

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, search existing data sources, gathering and maintain the data needed, and completing and reviewing the collection of information.

OMB APPROVED
0579-0036

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.

Interagency Report Control
No. 0180-DOA-AN

Fiscal Year: 2009

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

REGISTRATION NUMBER: 64-R-005 0005

Customer Number: 833

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

2. Headquarters Research Facility (Name and Address, as registered with USDA, include Zip Code):

AUBURN UNIVERSITY

(b)(6) & (b)(7)c

202 Samford Hall
Auburn, AL 36849-5112

T: (334) 844-4784

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

See Attached List

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

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 on these animals and the reasons such drugs were not used must be attached to this report.)	F. TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
4. Dogs	76	706	436	0	1142
5. Cats	139	89	127	0	216
6. Guinea Pigs	0	0	0	0	0
7. Hamsters	0	0	0	0	0
8. Rabbits	0	0	283	0	283
9. Non-human Primates	0	0	0	0	0
10. Sheep	25	26	0	0	26
11. Pigs	0	151	0	0	151
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 (C.E.O.) or Legally Responsible Institutional Official (L.O.))
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR L.O. (b)(6) & (b)(7)c	NAME AND TITLE OF C.E.O. OR L.O. (Type or Print) Associa (b)(6) & (b)(7)c Research	DATE SIGNED 11-20-2009
---	---	---------------------------

APHIS FORM 7023
AUG 2009

(b)(6) & (b)(7)c

12-3-09

NOV 24 2009

Auburn University
64-R-0005
Page 1 of 5

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, search existing data sources, gathering and maintain the data needed, and completing and reviewing the collection of information.

OMB APPROVED
0579-0036

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.

Interagency Report Control
No. 0180-DOA-AN

Fiscal Year: 2009

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

REGISTRATION NUMBER: 64-R-005

Customer Number: 833

2. Headquarters Research Facility (Name and Address, as registered with USDA, include Zip Code):

AUBURN UNIVERSITY
(b)(6) & (b)(7)c
202 Samford Hall
Auburn, AL 36849-5112

T: (334) 844-4784

**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)

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 on these animals and the reasons such drugs were not used must be attached to this report.)	F. TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
13. Alpaca	80	38	6	0	44
13. Armadillo	0	17	0	0	17
13. Bat	0	47	0	0	47
13. Cow	148	467	35	30	532
13. Coyote	0	4	0	0	4
13. Deer	5	141	0	0	141
13. Gerbil	0	2	0	0	2
13. Goat	42	39	24	0	63
13. Horse	161	421	130	0	551
13. Cotton Mouse	0	258	0	0	258
13. Eastern Harvest Mouse	0	3	0	0	3
13. Golden Mouse	0	96	0	0	96
13. Oldfield Mouse	0	11	0	0	11
13. White-footed Mouse	0	42	0	0	42

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 (C.E.O.) or Legally Responsible Institutional Official (I.O.))**
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR. I.O.	NAME AND TITLE OF C.E.O. OR. I.O. (Type or Print)	DATE SIGNED
(b)(6) & (b)(7)c	Associate (b)(6) & (b)(7)c Research	11.20.2009

APHIS FORM 7023
AUG 2009

NOV 24 2009

Auburn University
64-R-0005
Page 2 of 5

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, search existing data sources, gathering and maintain the data needed, and completing and reviewing the collection of information.

OMB APPROVED
0579-0036

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.

Interagency Report Control
No. 0180-DOA-AN

Fiscal Year: 2009

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

REGISTRATION NUMBER: 64-R-005

Customer Number: 833

2. Headquarters Research Facility (Name and Address, as registered with USDA, include Zip Code):

AUBURN UNIVERSITY
(b)(6) & (b)(7)c
202 Samford Hall
Auburn, AL 36849-5112

T: (334) 844-4784

**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)

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 on these animals and the reasons such drugs were not used must be attached to this report.)	F. TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
13. Opossum	0	4	0	0	4
13. Pony	0	8	0	0	8
13. Raccoon	0	9	0	0	9
13. Allegheny Woodrat	0	1	0	0	1
13. Cotton Rat	0	66	0	0	66
13. Eastern Woodrat	0	9	0	0	9
13. Southern Short-tailed Shrew	0	2	0	0	2
13. Columbian Ground Squirrel	0	42	0	0	42
13. Southern Flying Squirrel	0	10	0	0	10
13. Woodland Vole	0	6	0	0	6

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 (C.E.O.) or Legally Responsible Institutional Official (I.O.))**
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR. I.O.	NAME AND TITLE OF C.E.O. OR. I.O. (Type or Print)	DATE SIGNED
(b)(6) & (b)(7)c	Associate (b)(6) & (b)(7)c for Research	11.20.2009

APHIS FORM 7023
AUG 2009

NOV 24 2009

Auburn University
64-R-0005
Page 3 of 5

Column E Explanation

This form is intended as an aid to completing the Column E explanation. It is not an official form and its use is voluntary. Names, addresses, protocols, veterinary care programs, and the like, are not required as part of an explanation. A Column E explanation must be written so as to be understood by lay persons as well as scientists.

1. Registration Number: 64-R-0005

2. Number 30 of animals used in this study.

3. Species (common name) Cow of animals used in the study.

4. Explain the procedure producing pain and/or distress.

NOT A FOIA DELETION

[REDACTED]. The ability of the [REDACTED] and change is important to the [REDACTED]. By understanding the mechanisms responsible for the generation of [REDACTED] and increased [REDACTED] during [REDACTED] measures can be taken to improve current control and prevention methods for [REDACTED]. The objectives of the [REDACTED] are to characterize the [REDACTED] and evaluate the ability of various [REDACTED] to prevent [REDACTED].

5. Provide scientific justification why pain and/or distress could not be relieved. State methods or means used to determine that pain and/or distress relief would interfere with test results. (For Federally mandated testing, see Item 6 below)

Comparisons of [REDACTED] will be made to evaluate the effectiveness against different [REDACTED] and determine [REDACTED]. In order to measure [REDACTED] is essential to [REDACTED]. Treating the animals may mask the presentation of [REDACTED]. Therefore, following [REDACTED] will be allowed to run its course. However, [REDACTED] the animals may be treated if required or euthanized when appropriate as described by the humane endpoints.

[REDACTED]

6. What, if any, federal regulations require this procedure? Cite the agency, the code of Federal Regulations (CFR) title number and the specific section number (e.g., APHIS, 9 CFR 113.102):

Agency _____ CFR _____

NOV 24 2000

APHIS Form 7023 Site Addendum for FY: 2009

Registration Number: 64-R-0005
Customer ID Number: 833

Facility Business Address Information:

(b)(6) & (b)(7)c

Auburn University
202 Samford Hall
Auburn University, AL 36849-5112

Telephone (334)844-4784

Assigned Inspector: Michelle Williams, D.V.M.

- Site A:
- Site B:
- Site C:
- Site D:
- Site E:
- Site F:
- Site G:
- Site H:
- Site I:
- Site J:
- Site K:
- Site L:
- Site M:
- Site N:
- Site O:
- Site P:
- Site Q:
- Site R:
- Site S:
- Site T:
- Site U:
- Site V:
- Site W:
- Site X:
- Site Y:

(b)(2)High, (b)(7)f

NOV 24 2009

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 64-R-0005
CUSTOMER NO. 833

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)

AUBURN UNIVERSITY
DIVISION LAB ANIMAL HEALTH
311 GREENE HALL ANNEX
AUBURN, AL 36849-5112

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)

(b)(2)High, (b)(7)f

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	87	716	351		1067
5. Cats	26	125	156		281
6. Guinea Pigs					
7. Hamsters					
8. Rabbits		7	228		235
9. Non-Human Primates					
10. Sheep	5	48	10		58
11. Pigs		263	2		265
12. Other Farm Animals					
Cow	202	427	41		468
13. Other Animals					
Opossum		3			3
Pony	36	12			12
Raccoon		7			7

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
(b)(6) & (b)(7)c	(b)(6) & (b)(7)c for Research	11/24/2008

APHIS FORM 7023
(AUG 91)

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

PART 1 - HEADQUARTERS

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 64-R-0005
CUSTOMER NO. 833

FORM APPROVED
OMB NO. 0579-0036

**CONTINUATION SHEET FOR ANNUAL REPORT
OF RESEARCH FACILITY
(TYPE OR PRINT)**

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

AUBURN UNIVERSITY
DIVISION LAB ANIMAL HEALTH
311 GREENE HALL ANNEX
AUBURN, AL 36849-5112

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)
Goat	30	44	6		50
Cotton Rat	2	14			14
Columbian Ground Squirrel		259			259
Southern Flying Squirrel		15			15
Alpaca		34			34
Bat	75	99			99
Coyote		17			17
Deer		99			99
Ferret		2			2
Horse	113	203	150		353
Llama	43				
White-footed Deermouse	12	31			31

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 (b)(6) & (b)(7)c	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) (b)(6) & (b)(7)c or Research	DATE SIGNED 11/24/2008
---	--	---------------------------

APHIS Form 7023 Additional Reported Sites

The following additional sites have been reported by the facility. The reported sites have not been verified by APHIS and have been provided by the facility solely for completeness of the APHIS Form 7023 Annual Reporting submission.

Registration Number: 64-R-0005
Customer Number: 833
Facility: AUBURN UNIVERSITY
DIVISION LAB ANIMAL HEALTH
311 GREENE HALL ANNEX
AUBURN, AL 36849-5112

- All sites
- Site A:
- Site B:
- Site C:
- Site D:
- Site E:
- Site F:
- Site G:
- Site H:
- Site I:
- Site J:
- Site K:
- Site L:
- Site M:
- Site N:
- Site O:
- Site P:
- Site Q:
- Site R:
- Site S:
- Site T:
- Site U:
- Site V:
- Site W:

AL 36849-0001

(b)(2)High, (b)(7)f

001 -2 2008

**U.S DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
APPLICATION FOR REGISTRATION
(TYPE OR PRINT)**

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040
Raleigh, NC 27606
Telephone: (919) 855-7101

REGISTRATION UPDATE

CERTIFICATE / CUSTOMER NO.

REGISTRATION UPDATE

CERTIFICATE: 64-R-0005

24-AUG-2008

CUSTOMER: 833

1. NAME(S) OF REGISTRANT(S) AND MAILING ADDRESS

Auburn University

202 Samford Hall
Auburn, AL 36849 5112

Telephone: (334) 844-4784

2. ALL BUSINESS LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

202 Samford Hall
Auburn, AL 36849 5112
County: Lee

Telephone:

3. (A) PREVIOUS USDA REGISTRATION NUMBER (if any)

--

4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:

5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS (If yes, go to Item 6)

Yes No

6. TYPE OF REGISTRATION:

Class E - Exhibitor Class H - Intermediate Handler
 Class R - Research Facility Class T - Carrier

7. FEDERAL FUND TYPE(S):

Award Contract Grant Loan

8. TYPE OF ORGANIZATION:

Individual Corporation Partnership
 Other (Specify) _____

9. IF INDIVIDUAL, IDENTIFY EACH OWNER, IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUTIONAL OFFICIAL (Use separate sheet if needed)

A.	NAME	B.	TITLE	C.	ADDRESS (Full Address, including Zip Code)
	(b)(6) & (b)(7)c		Institutional Official		202 Samford Hall Auburn, AL 36849-5112

CERTIFICATION

I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that all listed persons are 18 years of age or older.

