

#### 2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, Include Zip Code)
SUN HEALTH RESEARCH INSTITUTE
10851 W. SANTE FE DR
SUN CITY, AZ 85351
(623) 876-5328

#### 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)

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<tbody>
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<td>7. Hamsters</td>
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<td>10. Sheep</td>
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### CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL

(Chief Executive Officer or Legally Responsible Institutional official)
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

**Signature of CEO or Institutional Official**

**NAME & TITLE OF CEO OR INSTITUTIONAL OFFICIAL (Type or Print)**

**DATE SIGNED**

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

PART 1 - HEADQUARTERS

NOV 2 0 2006
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

See Attached Listing

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

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<th>F. TOTAL NO. OF ANIMALS</th>
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<tbody>
<tr>
<td>4. Dogs</td>
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<td>12. Other Farm Animals</td>
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<td>13. Other Animals</td>
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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)

DATE SIGNED

11/3/2006

(AUG 91)
### 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(s):

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APHIS FORM 7023A (AUG 91) (Replaces Form 7020A (AUG 89), which is obsolete)

*As of 31 Dec. 06 (4 = 1 California Leaf Nose Bat Died of Old Age, 2 March 2006) OCT 16 2006
**ANNUAL REPORT OF RESEARCH FACILITY**

**TYPE OR PRINT**

**UNITED STATES DEPARTMENT OF AGRICULTURE**

**ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

---

1. **REGISTRATION NO.**
   86-R-0035

2. **CUSTOMER NO.**
   29358

3. **FORM APPROVED**
   OMB NO. 0579-0036

---

4. **HEADQUARTERS RESEARCH FACILITY** (Name and Address, as registered with USDA, include Zip Code)
   LONG TECHNICAL COLLEGE
   13450 N. BLACK CANYON HWY., SUITE 104
   PHOENIX, AZ 85029
   (602) 548-1955

---

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   FACILITY LOCATIONS/sites
   
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<tbody>
<tr>
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<tr>
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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 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)

<table>
<thead>
<tr>
<th>SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL</th>
<th>NAME &amp; TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)</th>
<th>DATE SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>11/8/06</td>
</tr>
</tbody>
</table>

---

**APHIS FORM 7023**

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

---

**NOV 13 2006**
**ANNUAL REPORT OF RESEARCH FACILITY**  
(TYPE OR PRINT)

**FACILITY LOCATIONS (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.):**

- **VETERINARY TEACHING LABORATORY**  
  (SOUTHERN & HORSE, MESA)
- **LARGE ANIMAL FACILITY**  
  (SOUTHERN & DOBSON, MESA)

**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</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>
<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 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.</th>
<th>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.)</th>
<th>F. TOTAL NO. OF ANIMALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dogs</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Cats</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Guinea Pigs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hamsters</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Rabbits</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Non-Human Primates</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Sheep</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pigs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Farm Animals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goats</td>
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<td>Other Animals</td>
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<tr>
<td>Horses</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td>2</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) 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**

**DATE SIGNED**

**NOV 30 2006**

**APHIS FORM 7023**  
(Replaces VS FORM 18-23 (Oct 88), which is obsolete)
### ANNUAL REPORT OF RESEARCH FACILITY

**TYPE OR PRINT**

1. **CERTIFICATE NUMBER:** 86-R-0037
   **CUSTOMER NUMBER:** 10322

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)

3. **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>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>
<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 experiments, teaching, research, surgery, or tests were conducted involving non-painful pain or distress to the animals.</th>
<th>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 appropriate anesthetic, analgesic, or tranquilizing drugs were used.</th>
<th>F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Dogs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tr>
<tr>
<td>5. Cats</td>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Guinea Pigs</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>7. Hamsters</td>
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<td>8. Rabbits</td>
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<tr>
<td>9. Non-human Primates</td>
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</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, 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 ap 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

**Signature of certifying institutional official**

**Name & title of C.E.O. or institutional official** (Type or Print)

**Date signed**

10/2/06

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

**OCT - 6 2006**
### ANNUAL REPORT OF RESEARCH FACILITY

**TYPE OR PRINT**

<table>
<thead>
<tr>
<th>Facility Locations(sites)</th>
<th>Bldg 56</th>
<th>Bldg 75</th>
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#### 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.</th>
<th>B.</th>
<th>C.</th>
<th>D.</th>
<th>E.</th>
<th>F.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dogs</td>
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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: [Handwritten]

APHIS (Aug 91)

8-23 (Oct 88), which

PART 1 - HEADQUARTERS

Date Signed: 6/14/90

NCV 2/1/2006
APHIS Form 7023 Site List

The following sites have been reported by the facility.

<table>
<thead>
<tr>
<th>Registration Number:</th>
<th>86-V-0002</th>
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</thead>
<tbody>
<tr>
<td>Customer Number:</td>
<td>1317</td>
</tr>
<tr>
<td>Facility:</td>
<td>VA MEDICAL CENTER (678)</td>
</tr>
<tr>
<td></td>
<td>3601 S. 6TH AVENUE</td>
</tr>
<tr>
<td></td>
<td>TUCSON, AZ 85723</td>
</tr>
</tbody>
</table>

VA MEDICAL CENTER (678)
3601 S. 6TH AVENUE
TUCSON, AZ 85723