10. SIGNATURE

11. PRINT NAME

12. SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER

13. DATE

(b)(6) & (b)(7)c

29 Sep 08



**United States
Department of
Agriculture**

**Marketing and
Regulatory
Programs**

**Animal and
Plant Health
Inspection
Service**

Animal Care

EXPIRATION DATE: AUGUST 24, 2011

This is to certify that

AUBURN UNIVERSITY

is a registered
under the

CLASS R RESEARCH FACILITY

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No. **64-R-0005**

Customer No. **833**

A handwritten signature in cursive script, appearing to read "Philip A. Gibson".

Deputy Administrator

OCT -2 2008



AUBURN
UNIVERSITY

Office of Animal Resources
307 Samford Hall
Auburn University, AL 36849-0001

Telephone: 334-844-5978
Fax: 334-844-4391
oar@auburn.edu

September 29, 2008

Dr. Elizabeth Goldentyer
Regional Director – Animal Care
Eastern Regional Office
Animal and Plant Health Inspection Service
Marketing and Regulatory Programs
United States Department of Agriculture
920 Main Campus Drive
Suite 200
Raleigh, NC 27608

Dear Dr. Goldentyer:

Auburn University, Registration # 64-R-005/833, electronically submitted the FY2007 USDA Annual Report. The form does not allow for the modification of the registered name and address. A letter to request a modification in the registered name and address must be received by the Division of Animal Care, Auburn University, Auburn, AL 36849-0001, on or before November 30, 2007. Information is still being sent to the Division of Animal Care, Auburn University, Auburn, AL 36849-0001, should be identified as:

Auburn University
(b)(6) & (b)(7)c
202 Samford Hall
Auburn, AL 36849-0001
T: (334)844-(b)(6) & (b)(7)c

MAILING
ADDRESS
CHG

Research Facility

If any additional information is required, please contact the Office of Animal Resources at oar@auburn.edu.

(334)844-5978 or

Thank you,

(b)(6) & (b)(7)c

ndm

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 64-R-0005
CUSTOMER NO. 833

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)

AUBURN UNIVERSITY
DIVISION LAB ANIMAL HEALTH
311 GREENE HALL ANNEX
AUBURN, AL 36849-5112

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

(b)(2)High, (b)(7)f

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	185	654	431		1085
5. Cats	267	47	89		136
6. Guinea Pigs					
7. Hamsters					
8. Rabbits		6	160		166
9. Non-Human Primates					
10. Sheep	10	16	10		26
11. Pigs		703			703
12. Other Farm Animals					
Cow	363	201	17	70	288
13. Other Animals					
Pony		8			8
Raccoon		6			6
Cotton Rat		9			9

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
(b)(6) & (b)(7)c	(b)(6) & (b)(7)c for Research	11/30/2007

APHIS FORM 7023
(AUG 91)

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

PART 1 - HEADQUARTERS

Q99w

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 64-R-0005
CUSTOMER NO. 833

FORM APPROVED
OMB NO. 0579-0036

**CONTINUATION SHEET FOR ANNUAL REPORT
OF RESEARCH FACILITY**
(TYPE OR PRINT)

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

AUBURN UNIVERSITY
DIVISION LAB ANIMAL HEALTH
311 GREENE HALL ANNEX
AUBURN, AL 36849-5112

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)
Goat	4	52	1		53
Columbian ground Squirrel		397			397
Southern flying Squirrel		11			11
Alpaca	6	6	10		16
Armadillo		2			2
Bat	48				
Deer		218			218
Horse	187	591	238		829
Llama	11	5			5
White-footed Deermouse		1			1
Opossum		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.
- 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
(b)(6) & (b)(7)c	(b)(6) & (b)(7)c for Research	11/30/2007

APHIS Form 7023 Column E Explanation

This form is intended as an aid to completing the APHIS Form 7023 Column E explanation. It is not an official form and its use is voluntary. Names, addresses, protocols, veterinary care programs, and the like, are not required as part of an explanation. A Column E explanation must be written so as to be understood by lay persons as well as scientists.

1. Registration Number: 64-R-0005

2/3. Species (common name) & Number of animals used in this study:

Cow (70)

4. Explain the procedure producing pain and/or distress.

Bovine viral diarrhea virus (BVDV) is responsible for major economic losses to the cattle industry. The ability of the virus to mutate and change is important to the pathogenesis of the virus. By understanding the mechanisms responsible for the generation of antigenic diversity and increased virulence during acute infections, measures can be taken to improve current control and prevention methods for BVDV in cattle such as vaccination methods. The objectives of the challenge studies are to characterize the pathogenesis of various field strains of BVDV and evaluate the ability of various vaccines to prevent clinical signs of disease and the spread of virus during infection.

5. Provide scientific justification why pain and/or distress could not be relieved. State methods or means used to determine that pain and/or distress relief would interfere with test results. (For Federally mandated testing, see Item 6 below)

In order to measure ability of protection, the scoring of clinical signs and evidence of disease is essential to measuring the response to vaccination and/or virus challenge. Treating the animals may mask the presentation of clinical signs. Therefore, following virus challenge the disease will be allowed to run its course. However, if secondary infections or complications occur (such as respiratory tract disease), the animals may be treated if required or euthanized when appropriate. From past experience of the investigator, animals do not exhibit clinical disease following challenge. Clinical disease is usually exhibited by a decreased appetite and increased temperature. During the experimental period, animals will be monitored daily. If animals develop secondary complications and become debilitated they will be euthanized immediately within 24 hours after becoming moribund.

6. What, if any, federal regulations require this procedure? Cite the agency, the code of Federal Regulations (CFR) title number and the specific section number (e.g., APHIS, 9 CFR 113.102):

Agency: N/A

CFR:

APHIS Form 7023 Additional Reported Sites

The following additional sites have been reported by the facility. The reported sites have not been verified by APHIS and have been provided by the facility solely for completeness of the APHIS Form 7023 Annual Reporting submission.

Registration Number: 64-R-0005
Customer Number: 833
Facility: AUBURN UNIVERSITY
DIVISION LAB ANIMAL HEALTH
311 GREENE HALL ANNEX
AUBURN, AL 36849-5112

All sites use mailing address 202 Samford Hall, Auburn University, AL 36849

Site A: CVM ?

Site B: CVM ?

Site C: CVM ?

Site D: CVM ?

Site E: CVM ?

Site F: CVM ?

Site G: CVM ?

Site H: Aviary ?

Site I: CVM ?

Site J: CVM ?

Site K:

(b)(2)High, (b)(7)f

Site L:

Site M: CVM ?

Site N: CVM ?

Site O: CVM ?

Site P:

(b)(2)High, (b)(7)f

Site R:

Site S: CVM ?

Site T: CVM ?

Site U:

(b)(2)High, (b)(7)f

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 64-R-0005
CUSTOMER NO. 833

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)
AUBURN UNIVERSITY
202 SAMFORD HALL
AUBURN, AL 36849-5112

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)

(b)(2)High, (b)(7)f

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	294	417	723		1140
5. Cats	356	155	518		673
6. Guinea Pigs		5			5
7. Hamsters					
8. Rabbits		10	216		226
9. Non-Human Primates					
10. Sheep		7	26		33
11. Pigs		389	4		393
12. Other Farm Animals					
Cow	35	301	312	40	653
13. Other Animals					
Deer Mouse		6			6
White-footed Mouse		73			73
Northern Flying Squirrel		2			2

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 (b)(6) & (b)(7)c	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) (b)(6) & (b)(7)c for Research	DATE SIGNED 11/30/2006
---	---	---------------------------

APHIS FORM 7023
(AUG 91)

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

PART 1 - HEADQUARTERS

Signature

APHIS Form 7023 Column E Explanation

This form is intended as an aid to completing the APHIS Form 7023 Column E explanation. It is not an official form and its use is voluntary. Names, addresses, protocols, veterinary care programs, and the like, are not required as part of an explanation. A Column E explanation must be written so as to be understood by lay persons as well as scientists.

1. Registration Number: 64-R-0005

2/3. Species (common name) & Number of animals used in this study:

Cow (40)

4. Explain the procedure producing pain and/or distress.

Bovine viral diarrhea virus (BVDV) is responsible for major economic losses to the cattle industry. The ability of the virus to mutate and change is important to the pathogenesis of the virus. By understanding the mechanisms responsible for the generation of antigenic diversity and increased virulence during acute infections, measures can be taken to improve current control and prevention methods for BVDV in cattle such as vaccination methods. The objectives of the challenge studies are to characterize the pathogenesis of various field strains of BVDV and evaluate the ability of various vaccines to prevent clinical signs of disease and the spread of virus during infection.

5. Provide scientific justification why pain and/or distress could not be relieved. State methods or means used to determine that pain and/or distress relief would interfere with test results. (For Federally mandated testing, see Item 6 below)

In order to measure ability of protection, the scoring of clinical signs and evidence of disease is essential to measuring the response to vaccination and/or virus challenge. Treating the animals may mask the presentation of clinical signs. Therefore, following virus challenge the disease will be allowed to run its course. However, if secondary infections or complications occur (such as respiratory tract disease), the animals may be treated if required or euthanized when appropriate as described previously.

6. What, if any, federal regulations require this procedure? Cite the agency, the code of Federal Regulations (CFR) title number and the specific section number (e.g., APHIS, 9 CFR 113.102):

Agency:

CFR:

APHIS Form 7023 Additional Reported Sites

The following additional sites have been reported by the facility. The reported sites have not been verified by APHIS and have been provided by the facility solely for completeness of the APHIS Form 7023 Annual Reporting submission.

Registration Number: 64-R-0005
Customer Number: 833
Facility: AUBURN UNIVERSITY
202 SAMFORD HALL
AUBURN, AL 36849-5112

All sites use mailing address 202 Samford Hall, Auburn University, AL 36849 ■

Site A: CVM ?

Site B: CVM ?

Site C: CVM ?

Site D: CVM ?

Site E: CVM ?

Site F: CVM ?

Site G: CVM ?

Site H: Aviary ?

Site I: CVM ?

Site J: CVM ?

Site K: CVM ?

Site L: [REDACTED]

Site M: (b)(2)High & (b)(7)f

Site N: CVM ?

Site O: CVM ?

Site P: CVM ?

Site Q: [REDACTED]

Site R: (b)(2)High & (b)(7)f

Site S: [REDACTED]

Site T: CVM ?

Site U: CVM ?

WJ

1. REGISTRATION NO. 64-R-0005
CUSTOMER NO. 833
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)
AUBURN UNIVERSITY
202 SAMFORD HALL
AUBURN, AL 36849-5112

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)

(b)(2)High & (b)(7)f

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	49	397	435		832
5. Cats	233	78	331		409
6. Guinea Pigs		4			4
7. Hamsters		8			8
8. Rabbits			10		10
9. Non-Human Primates					
10. Sheep		2	3	27	32
11. Pigs					
12. Other Farm Animals					
Alpaca	19				
13. Other Animals					
Bat	183				
Gerbil		18			18

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 (b)(6) & (b)(7)c	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) (b)(6) & (b)(7)c	DATE SIGNED 11/30/2005
---	--	---------------------------

APHIS FORM 7023 (AUG 91)

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

PART 1 - HEADQUARTERS

QAZ

APHIS Form 7023 Column E Explanation

This form is intended as an aid to completing the APHIS Form 7023 Column E explanation. It is not an official form and its use is voluntary. Names, addresses, protocols, veterinary care programs, and the like, are not required as part of an explanation. A Column E explanation must be written so as to be understood by lay persons as well as scientists.

1. Registration Number: 64-R-0005

2/3. Species (common name) & Number of animals used in this study:

Sheep (27)

Cattle (45)

4. Explain the procedure producing pain and/or distress.

Sheep - The investigator is studying peptides that may stimulate appetite. Endotoxins are administered to sheep to establish a model of an animal having a reduced appetite.

5. Provide scientific justification why pain and/or distress could not be relieved. State methods or means used to determine that pain and/or distress relief would interfere with test results. (For Federally mandated testing, see Item 6 below)

Sheep - Treatment for symptoms of endotoxin exposure will interfere with the effects of endotoxin on appetite. Endotoxin is administered for a maximum of 72 hours via a subcutaneous osmotic minipump. After 72 hours, the pumps are removed and the sheep are administered an anti-inflammatory agent (banamine). In the extensive experience of the investigator, the sequelae of the endotoxin administration are mild fever which is dropping by 24 hours post-exposure and a mild depression in appetite for 2-3 days. However, if the body temperature exceeds 106 F (high end of normal = 103.F) or if an animal does not respond to a person entering the room, is unable to stand, or won't respond or motion, the animal will immediately removed from the study and clinical intervention initiated in advance of the 72 hour experimental endpoint. Otherwise, sheep receive an injection of banamine 72 hours after the administration of the endotoxin. Sheep are monitored closely (at time points of 2, 4, 6, 12, 24, 48, 72, and 96 hours) subsequent to the administration of the endotoxin.

6. What, if any, federal regulations require this procedure? Cite the agency, the code of Federal Regulations (CFR) title number and the specific section number (e.g., APHIS, 9 CFR 113.102):

Agency: N/A

CFR:

APHIS Form 7023 Additional Reported Sites

The following additional sites have been reported by the facility. The reported sites have not been verified by APHIS and have been provided by the facility solely for completeness of the APHIS Form 7023 Annual Reporting submission.

Registration Number: 64-R-0005
Customer Number: 833
Facility: AUBURN UNIVERSITY
202 SAMFORD HALL
AUBURN, AL 36849-5112

Site A
Site A
Site A
Site E
Site E
Site E
Site C
Site C
Site C
Site D
Site D
Site D
Site E
Site E
Site E
Site F
Site F
Site F
Site C
Site C
Site C
Site H
Site H
Site H
Site I
Site I
Site I
Site J
Site J
Site J
Site K
Site K
Site K



(b)(2)High & (b)(7)f

Every research facility, exhibitor, carrier, and intermediate handler shall be registered with the USDA (7 USC 2136). This application this collection of information is estimated to average 25 hours existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

required to be licensed under Section 3 of the Animal Welfare Act, as information for such registration. Public reporting burden for response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

AUG 08 2005

FORM APPROVED
OMB NO. 0579-0036

U.S DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
APPLICATION FOR REGISTRATION
(TYPE OR PRINT)

REGISTRATION UPDATE

DO NOT USE THIS SPACE - OFFICIAL USE ONLY
SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040
Raleigh, NC 27606
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	REGISTRATION UPDATE
CERTIFICATE: 64-R-0005 CUSTOMER: 833	24-AUG-2005 <i>12-Aug-05</i> <i>JW</i>

1. NAME(S) OF REGISTRANT(S) AND MAILING ADDRESS

Auburn University
202 Samford Hall
Auburn, AL 36849 5112

Telephone:

2. ALL BUSINESS LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

202 Samford Hall
Auburn, AL 36849 5112
County: Lee

Telephone:

3. (A) PREVIOUS USDA REGISTRATION NUMBER (if any)

64-R-0005

4. (B) ACTIVE USDA CERTIFICATE NUMBER(S) IN WHICH YOU HAVE AN INTEREST:

5. ARE YOU USING FEDERAL FUNDS TO CARRY OUT RESEARCH, TESTS, OR EXPERIMENTS (If yes, go to Item 6)

Yes No

6. TYPE OF REGISTRATION:

Class E - Exhibitor Class H - Intermediate Handler
 Class R - Research Facility Class T - Carrier

7. FEDERAL FUND TYPE(S):

Award Contract Grant Loan

8. TYPE OF ORGANIZATION:

Individual Corporation Partnership
 Other (Specify)

9. IF INDIVIDUAL, IDENTIFY EACH OWNER, IF PARTNERSHIP IDENTIFY EACH PARTNER OR OFFICER, IF CORPORATION, IDENTIFY PRINCIPAL OFFICERS FOR RESEARCH FACILITIES INCLUDE THE INSTITUTIONAL OFFICIAL (Use separate sheet if needed)

A. NAME	B. TITLE	C. ADDRESS (Full Address, including Zip Code)
(b)(6)	Associate Provost and Vice President for Research	202 Samford Hall Auburn University, AL 36849-5112

CERTIFICATION

I hereby register as a Research Facility, Exhibitor, Carrier, or Intermediate Handler under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that all listed persons are 18 years of age or older.

10. SIGNATURE (b)(6)	11. PRINT NAME (b)(6)	12. SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER 63-6000724	13. DATE 7/29/2005
-------------------------	--------------------------	--	-----------------------



August 5, 2009

United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and Plant
Health Inspection
Services

Animal Care

920 Main Campus Drive
Suite 200
Raleigh, NC 27606

Tel No. 919-855-7100
Fax No. 919-855-7123

(b)(6)

MS, DACLAM

University Veterinarian
Office of the University Veterinarian
Auburn University
202 Samford Hall
Auburn, AL 36849-5195

Dear (b)(6)

Thank you for your letter of July 27, 2009 describing actions taken in response to the citations on your USDA inspection report dated July 1, 2009. The information will be filed, and also forwarded to Dr. Michelle Williams for her review.

Sincerely,

Nicolette Petervary, VMD
Regional Animal Care Specialist
Eastern Region, Animal Care

CC: Dr. Michelle Williams, VMO
Dr. Greg Gaj, SACS
Mr. Joe Nelson, Program Manager
64-R-0005
File



Animal Care is a part of the Department of Agriculture's Animal and Plant Health Inspection Service.

An Equal Opportunity Provider and Employer

11-054. 000025

OFFICE OF THE
UNIVERSITY
VETERINARIAN



AUBURN UNIVERSITY

OFFICE OF THE
VICE PRESIDENT FOR
RESEARCH

RECEIVED

JUL 31 2009

BY: _____

July 27, 2009

Dr. Elizabeth Goldentyer
Regional Director
USDA, APHIS
920 Main Campus Dr.
Ste. 200, Unit 3040
Raleigh, NC 27606

Dear Dr. Goldentyer:

I would like to express appreciation to Dr. Michelle Williams for the inspection of the Auburn University Animal Care Program which was conducted on July 1, 2009 and for her useful suggestions. All the conditions which Dr. Williams asked us to correct have been completed.

Sincerely,

(b)(6)

MS, DACLAM

Cc:

(b)(6)

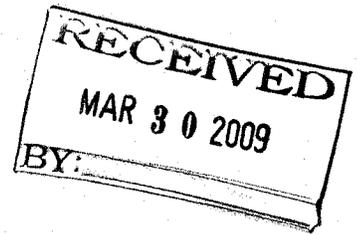
MBA

P.E

Michelle Williams, DVM



AUBURN
UNIVERSITY



Office of Animal Resources
307 Samford Hall
Auburn University, AL 36849-0001

Telephone: 334-844-5978
Fax: 334-844-4391
oar@auburn.edu

March 25, 2009

Dr. Elizabeth Goldentyer
Regional Director – Animal Care
Eastern Regional Office
Animal and Plant Health Inspection Service
Marketing and Regulatory Programs
United States Department of Agriculture
920 Main Campus Drive
Suite 200
Raleigh, NC 27608

Dear Dr. Goldentyer:

I am writing to inform the United States Department of Agriculture that (b)(6) is the newly hired University Veterinarian for Auburn University (Registration # 64-R-005/833), effective January 1, 2008. She has been appointed to the Institutional Animal Care and Use Committee at Auburn University, effective January 12, 2009. Her current contact information is as follows:

(b)(6)
University Veterinarian
Office of the Vice President for Research
202 Samford Hall
Auburn University, AL 36849
Phone: (b)(6)
Fax: 334-844-8580
Email: (b)(6) [@auburn.edu](mailto:(b)(6)@auburn.edu)

If any additional information is required, please contact the Office of Animal Resources at (334)844-5978 or oar@auburn.edu.

Thank you,

(b)(6)

for Research

sb

SEP 26 2008



Office of Animal Resources
307 Samford Hall
Auburn University, AL 36849-0001

Telephone: 334-844-5978
Fax: 334-844-4391
oar@auburn.edu

September 23, 2008

Dr. Elizabeth Goldentyer
Regional Director – Animal Care
Eastern Regional Office
Animal and Plant Health Inspection Service
Marketing and Regulatory Programs
United States Department of Agriculture
920 Main Campus Drive
Suite 200
Raleigh, NC 27608

Dear Dr. Goldentyer:

I am writing to inform the United States Department of Agriculture that I am the newly hired (b)(6) (b)(6) for Research for Auburn University (Registration # 64-R-005/833), effective September 1, 2008. I now serve as the Institutional Official for the Animal Care and Use Program at Auburn University. My contact information is as follows:

(b)(6) for Research
202 Samford Hall
Auburn University, AL 36849
Phone: 334- (b)(6)
Fax: 334-844-5971
Email: (b)(6)@auburn.edu

If any additional information is required, please contact the Office of Animal Resources at (334)844-5978 or oar@auburn.edu.

Thank you,

(b)(6)

Research

ndm

M. WILLIAMS



USDA, APHIS, Animal Care

nimal
are

ANIMAL WELFARE COMPLAINT

Complaint No. 08-019	Date Entered 24-Oct-07	Received By J. Wood
Referred To Gaj/M. Williams		Reply Due 24-Nov-07

Facility or Person Complaint Filed Against

Name Univ of Alabama, Birmingham		Customer/License/Registration No. 64-R-0004	
Address VH B10 1530 3RD AVE SOUTH			
City Birmingham	State AL	Zip 35294	Phone No (205) 934-3553

Complainant

Name (b)(6) & (b)(7)c		Organization S.A.E.N.	
Address (b)(6), (b)(7)c			
City Milford	State OH	Zip 45150	Phone No./Email address 513-575-5517

How was complaint received? Fax

Forward response to FOIA: Yes No

Details of Complaint: Concerns that water deprivation in a protocol is a violation of sec 3.83 and 2.36

Results: see attached

Application packet provided? Yes No

INSPECTOR *Michelle B. Williams*

DATE *11/19/07*

REVIEWED BY

DATE

Memorandum

To: Dr. Greg Gaj, SACS
CC: File
From: Michelle B. Williams, DVM
Date: 16 November 2007
Re: Complaint #08-019

On November 15, 2007 I conducted a focused inspection at the University of Alabama, Birmingham. During the inspection I met with [REDACTED] (b)(6) Veterinarian. I requested all protocols involving non-human primates on controlled water intake and the individual animal records that documented their daily intake, weight and condition. In addition I spoke with the manager of the environmental enhancement program concerning her views and observations of the condition of the non-human primates on the studies.

There were ten protocols involving controlled water intake. The nonhuman primates would be chaired for up to six hours depending on the protocol and allowed to work for juice. The University's "Policy for Controlled Water Intake for Nonhuman Primates" (see attached) is the standard used in each of the protocols. The policy states that when on study the water will be controlled for six days and provided ad-libitum at least one day per week. While "controlled" the primates are allowed to perform their behavioral task until they are satisfied. If their daily requirement is not met during testing they are supplemented with juice or fruit in their cage. The policy states 20ml-30ml/kg/day as a guideline that will allow the primates to maintain health without significant thirst, it also states that the rate of 10ml/kg/day is too low for sustained use.

All intake is recorded daily and body weights are taken weekly. These records are reviewed by the Animal Resource Program staff monthly. If weight loss exceeds 15% the primate must be provided unlimited access to water to regain normal health.

There are currently ten adult non-human primates on these studies. Records reviewed for them indicate very little fluctuation in their weight.

The number of days a week a primate worked ranged from 0 – 5. The number varied for reasons such as; the primates' willingness to work, equipment availability, or equipment failure.

On the days that the animal did work their actual intake was recorded and if the intake did not meet the recommended daily requirement there was a notation that a supplement of fruit or water was provided in their cage.

The records indicate that the primates worked on average five to ten days a month over a twelve month period. There were no testing periods that exceeded the University policy of six days on and one day off as alleged in the complaint. None of the records indicated any behavioral concerns or illness related to the controlled intake.

It appears that efforts are being made to insure that each primate receives their required daily intake of fluid and that they receive enough to maintain their body weight and good health. I found no evidence during this inspection to indicate that these primates are suffering from water deprivation.

Michelle B. Williams, DVM

UAB Institutional Animal Care and Use Committee

Policy for Controlled Water Intake for Nonhuman Primates

Background: The use of controlled water intake to provide a behavioral reward for non-human primates (NHPs) is well established. Extensive experience has shown that NHPs can thrive under this regimen for many years without harmful effects. This is not surprising, as in their natural environment access to water is often sporadic.

Guide for the Care and Use of Laboratory Animals

"Restriction for research purposes should be scientifically justified, and a program should be established to monitor physiologic or behavioral indexes, including criteria (such as weight loss or state of hydration) for temporary or permanent removal of an animal from the experimental protocol."

"Precautions that should be used in cases of fluid restriction to avoid acute or chronic dehydration include daily recording of fluid intake and recording of body weight at least once a week."

"The least restriction that will achieve the scientific objective should be used."

USDA Animal Welfare Regulations

"If potable water is not continually available to the nonhuman primates, it must be offered to them as often as necessary but no less than twice daily for at least 1 hour each time, unless otherwise required by the attending veterinarian, or as required by the research proposal approved by the Committee at research facilities."

Purpose: To ensure appropriate animal hydration and overall health/well-being while allowing the successful completion of the proposed research goals through the use of controlled water intake as a positive reinforcement tool.

Procedure:

1. **Duration:** NHPs will generally be on controlled water intake for six days a week with at least one day per week of unrestricted (*ad libitum*) access to water. This schedule is not fixed but there must be at least four days of unrestricted access per month. Water access should be provided at the end of the last day of controlled water intake, and may be removed during the last day of unlimited access. Controlled water intake for longer than six continuous days must be approved by the IACUC and shall be conducted with the direct supervision of the Animal Resources Program (ARP) veterinary staff. NHPs on such schedules will be allowed unrestricted access to water for an extended period of time.

2. **Signage:** When a NHP is on controlled water intake the water bottle shall be removed, and a tag clearly indicating controlled water intake hung in its place. For NHPs found without water access and without the corresponding signage/tags, the ARP staff will first attempt to contact the PI and his/her staff and, if unable to do so, will provide water.

3. **Supplementation:** Regardless of how well a NHP performs on a behavioral task, it must be given an adequate amount of water during each separate 24 hour period of controlled intake. Amounts of fluid intake required to maintain body weight vary among individual NHPs. Many animals will perform a behavioral task to satiety, so this can be used as a guide. NHPs taking less than adequate water during behavioral trials must be supplemented in their home cage with water, juice, or fruit (which is essentially equivalent by weight with water). Care should be taken when cleaning cages that direct spray or wet pans not be used, as NHPs can access such water by licking it from the wet surfaces.

Because animals vary so much in their required water intake there are no fixed limits. As a general guideline, it is noted that *most* rhesus monkeys will not be significantly thirsty if given 30 ml/kg/day, that *most* will work for juice reward reliably while maintaining health at 20 ml/kg/day, and that 10 ml/kg/day is generally considered too low for sustained usage. This will vary with the individual animal, species, housing conditions, etc. Starting with a generous allowance and

Date: 04/26/06

Reviewed/Revised:

(b)(6)

IACUC Chair:

(b)(6)

UAB Institutional Animal Care and Use Committee

Policy for Controlled Water Intake for Nonhuman Primates

slowly reducing the amounts is a good typical procedure. Many animals prefer juice to water and will work longer for their favorite juice. There is no substitute for careful monitoring and observation.

4. Records: Fluid intake shall be recorded by research staff at the end of the session for each day of controlled water intake. Body weights shall be recorded at least weekly. Records will be provided to the ARP veterinary staff to ensure appropriate fluid intake amounts and maintenance of body weight. The IACUC may also review records as necessary.

5. Removal from study: Any signs of sickness, weakness, lassitude, or chronic weight loss (if the weight loss equals or exceeds 15 % compared to normal weights) require that unlimited access to water be restored until normal health is regained. Food intake for NHPs on controlled water regimes may decrease, however, NHPs may remain on study if body weight is maintained within the normal range and overall health is acceptable.

Date: 04/26/06 | Reviewed/Revised: (b)(6) | IACUC Chair: (b)(6)



Stop Animal Exploitation Now

S.A.E.N.
"a force for change"

1081-B St. Rt. 28 PMB 280
Millford, Ohio 45150
513-575-5517
www.saenonline.org

Dr. Elizabeth Goldentyer
 USDA/APHIS/AC
 920 Main Campus Drive, Suite 2000
 Raleigh, NC 27606

10/12/07

Dr. Goldentyer,

I am contacting you today because I have obtained information which leads me to believe that experimentation performed on primates at the University of Alabama, Birmingham, has violated several provisions of the federal regulations governing the use of animals in experimentation.

Sec. 3.83 Watering -- Potable water must be provided in sufficient quantity to every nonhuman primate housed at the facility. If potable water is not continually available to the nonhuman primates, it must be offered to them as often as necessary to ensure their health and well-being, but no less than twice daily for at least 1 hour each time, unless otherwise required by the attending veterinarian, or as required by the research proposal approved by the Committee at research facilities.

The Guide for the Use and Care of Laboratory Animals from the Institute of Laboratory Animal Resources of the National Resource Council states:

"... animals should have access to potable, uncontaminated drinking water according to their particular requirements."

According to the Guidelines for the Care and Use of Mammals in Behavioral Research (National Research Council) the fluid needs of non-human primates are extensive:

"... daily fluid consumption in nonhuman primates has been reported at 75 ml/kg BW (Kerr, 1972; Wayner, 1964), 90 ml/kg BW (Wayner, 1964), and 110 ml/kg BW (Evans, 1990)."

The use of fluid reward during experimentation, and the accompanying deprivation of water within a research protocol at the University of Alabama, Birmingham, is a serious concern. The recent research protocol titled: FMR Imaging of Eye Stabilization Processes says

"Water access will be restricted to 3 - 5 hours per day in the lab" this limited access to water could potentially be a violation of the watering requirements of Sec. 3.83. Water deprivation of as much as 21 hours per day has the potential to be extremely stressful to these primates as well and so this could violate:

Sec. 2.36 Annual report.

b) The annual report shall: (7) State the common names and the numbers of animals upon which teaching, experiments, research, surgery, or tests were conducted involving accompanying pain or distress

(b)(6)

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 shall be attached to the annual report;

This kind of severe deprivation would clearly cause distress in these animals. Yet, the University of Alabama, Birmingham, has not reported any primates as experiencing unrelieved pain or distress. And so the University of Alabama, Birmingham, has also violated Section 2.36 of the Animal Welfare Act.

Therefore, I am filing an official complaint against the University of Alabama, Birmingham, and asking that USDA/APHIS/REAC immediately investigate this facility to examine the health and welfare of all primates at this facility as well as the reporting of this facility regarding the use of animals in experiments that can potentially cause pain or distress. I would also request that you provide me with the results of this investigation when it is completed.

Sincerely,

(b)(6)

USE FOR ADDITIONAL INFORMATION IF NECESSARY

Additional technical staff which may be involved in the experimental procedures (cont):

(b)(6) a programmer/analyst. recording sessions and will develop imaging protocols.

will assist

(b)(6) Research Technician recording sessions, and with animal handling and training.

will assist

Water intake (cont):

Water access will be restricted to 3-5 hours per day in the lab. Water and juice will be used as positive reinforcement for correctly performing the behavioral tasks. Animals will be closely monitored during the periods of water restriction to prevent dehydration and loss of health status. Daily weights and water intake after each training/recording session will be charted and sent to the veterinarian each month to be included in the animal's USDA record. After each session the animal is returned to its home cage. The animal will have at least 24 hrs of free access to water at least every 7 days to avoid any possibility of dehydration buildup. An example of the water schedule that I developed with the ARP veterinarian with very good results is given below:

Mon/Tue/Wed/Thu/Fri: water/juice in the lab while performing the tasks

At the end of the Fri recording session the animal will receive in the cage free water access until Saturday evening, when the full bottle is replaced with a bottle containing the average amount of water/juice the animal received in the lab during the 5 recording sessions, which will be its Sunday intake until the Monday recording session.

During the sessions the animal is always allowed to work to satiety (i.e., until the animal loses any interest in the task). Water access is free all the time when not in training or no experiments are planned for that week. Access to dry food and dry treats is free all the time.

It may be possible that experimental needs or magnet availability require recording/imaging sessions during the weekend. In this case the period of free water will be moved inside the week but the schedule will be modified in such a way to preserve the 24hrs/7 days free water schedule.

Special experimental conditions may require uninterrupted recordings for more than 5 days for a limited period of time. These periods, quite rare, will be of limited duration (max 2 weeks). In such a case we will work with the veterinarian to have the animal under direct veterinarian supervision during that period and will be put on an extended period of free water afterwards.

If, during the experimental planning, the period is estimated to last for more than 2 weeks, which is very unlikely it will ever be needed, I will apply for a protocol addendum specifying the reason why this is of critical importance at that stage of the project and for how long the uninterrupted sequence of recordings is planned to last. In addition to the IACUC approval (if approved) a written approval/direct monitoring log from the veterinarian will be added to the weight/water intake record to be placed together in the animals USDA record.



Wednesday, October 24, 2007

United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and Plant
Health Inspection
Services

Animal Care

920 Main Campus Drive
Suite 200
Raleigh, NC 27606

Tel No. 919-855-7100
Fax No. 919-855-7123

(b)(6)

S.A.E.N.
1081-B St. Rt. 28
PMB 280
Milford, OH 45150

Dear (b)(6)

Thank you for your letter dated 12-Oct-07 concerning The University of Alabama located in Birmingham, AL. Your concern has been given number 08-019. Please refer to this number when inquiring about this concern.

Your concerns have been forwarded to Dr. Michelle Williams. Please be assured that we will evaluate the situation and take appropriate enforcement action if necessary.

Thank you for bringing this to our attention and for your concern for the welfare of animals.

Sincerely,

Elizabeth Goldentyer, D.V.M.
Regional Director
Eastern Region, Animal Care



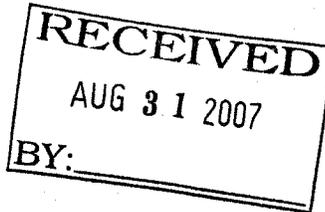
Animal Care is a part of the Department of Agriculture's Animal and Plant Health Inspection Service.

An Equal Opportunity Provider and Employer

11-054. 000037

Memorandum

To: Dr. Greg Gaj
CC: file
From: Michelle B. Williams, DVM
Date: August 22, 2007
Re: Gulf Breeze Zoo info.



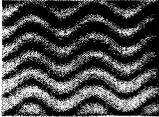
Additional information provided by the Gulf Breeze Zoo indicates an additional death occurred on August 3, 2007 one month after the death of the young female hippopotamus; the capybara which had been allowed free access to the hippo enclosure for the past 3 years was also killed by the adult male hippo.

There are several animals currently housed on the preserve, the only ones observed to interact with the hippopotamus was the capybara. The hippopotamus are in an enclosure in the preserve which has a barrier to prevent the hippos from leaving their yard but was not designed to prevent the capybara from entering it. For the past three to four years the capybara has been allowed to enter the yard as there were no conflicts observed between the animals. Other animals on the preserve did not attempt to enter the hippopotamus yard. The yard fence is composed of posts, cables and hot wires; the hot wire was at a level that would prevent the hippopotamus from making contact with the fence.

Since the death of the capybara, although no other animals enter the enclosure, the zoo has placed additional cables and hotwire around the enclosure to prevent other animals on the preserve from gaining access to the hippopotamus yard.

The capybara did receive a necropsy and it was determined to have been killed by the hippopotamus.

64-R-0005
433



Betty J
Goldentyer/NC/APHIS/USDA
01/19/07 04:21 PM

To (b)(6)@auburn.edu
cc Dennis.W.Crabtree@aphis.usda.gov
bcc
Subject Re: New IO at Auburn University

(b)(6)
Thanks for the notification.
Sincerely,
Betty

(b)(6)@auburn.edu
du> To (b)(6)
<Betty.J.Goldentyer@aphis.usda.gov>, <BrownP@mail.nih.gov>, <brownp@od.nih.gov>, <wolf@od.nih.gov>, "Betty Goldentyer" <Betty.J.Goldentyer@usda.gov>
01/18/2007 12:48 PM cc (b)(6)
Subject New IO at Auburn University
bj
ct

Hi Everyone,

I would like to report that (b)(6) has been appointed the new Interim Vice President for Research at Auburn University. He will replace (b)(6) as the Institutional Official for Auburn University. His appointment became official on 1 Jan 07.

His contact information is:

(b)(6) for Research
202 Samford Hall
Auburn University
Auburn, AL 36849-5112
Email: (b)(6)
Phone:
Fax: 334-844-5971

(b)(6)

Attached is the notice of his appointment.

Thanks, (b)(6)

Executive Associate Director
Office of Animal Resources
Auburn University

[REDACTED] MS, DACLAM
[REDACTED] of Laboratory Animal Health
College of Veterinary Medicine
Auburn University
311 Greene Hall Annex
Auburn University, AL 36849-5534
Phone: [REDACTED] (b)(6)
Fax: 334-844-0462
Email: [REDACTED] (b)(6)@auburn.edu



[REDACTED] (b)(6)

x

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

12/19/06

Contact: [REDACTED]@auburn.edu), or
[REDACTED]@auburn.edu)

AUBURN UNIVERSITY NAMES RALPH ZEE ACTING HEAD FOR RESEARCH

AUBURN - [REDACTED] today was named acting associate provost and vice president for research at Auburn University.

[REDACTED] is the associate dean for research in the Samuel Ginn College of Engineering, a post he has held since 2001, where he directs the research efforts of eight academic departments and 11 research centers. His new position is effective Jan. 1, 2007.

"Innovation and academic discovery are central to Auburn's mission and promote the economic and social well-being of Alabama, the Southeast and our nation," said AU President Ed Richardson.

"[REDACTED] is an accomplished research leader, and I look forward to working with him," [REDACTED] said. "He and the alternative fuels committee have made great progress, and we will continue to move Auburn forward on this critical national priority with his leadership and insight."

[REDACTED] earlier this year elevated alternative energy research to a top university priority and committed \$3 million toward the effort in fiscal year 2007. [REDACTED] serves as co-chair of Auburn's alternative energy initiative, which promotes the development and use of renewable energy from natural resources.

[REDACTED] earned two master of science degrees and a Ph.D. in materials science from the University of Wisconsin. He came to Auburn in 1986 as an assistant professor in mechanical engineering and has steadily risen through the academic ranks.

[REDACTED] is filling the position held by [REDACTED], who is returning to the faculty in the College of Veterinary Medicine where he is a professor of physiology and pharmacology.

[REDACTED] has led Auburn's research program since arriving from the University of Georgia in 1994. During his tenure as associate provost and vice president for research, he was instrumental in securing more than \$3 million in competitive grants for his research on the detection of malignant tumors, a topic on which he has published more than 60 articles and papers. [REDACTED] held similar research positions at UGA and the University of Nebraska and has served as a department head, assistant provost and graduate school dean during his career.

"I appreciate [REDACTED]'s service to Auburn in the research office these past 12 years," said [REDACTED]. "Students in the College of Veterinary Medicine will gain from his background and experience."

Auburn University is a preeminent land-grant and comprehensive research institution with more than 23,000 students and 6,500 faculty and staff. Ranked among the top 50 public universities nationally, Auburn offers more than 230 undergraduate, graduate and doctoral degree programs.

#

dec06:AU-(b)(6)presearch



USDA, APHIS, Animal Care

ANIMAL WELFARE COMPLAINT

Complaint No. 06-305	Date Entered 28-Sep-06	Received By J. Wood
Referred To Gaj/Williams/Zaidlicz	Reply Due 28-Oct-06	

Facility or Person Complaint Filed Against

Name Auburn University	Customer/License/Registration No. 64-R-0005		
Address 311 GREENE HALL ANNEX			
City Auburn	State AL	Zip 36849	Phone No (334) 844-5951

Complainant

Name Kate Turlington	Organization PETA		
Address 501 Front Street			
City Norfolk	State VA	Zip 23510	Phone No./Email address 757-622-7382

How was complaint received?
Fax

Details of Complaint: See Attached

Results: The complaint was found to be partially valid. Refer to memo dated January 10, 2007 for details.

Application packet provided? Yes No

INSPECTOR

Henry S. Gaj

DATE 1/10/07

REVIEWED BY

DATE

INTEROFFICE MEMORANDUM

TO: DR. ROBERT WILLEMS
FROM: DR. GREGORY S. GAJ
SUBJECT: COMPLAINT 06-305
DATE: 1/11/2007
CC: DR. ELIZABETH GOLDENTYER, DR. KAY CARTER-CORKER, DR. MICHELLE WILLIAMS

This memo summarizes the results and findings from USDA inspections related to complaint 06-350. The complaint was determined to be partially valid.

Allegations of inadequate veterinary care, failure to minimize pain or distress and failure to euthanize an animal in chronic pain were part of previous USDA reviews conducted from August 8, 2005 through November 2, 2006. In general, the current program of veterinary care is meeting the definition of adequate veterinary care. An external review of the renal transplantation protocols, conducted by the facility and dated November 17, 2004, concluded that at times, there was inadequate veterinary care being provided for the renal transplantation protocols. The IACUC conducted an investigation which identified problems needing to be addressed. Follow-up and monitoring by the IACUC has confirmed that appropriate changes have been made and adequate veterinary care is now being provided. USDA inspections on August 4, 2005, October 24, 2005, December 13, 2005, November 2, 2006 and December 7, 2006 included reviews of the facility's program of veterinary care as well as the care being provided to all animals covered under the Animal Welfare Act (AWA). Although there were veterinary care citations on some of the inspections, the overall care provided for the renal transplantation dogs was found to be adequate. All dogs were physically observed and selected records reviewed on the November 2nd and December 7th USDA inspections and it was determined that all were receiving adequate veterinary care. This first part of the complaint was determined to be partially valid.

During the December 7th USDA inspection, the authority of the attending veterinarian was reviewed. Although the lines of authority for the attending veterinarian were not always clearly defined, there appeared to be adequate veterinary authority to oversee the protocols involving the renal transplant research dogs. There was however, a lack of veterinary authority involving a different protocol and species. This was addressed on the inspection report.

The complaint further alleges that a dog identified as "Cutie" received hemodialysis as part of a research protocol. During the November 2nd USDA inspection, a focused inspection was conducted of the renal transplantation program at Auburn. It was determined that there were no university dogs currently being used for renal transplants

and that all recent renal transplant procedures involved client animals which were clinical in nature and not covered under the AWA. The dog identified as Cutie, was receiving hemodialysis as part of a clinical procedure not covered under the AWA and was not considered part of the renal transplantation protocol.

The complaint alleges that there was inadequate IACUC oversight on the renal transplantation protocols. In general, this allegation was considered valid and there were other IACUC related issues identified on the August 4, 2005 USDA inspection.

There was an allegation relating to an investigator raising dogs at home for use in research, without adequate records being maintained. This was determined to be valid complaint that was previously addressed on the October 14, 2005 inspection.

A kitten mentioned in the complaint was identified as being possibly housed with incompatible animals. An attempt to locate records on this kitten was only partially successful since there was no specific identification of the animal mentioned in the complaint. The facility was able to provide records on the death of a kitten which may have been the animal involved, but there was insufficient evidence to determine a violation occurred relating to incompatible housing.

The complaint alleged that there were problems relating to the primary enclosures for some of the dogs. This issue was determined to be valid during the December 7, 2006 inspection as there were inappropriate floorings cited and repairs needed for some of the kennel enclosures.

During the December 7, 2006 inspection, the ventilation of all kennel areas was evaluated and found to be in compliance. Some of the dogs were found to be on bedding, other had solid flooring or elevated floorings. None of the dogs were observed to be sneezing or having problems with the bedding and ammonia levels and odors were not a problem.

The complainant alleges that there were an inadequate number of employees to walk the dogs and that the dogs were receiving inadequate exercise. All dog enclosures were inspected during the December 7th inspection and it was determined that all primary enclosures met both the space and exercise requirements without additional exercise needing to be provided. All dogs could meet their exercise requirements within their enclosures without having to be walked or provided with additional opportunities for exercise. The lack of a sufficient number of employees to walk the dogs is not a noncompliance since this is an optional activity not required by the regulations.

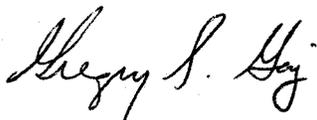
A review of the training qualification of individuals working with the Auburn dogs was conducted during the December 7th inspection. The complaint alleges that an employee was not properly trained for the activities he was performing. The complaint also questions the qualifications of an investigator. Based on the review of training records, it would appear that the employee and investigator were both trained and adequately qualified to perform the activities and duties required of them. In the case of the

employee, he was personally trained by the investigator for his job responsibilities. These responsibilities included feeding, enclosure cleaning and the walking of kennel animals. There was documentation to support that the employee had received training necessary to perform his responsibilities and that he also completed on-line training modules relating to laboratory dogs, occupational health & safety, and laboratory animals. According the research facility, the employee did not have permission to do any activities outside of those he was specifically trained to do.

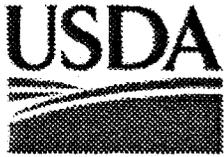
The complaint questioned whether the use of Lee County Humane Society dogs from their shelter, might be a possible violation and whether or not there were any conflicts of interest between the shelter and the research facility. Review of protocols involving the Lee County Humane Society indicated that there were both clinical as well as covered activities being conducted and that this part of the complaint was valid. We determined that the use of Lee County Humane Society animals did not require that the shelter be USDA licensed because the shelter is a county and city contract pound. However, the covered use of animals at the shelter does require that the location be listed on the research facility's annual report as a site or location where research animals are housed. The research facility has not been listing the shelter as a location or site, nor has the IACUC been inspecting this location for compliance with the Animal Welfare regulations and standards. In addition to not listing the shelter as a location or site, there was also identified a conflict of interest between the executive director of the Lee County Humane Society and their role as an unaffiliated member of Auburn's IACUC. The unaffiliated member involved, acted as primary reviewer for a protocol involving shelter animals when they should have abstained from reviewing or voting on the proposed protocol because of their conflict of interest. Lastly, if the research facility were to list the shelter as a location or site, this would constitute a formal arrangement between the shelter and the research facility thus rendering the executive director position as unaffiliated member invalid.

In summary, the issues raised in complaint 06-305 were mostly valid although some of the issues had been addressed prior to the complaint being issued.

Respectfully,



Gregory S. Gaj, DVM
Supervisory Animal Care Specialist
USDA, APHIS, ANIMAL CARE
Seminole, FL



INSPECTION REPORT

833 cust_id
114966 insp_id
8458 site_id

AUBURN UNIVERSITY

Customer ID: 833

Certificate: 64-R-0005

**DIVISION LAB ANIMAL HEALTH
311 GREENE HALL ANNEX
AUBURN, AL 36849 5112**

Site: 001

AUBURN UNIVERSITY

Inspection

Type: ROUTINE INSPECTION

Date: DEC-07-2006

2.31 (b) (3) (ii)

DIRECT

2.31 (d) (2)

2.31 (e) (2)

2.31 (e) (3)

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC).

(b)(3)(ii) At least one committee member shall not be affiliated in any way with the facility other than as a member of the Committee, and shall not be a member of the immediate family of a person who is affiliated with the facility. The Secretary intends that such person will provide representation for general community interests in the proper care and treatment of animals.

***There are currently two committee members listed as non affiliated members. One of these members does have an affiliation with the University. In addition, this member was designated as primary reviewer of a protocol in which there was a conflict of interest. This member cannot fill the role of the non affiliated member. Correct Immediately.

(d)(2) No member may participate in the IACUC review or approval of an activity in which that member has a conflicting interest (e.g., is personally involved in the activity), except to provide information requested by the IACUC, nor may a member who has a conflicting interest contribute to the constitution of a quorum.

***One of the two non affiliated members was listed as primary reviewer on protocol #2006-1082. This member has a conflict of interest with the project and should not have been allowed to participate in its review. The committee shall insure that no member shall be allowed to participate in review or approval of protocols in which they have a conflict of interest. Correct Immediately.

(e)(2) A proposal to conduct an activity involving animals or to make a significant change in an ongoing activity involving animals must contain a rationale for involving animals, and for the appropriateness of the species and numbers of animals to be used.

***Protocols #2003 - 0497 and #2005 - 0814 did not provide adequate justification for the number of animals requested to be used. The justification indicates why the species requested is being used but not why the number requested is required. Correct by next scheduled IACUC meeting.

(e)(3) A proposal to conduct an activity involving animals, or to make a significant change in an ongoing activity involving animals, must contain a complete description of the proposed use of the animals.

Prepared By:

MICHELLE WILLIAMS, D V M , USDA, APHIS, Animal Care

Title:

VETERINARY MEDICAL OFFICER , Inspector ID: 2028

Date:

DEC-07-2006

Received By:

Title:

(b)(6) & (b)(7)c

Date:

DEC-07-2006



INSPECTION REPORT

***There were 20 bats transferred from the bat facility to another research facility by the investigator. The description of activities in the protocol is incomplete. The protocol the bats were maintained on does not indicate this would be one of the final dispositions for any of the bats and they did not have IACUC approval to move them. The bats are currently on the maintenance protocol but they are currently housed in aquariums that are stated to be used only during quarantine. These are significant changes to the protocol that the IACUC has not approved. All changes to protocols or activities involving the animals must be reviewed and approved by the IACUC prior to being conducted. Correct Immediately.

2.32 (a)

PERSONNEL QUALIFICATIONS.

(a) It shall be the responsibility of the research facility to ensure that all scientists, research technicians, animal technicians, and other personnel involved in animal care, treatment, and use are qualified to perform their duties. This responsibility shall be fulfilled in part through the provision of training and instruction to those personnel.

***There is an undergraduate student currently working in the bat facility with responsibility in direct care and handling of the bats. The student has not been listed on the protocol as being involved in the handling and care of these animals. In addition, there is no documentation indicating he has been adequately trained to care for the animals. All personnel responsible for care and handling of the animals shall be indicated in the protocol and documentation shall be maintained indicating they have been adequately trained to carry out their responsibilities. Correct by January 1, 2007.

2.33 (a) (2)

DIRECT

2.33 (b) (2)

2.33 (b) (3)

ATTENDING VETERINARIAN AND ADEQUATE VETERINARY CARE.

(a)(2) Each research facility shall assure that the attending veterinarian has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use; and

***There is insufficient authority for proper oversight of the bat project. In addition, currently there is no designated Project Veterinarian assigned to the protocol. An adequate means of communication must be developed and the research facility shall assure that the attending veterinarian has the appropriate authority for oversight. Correct Immediately.

(b)(2) Each research facility shall establish and maintain programs of adequate veterinary care that include the use of appropriate methods to prevent, control, diagnose, and treat diseases and injuries.

***There are expired medications (aspirin - 03/06, otomax - 07/05, bactoderm 06/05) in one of the medical storage cabinets in the treatment/procedure room of the SRRC. All expired medications shall be properly disposed of or clearly separated and labeled as not for use on regulated species to prevent accidental use. Correct by January 30, 2007.

(b)(3) Each research facility shall establish and maintain programs of adequate veterinary care that include daily observation of all animals to assess their health and well-being; Provided, however, That daily observation of animals may be accomplished by someone other than the attending veterinarian; and Provided, further, That a mechanism of direct and

Prepared By:

MICHELLE WILLIAMS, D V M , USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER , Inspector ID: 2028

Date:

DEC-07-2006

Received By:

Title: (b)(6) & (b)(7)c

Date:

DEC-07-2006



INSPECTION REPORT

frequent communication is required so that timely and accurate information on problems of animal health, behavior, and well-being is conveyed to the attending veterinarian.

***There is inadequate communication between the bat facility and the attending veterinarian. Information pertaining to care of the bats and changes to their disposition are not being conveyed to the attending veterinarian. There were bats transferred from the facility to another research facility with no notification and changes made in personnel responsible for care and observation that directly affect the care of the bats with no notification or approval. There are currently three bats in the hospital incubator and no records available or provided that indicate why they are there or what their treatment is. If the attending veterinarian is not conducting the daily observations there shall be an effective means of communication between the persons responsible for the observations and the attending veterinarian.

3.1 (a)

HOUSING FACILITIES, GENERAL.

(a) Structure; construction. Housing facilities for dogs and cats must be designed and constructed so that they are structurally sound. They must be kept in good repair, and they must protect the animals from injury, contain the animals securely, and restrict other animals from entering.

***There is peeling and chipping paint on the wall adjacent to and the ceiling directly over the dog runs in two of the wards in the SRRC. Peeling and chipping paint may create surfaces that are no longer impermeable to moisture inhibiting proper sanitation. Paint chips that fall into the runs could be ingested by the dogs and cause illness. These items shall be repaired to allow proper sanitation and prevent illness. Correct by January 30, 2007.

3.6 (a) (2)

DIRECT

PRIMARY ENCLOSURES.

(2)(ii) Primary enclosures must be constructed and maintained so that they protect the dogs and from injury.

***Pen #10 in Kennel A has a hole in the chain-link on the entrance gate to the kennel. This hole is large enough to allow a dog to get a leg caught in it which may lead to injury. This hole shall be repaired to prevent injury. Correct by December 22, 2006.

***There are raised platforms approximately 4 inches high, placed in dog runs in the SRRC. These platforms are not joined together or secured to the walls of the enclosures leaving gaps between them, and between them and the walls of the enclosures which are wide enough for a dog to get a paw or leg through. This can cause injury and must be repaired or replaced. Correct by January 30, 2007.

3.53 (a) (4)

DIRECT

PRIMARY ENCLOSURES.

(4) The floors of the primary enclosures shall be constructed so as to protect the rabbits' feet and legs from injury.

There are three rabbits in DLAH whose primary enclosures are on the floor. The floor is coated with an epoxy that has

Prepared By:

MICHELLE WILLIAMS, D V M , USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER , Inspector ID: 2028

Received By:

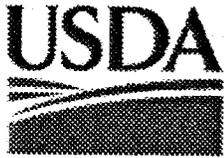
Title: (b)(6) & (b)(7)c

Date:

DEC-07-2006

Date:

DEC-07-2006



INSPECTION REPORT

833 cust_id
114966 insp_id
8458 site_id

resulted in a smooth slippery surface. This surface does not provide adequate traction for the rabbits. There are small "36" inch plastic pools containing bedding provided for them in these enclosures but the rabbits do have access to the floor. We observed these rabbits slipping when attempting to cross the floor. Slipping on the floors may lead to injury. A proper surface shall be provided or the animals prevented from accessing the floors in order to prevent injury. Correct Immediately.

Prepared By:

MICHELLE WILLIAMS, D V M , USDA, APHIS, Animal Care

Title: VETERINARY MEDICAL OFFICER , Inspector ID: 2028

Date:

DEC-07-2006

Received By:

Title: (b)(6) & (b)(7)c

Date:

DEC-07-2006



September 28, 2006

Kate Turlington
PETA
501 Front Street
Norfolk, VA 23510

United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and Plant
Health Inspection
Services

Animal Care

920 Main Campus Drive
Suite 200
Raleigh, NC 27606

Tel No. 919-855-7100
Fax No. 919-855-7123

Dear Kate:

Thank you for your letter dated 30-Aug-06 concerning Auburn University located in Auburn, AL. Your concern has been given number 06-305. Please refer to this number when inquiring about this concern.

Your concerns have been forwarded to Dr. Michelle Williams & Dr. Greg Gaj. Please be assured that we will evaluate the situation and take appropriate enforcement action if necessary.

Thank you for bringing this to our attention and for your concern for the welfare of animals.

Sincerely,

Elizabeth Goldentyer, D.V.M.
Regional Director
Eastern Region, Animal Care



Animal Care is a part of the Department of Agriculture's Animal and Plant Health Inspection Service.

An Equal Opportunity Provider and Employer 11-054. 000051



PETA

PEOPLE FOR THE ETHICAL
TREATMENT OF ANIMALS

501 FRONT ST.
NORFOLK, VA 23510
757-622-PETA
757-622-0457 (FAX)

PETA.org
info@peta.org

August 30, 2006

The Honorable Michael O. Johanns
Secretary of Agriculture
U.S. Department of Agriculture
12th Street and Jefferson Drive S.W., Rm. 200-A
Washington, DC 20250

AUG 31 2006

By Overnight Delivery

Dear Mr. Secretary:

This is a formal complaint about Auburn University—specifically, the College of Veterinary Medicine’s Scott-Ritchey Research Center (SRRC), located in Alabama—based on an eight-month investigation into the facility. A PETA investigator was hired as a research assistant in the laboratory of Drs. Clinton D. Lothrop and Glenn Niermeyer and worked there from February 14, 2005, to October 28, 2005. On Monday, February 28, 2005, our investigator began taping his days inside Lothrop’s canine lab.

Enclosed with this cover letter, you will find the following things:

- A 53-page complaint alleging violations of the federal Animal Welfare Act (AWA)
- Three DVDs that show alleged violations of the AWA that were caught on tape

Alleged Recurring Violations at Auburn University

The following are recurring themes throughout the complaint document:

- Failure to provide prompt and appropriate veterinary care and euthanasia
- Failure to avoid or minimize pain and discomfort during procedures
- Failure to provide exercise and socialization
- Failure to provide structurally-sound housing for dogs
- Failure to properly clean dogs’ enclosures
- Failure to properly train employees
- Failure to keep proper records
- Fraudulent use of client dogs in experimental procedures
- Fraudulent use of federal funds

Failure to Provide Prompt & Appropriate Veterinary Care & Euthanasia

During PETA’s investigation, multiple people in positions of authority—including members of the Institutional Animal Care and Use Committee (IACUC), the attending veterinarian, and the director of SRRC—were made aware that dogs were being neglected and denied veterinary care, but they failed to act.

AN INTERNATIONAL
ORGANIZATION DEDICATED
TO PROTECTING
THE RIGHTS OF ALL ANIMALS

PETA's investigator documented the following things at Auburn: Dogs were denied treatment for unidentified skin conditions and ulcerated tumors; beagles were left to suffer with "bloody, red, and very swollen" eyes after botched surgeries to repair "cherry eyes"; a diseased, geriatric dog who was suffering from blindness and mobility and respiratory problems was used in experiments that researchers believed would kill him; a dog was found dead in her cage months after she was diagnosed with an arrhythmia for which she was never treated or given follow-up exams; a dog who was in an advanced state of kidney failure was left to die for over a week before he was finally euthanized; a collie had laryngeal paralysis, gingivitis, arthritis, and muscle atrophy that were left untreated; a dog suffered from a severe uterine infection for months before finally being spayed; heartworm preventative was never given to dogs, and dogs who tested positive for heartworms were left untreated for nearly a month; hemophilic dogs were denied care for swollen, blood-filled masses; a kitten was found dead with an infected bite wound; a dog with a broken leg was left to suffer for four days before the limb was amputated; a dog who underwent full-body irradiation was housed in a tiny cage, where she could not avoid her own vomit and excrement; and litters of puppies who were used in experiments by Iams died over a six-month period from an outbreak of canine brucellosis.

Failure to Avoid or Minimize Pain and Discomfort During Procedures

An animal researcher with as many years of experience as Lothrop has should be skilled in handling animals humanely during efficiently conducted procedures. However, the footage recorded by PETA's investigator shows Lothrop to be sloppy, incompetent, and cruel when it comes to performing procedures on animals.

Among the violations documented by PETA's investigator were the following things: Bone marrow extractions were performed on dogs who were not sufficiently anesthetized—and on many who were not covered by protocols for such extractions—causing a research technician to recount witnessing dogs "screaming" in pain when large needles bored through their bones; Lothrop conducted a bone marrow extraction on a dog using a needle with a burr on it, breaking the needle on the dog's bone and repeating the painful procedure; vet students described Lothrop's incompetent manner of drawing blood from animals, imitating stabbing motions while explaining, "Lothrop harpoons them. ... He sticks [the needle] in and he's like, 'OK, [the vein] could be over here ... alright, well, it's not there, how about over here?'" and concluding, "He's dangerous"; a dog was intubated with an endotracheal tube that Lothrop admitted was "huge" but the only size that he had; multiple animal care staff members, including Lothrop, performed dialysis treatments on dogs without adequate knowledge of the dialysis machine, resulting in treatments that ended abruptly with too much blood left in the machine and too little blood in the dogs; and procedures were performed on dogs in full view of other animals, resulting in undue stress and fear.

Failure to Provide Exercise and Socialization

Among the most disturbing discoveries made by PETA's investigator at Auburn was the advanced state of psychological deterioration from which most of the dogs suffered. On a daily basis, dogs in Lothrop's lab engaged in stereotypic behaviors, including circling,

spinning, side-stepping, and neurotic jumping. With the rare exception of one or two dogs, the animals were never taken out of their enclosures for walks or for play time with other dogs or human caretakers. The dogs were so starved for attention that when people entered their kennels, they barked maniacally until many of them went hoarse and lost their voices.

At the very beginning of his employment at Auburn, PETA's investigator was in a dog room with Lothrop when he saw two small-breed dogs who were running in endless circles. Lothrop casually explained their behavior as "neurosis," and a veterinary technician admitted, "That's their routine."

According to expert Dr. Marc Bekoff, who has studied the behavior of dogs and their relatives in the wild for more than 35 years, the video footage of neurotic dogs recorded in Auburn's labs depicts "some of the worst stereotypic behavior I have ever seen." In a written statement regarding the well-being of the dogs shown in the video, Dr. Bekoff writes, "The dogs were so far gone that they reminded me of cases where neglected and abused dogs approach the people who have harmed them out of sheer desperation for attention. The distress of the dogs in this hideous lab was palpable. ... The dogs exhibit signs of chronic stress which is manifested by stereotypical behavior. These behaviors indicate an extreme psychological disturbance among these animals, which undoubtedly causes tremendous and inexcusable suffering. The failure to provide adequate enrichment and socialization for these highly social animals is a form of cruel mistreatment and neglect."

Failure to Provide Structurally-Sound Housing for Dogs

As a result of inadequate housing, dogs sustained injuries in their barren cages (both chain-link runs and small, stainless-steel cages), including the following: A broken limb that had to be amputated; wounded, bloody, and swollen feet, which are especially dangerous injuries given that they were sustained by dogs with hemophilia; and facial lacerations that resulted from dogs' vain attempts to escape their own vomit and feces.

Failure to Properly Clean Dogs' Enclosures

PETA's investigator documented multiple violations of the AWA's stipulation that animals be provided with sanitary housing, including the following: A mother dog and her newborn puppies were housed for weeks on sheets of cardboard that were soaked in urine and covered in feces; dog enclosures were cleaned only monthly; dogs were exposed to the dangers of fume inhalation when their room was painted; puddles of bleach were routinely left standing on the floors of dog rooms after cleaning, resulting in chemical burns on the dogs' feet, and a husbandry supervisor admitted that the bleach used in the dogs' rooms is so strong that it "eats up the metal fencing [of the dogs' enclosures]" and "takes the galvanizing [sic] coating off the fencing"; and dogs were hosed down in their enclosures during cage cleaning.

Failure to Properly Train Employees

PETA's investigator repeatedly reminded Lothrop that he never received the training required for all employees who have contact with animals, but to no avail. Despite

Lothrop's refusal to provide him with training in animal care and safety, the PETA investigator was assigned to duties that required that he work closely with the animals. After PETA's investigator sustained a bite wound from a dog in Lothrop's lab, Auburn's Office of Animal Resources (OAR) became aware that he was in a position that required contact with animals even though he had not been trained. The OAR failed to punish Lothrop for his dereliction of duty, failed to ensure that PETA's investigator finally received training, and continued to put a university employee in harm's way.

Failure to Keep Proper Records

Top Auburn officials, including members of the IACUC, the attending veterinarian, and the director of SRRC, are aware that Lothrop has, for years, been breeding dogs with various genetic mutations at his residence and bringing them into his lab for experiments. Additionally, from time to time, he brings his children's companion dogs into the lab for procedures (such as blood and urine draws). Lothrop is not licensed with the USDA to breed dogs for research, nor is his home listed on his protocols as a housing facility for dogs used in his studies. Despite Auburn officials' awareness of Lothrop's inclination to break the rules and do as he pleases, no action has been taken to ensure that these violations cease. Also suspect is the fact that Lothrop conducts experiments using specimens taken (without the clients' permission) from the refrigerator of a veterinary clinic in Atlanta, where he works on weekends.

Fraudulent Use of Client Dogs in Experimental Procedures

Using funding from the Morris Animal Foundation, Lothrop, Niemeyer, and fellow animal researcher Dr. Michael Tillson spent years transplanting kidneys between young, healthy dogs in their labs. Once their funding source dried up, Lothrop and Tillson began publicly advertising their work—using blatantly false claims—and have attracted the attention of members of the public whose companion dogs suffer from end-stage renal failure. In recent years, more than a dozen of these desperate people have paid Auburn approximately \$15,000 each to conduct kidney transplants on their dying dogs, and without fail, all these dogs have died horrible deaths within a very short time of undergoing the transplants—a result expected by Lothrop and Tillson, who seem to be exploiting client dogs in an attempt to sidestep AWA requirements and who are certainly using client funds to bolster what they refer to as their “slush fund.”

Fraudulent Use of Federal Funds

It should also be noted that *all* work in Lothrop's lab is paid for using funds from a grant titled, “Elastase and B3A Function in Cyclic Hematopoiesis Dogs,” funded by the National Institutes of Health (NIH). Money from this grant is misappropriated and spent on all lab supplies; diagnostic and genetics tests for client transplant dogs as well as for dogs used in all other research projects (including hemophilia studies); a storage cabinet for hemodialysis supplies; salaries for lab workers not involved in the NIH-funded project; and more.

PETA's investigator captured on video Drs. Lothrop and Niemeyer admitting their misuse of government funds and instructing lab workers to lie should the administration question them about their bosses' indiscretion. During his employment at Auburn,

PETA's investigator sent a letter of complaint to NIH Director Zerhouni to bring this illegal matter to his attention. Additionally, the director of SRRC confronted Lothrop about the misappropriation, but no action was taken.

Concerns Warranting Further Investigation

We are including in the itemized complaint details that relate to what seem to be unapproved procedures and experiments performed on animals in Auburn's laboratories, and we ask that the USDA further investigate these concerns. For instance, when Lothrop needed blood, bone marrow, or urine samples for an experiment or when he needed to test a medical device (such as a donated dialysis machine), he appeared to choose dogs at random to suit his needs, even when the dogs were covered under a different protocol or what would seem to be no protocol at all.

The USDA Must Examine Its Own Bias in Favor of Animal Users

PETA has no choice but to play a broken record in its laboratory-related complaints to the USDA. In recent years, the USDA has bestowed favors upon Columbia University, where baboons and monkeys were left to die in their cages without veterinary care, and upon Covance Laboratories, where monkeys were also left to die in their cages without veterinary care, in addition to being physically and emotionally abused. Additionally, we are still waiting after *more than three years* for a USDA decision on our investigation into the Sinclair Research Center in Columbia, Mo., where we documented that sick and injured dogs and cats who were used in experiments by Iams and other companies were denied veterinary care and euthanasia—a place where animals received no enrichment, socialization, or exercise whatsoever, not even resting boards in the cages, and where the USDA inspector is said to have sat idly in the office without even inspecting the animal buildings.

We are aware that during our investigation at Auburn, the USDA was conducting its own investigation of the university's labs as a result of internal complaints of animal neglect. The USDA, Auburn's IACUC, the attending veterinarian, and the director of SRRC have all been well aware of the cruel suffering endured by animals in Auburn's labs, yet on a daily basis, PETA's investigator documented continued suffering. This case is a testament to the ineffectual nature of the USDA's oversight.

We hope that the USDA will immediately conduct a thorough investigation of the labs at Auburn University. Researchers who are found to be in violation of AWA regulations should be prohibited from using animals, and the university should be fined. Lothrop's NIH funds should be revoked immediately, and he should never again be allowed to receive the public's tax dollars or to conduct research on animals. Dogs who are found to be suffering from illness—be it physical or mental—should be immediately relieved of their suffering.

Finally, we believe that the USDA should make a finding that the dogs who have undergone kidney transplants through the clinic at the veterinary school are, in fact,

animals used in experiments. Lothrop and Tillson have managed to escape all IACUC and USDA scrutiny by using clients and their dying canine companions to continue experiments that they started years ago but that are no longer funded because the procedure is a disastrous failure. I have enclosed a copy of our complaint to the Alabama attorney general regarding this matter. As always, PETA's investigator is available for an interview with the USDA at any time.

Respectfully,



Kate Turlington
Manager of Investigations
Research & Investigations

cc: Dr. Elias Zerhouni

AUBURN UNIVERSITY

**ALLEGED VIOLATIONS OF THE
FEDERAL ANIMAL WELFARE ACT**

AUGUST 30, 2006

Alleged Violations of the Animal Welfare Act
at Auburn University
Submitted by People for the Ethical Treatment of Animals
August 30, 2006

I. INADEQUATE VETERINARY CARE & IACUC OVERSIGHT (organized by dogs' names)

This following complaints is from PETA, so I don't need to protect them.

PUZZLE

3/18/05

Puzzle has dark spots and missing fur on her back. Steve said that they never could find out what the condition was, and they were hoping that they can breed her and get rid of it.

☞ PETA's investigator greets small dogs named Pooh and Puzzle. Puzzle is missing a large patch of hair on her hip and Steve says she has a skin condition that they hope will improve "when she gets bred."

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to control, diagnose and treat disease.

THE BEAGLES

4/1/05

[Jolie] talked to Kim about the "dogs that look like shit." These are two beagles who had surgery this week. They had their tear glands tacked from the inside to cure a condition of "cherry eyes." ... Well, apparently there were complications. Jolie said that there were no clinicians around to look at the dogs. Griffin was supposed to look at them last night, but forgot to. Kim asked if she should get Lothrop to look at them. Jolie responded that he will just say, "Yup, they look like shit." ... Kim then took me to see the two post-op beagles. Their eyes were bloody red and very swollen. They looked really bad.

☞ Jolie says two Beagles "look like shit."

☞ Referring again to the "dogs who look like shit," Jolie says the animals have cherry eyes. She and Kim say many dogs in Ward 4 have this condition. The dogs who are in bad shape had their glands tacked several days earlier and she does not believe they are healing well, but there is no clinician to observe them. Kim suggests calling Steve to have Lothrop look at them, and Jolie says he would only say, "Yeah, they look like shit alright." Jolie says, "Nobody's looked at them—Dr. Griffin was supposed to treat them last night but she forgot ... Her and the other clinician that did [the surgery], neither one of them are here."

☞ Kim and PETA's investigator observe the Beagles who underwent surgery for cherry eyes. They agree that the animals' eyes look very painful.

Alleged violations:

9 C.F.R. § 2.33(b)(1) Failure to ensure the availability of appropriate facility personnel to provide adequate veterinary care.

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to control, diagnose and treat disease.

9 C.F.R. § 2.33(b)(3) Failure to observe animals daily to assess their health and well-being and to ensure that accurate information relating to animal health is communicated to the attending veterinarian in a timely manner.

9 C.F.R. § 2.33(b)(5) Failure to provide adequate post-surgical care.

JUDY

4/6/05

While Lothrop and Steve were bleeding Judy yesterday, they discovered swelling in one of her mammary glands. Lothrop drew some fluid from it and put it on slides. He looked at them today and said that he thinks it is cancerous. He sent the slides to be looked at for confirmation. Her age, inability to breed, and the cost would mean no treatment.

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to prevent, control, diagnose and treat disease.

Note: Judy's veterinary records show that the cancerous tumor was treated only with antibiotic ointment and Baytril, and was allowed to grow unchecked until PETA's investigator left Auburn on 10/28/05. Eventually, the tumor became ulcerated.

WILBUR

3/18/05

[Wilbur] is partially blind, can barely walk, and has many other problems. Basically, he is very old and should either be euthanized or allowed to live out his last days on a comfy couch. He barely moves ... There is always a mop bucket next to Wilbur's cage and I have seen it filled with water and detergent of some kind, which certainly could contribute to Wilbur's respiratory problems.

☛ Wilbur is shown up close in his cage beside the mop bucket.

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to prevent, control, and treat disease.

Wilbur's fragile health and respiratory ailments suggest that the mop bucket and its chemical-laden water should not be stored in such close proximity to his cage. Please note that the dirty mop bucket was always stored right next to Wilbur's cage, as documented on videotape on the following occasions, among many others: 6/27/05, 7/1/05, 7/5/05, 7/8/05, 8/8/05, 9/21/05.

HEART

5/20/05

Chris, Bridget, Steve, and [Lothrop] spent much of the day working on Heart, one of the transplant research dogs in our colony. I passed by our procedure room several times throughout the day, and every time they had the lights out and were using an ultrasound on her. I was not able to go in and observe, but Bridget told me this morning that they had found some sort of arrhythmia.

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to control and treat disease. Heart's arrhythmia, which was diagnosed on 5/20/05, was left untreated. Heart was found dead in her cage approximately five months later, on 10/17/05.

10/17/05

Heart died this morning. Teresa called Steve at 7:15 am and told him that she thought Heart was dead. Steve then found her dead in her cage at 7:30 am. He stored her in the cooler in necropsy. ...

Dr. Tillson performed a necropsy on Heart this afternoon. Lothrop, Niemeyer, Steve, and I assisted. ... Several of Heart's tissues appeared abnormal to both Tillson and Lothrop. Her thymus was oversized and abnormal in appearance. Lothrop said this could have been hemorrhagic from when she was irradiated. He stated that she was very young when they transplanted. Her donor was Oreo, a related mismatch. Tillson stated that they almost had to put her down from a bad reaction when they originally transplanted. The necropsy showed that her heart was abnormally thick, possibly indicating an arrhythmia. Her spleen seemed abnormal to Tillson. Her liver had strange slits in it. Her pancreas looked abnormal as well. Tillson said it appeared strange and not like a classic pancreatitis. They repeated concerns about the thyroid. Lothrop said that it may have "gotten stuck after it was irradiated and became hemorrhagic, and it's just been sitting there like that. Normally it would be atrophied by now."

- ☛ PETA's investigator learns that Heart was found dead in her cage this morning.
- ☛ Heart lies on the table and Tillson performs a necropsy as Steve, Niemeyer and Lothrop watch. Tillson uses the blade of a knife to cut Heart open on her underside from tail to sternum and remove organs. Lothrop states that Heart, whose body lies on a garbage bag on the table, had an arrhythmia. Steve and Lothrop say that Heart was transplanted in 1999.
- ☛ Tillson removes Heart's thymus and believes it looks abnormal.
- ☛ Tillson removes Heart's heart and cuts off a piece. The men believe it looks abnormal and Lothrop again mentions the arrhythmia.
- ☛ The men say that Heart's donor was Oreo, a related mis-match, and that Heart almost had to be euthanized after her transplant, because of illness. Lothrop believes Heart's spleen is pale.
- ☛ Lothrop believes Heart's liver looks stringy and fibrous.
- ☛ Lothrop says they have not done a whole profile on Heart in a long time. Steve questions whether Heart was the dog who had high blood pressure.
- ☛ Lothrop and Tillson believe Heart's pancreas looks very bad and wonder if she had a virus. Tillson says it does not look like classic pancreatitis.
- ☛ Lothrop says Heart's thymus may be so big because it could have "got[ten] stuck after it got irradiated and just become hemorrhagic and it's just been sitting there like that. Normally it would be atrophied by now."

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to control and treat disease.

LIGNEUX

5/24/05

Candace spent much of the day with Ligneux, the sick transplant dog [who was noted to be ill on 5/23] ... She said that they might begin him on dialysis soon. This will work out for them [because] they get a new dog to try out their [recently-donated dialysis] machine for another month.

Alleged violations:

9 C.F.R. § 2.31(c)(7) Failure to secure IACUC review and approval of significant changes regarding the care and use of animals in ongoing activities. There is no indication that the original protocol authorizing Ligneux's kidney transplant allows this medical intervention. At best, dialysis might briefly extend Ligneux's life since his transplanted kidney is failing. However, since Ligneux's chronic pain and distress could not be relieved, he should have been euthanized as soon as possible as required by § 2.31(d)(1)(v) when the onset of renal failure became apparent.

5/27/05

Chris, Candace, and Bridget were performing dialysis on Line (Ligneux) this morning. This was Line's second treatment.

☛ Line lies on a table, appears awake, and undergoes dialysis. Chris says it is his second treatment. The machine beeps. Tillson is present.

☛ Bridget says she believes that Line is near death, and that "his kidney is pretty damaged." Looking at the dialysis machine, Bridget states that Line is "at 146."

Alleged violations:

9 C.F.R. § 2.31(c)(7) Failure to secure IACUC review and approval of significant changes regarding the care and use of animals in ongoing activities.

9 C.F.R. § 2.31(d)(v) Failure to minimize pain and distress and to euthanize in a timely manner.

5/27/05

I went to the room [where Wilbur is housed] where they are keeping Line. ... [Steve] said that [Line] was on Baytril and some Torb to sedate him for the dialysis. I asked if he thought they were going to keep doing dialysis or if there was something else they could do to keep him from suffering. He replied, "I don't know that either. That's what I'm trying to find out. I keep asking. [Line's levels are] getting down but he's still sick. That's why I'm asking that same question and I haven't gotten an answer yet. What are we doing for him? Are they just trying to get some results for their dialysis machine to see how it works on getting [dogs' levels] down? If they are, they need to limit it. Line has done more than his share in his life." ... He said that Line is already eating very little.

☛ PETA's investigator looks at Line, who stands inside an open, stainless steel cage. Line is inactive and has a pink cloth wrapped around his neck. Steve says he is "trying to find out" what is going to be done to prevent Line from suffering, but that no one will tell him anything. Steve says that despite Line's dialysis treatment, "He's still sick. That's why I'm asking [what is being done to make sure he is not suffering], and I haven't gotten an answer yet. 'What are we doing for him?' Are they just trying to get some results on their dialysis machine? ... I mean, if they are, they need to limit it. Line's done more than his share in his life."

☛ Steve sits in the cage with Line and pets his head. He states, "I've known him since the day he was born, so I know he's not normal." Line appears exhausted and is not responsive.

Alleged violations:

9 C.F.R. § 2.31(d)(1)(v) Failure to minimize pain and distress and to euthanize in a timely manner.

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to treat disease and to ensure the availability of emergency, weekend, and holiday care. Despite the fact that Line was "near death" on 5/27/05, he was not euthanized until 5/31/05. Line was made to suffer in a state of advanced kidney failure over a three-day weekend because Lothrop neglected to euthanize him prior to the holiday.

9 C.F.R. § 2.33(b)(3) Failure to observe animals daily to assess their health and well-being and to ensure that accurate information relating to animal health is communicated to the attending veterinarian in a timely manner.

6/1/05

I asked [Kim] what she knew about the dog situation [Line being left to suffer for days without euthanasia]. She told me about the IACUC inspection on Friday. [Kim stated,] "It was Dr. Baker, Dr. Hart, Dr. Schemera, and Dr. Bain. ... They were talking to Steve about the dog [Line] that was having dialysis done. ... Steve was asking Dr. Hart, 'What exactly does the protocol say about this? What does the protocol say about letting the dog live?' Dr. Hart was like 'Well, I don't know. I haven't looked at the details in it. Why do you ask?' Steve then said, 'I think this dog is suffering and I don't think it's right for him to go the weekend [without being euthanized].' Because it was a long weekend, Memorial Day weekend. ... Hart asked, 'Have you talked to Dr. Lothrop?' [Steve] said, 'Yeah, but he won't do anything. I just want to know how important it is to get these results. Because this dog is suffering and it's just not right.' They kept rehashing that and when [Steve] walked off, Dr. Baker turned to Dr. Hart and was like 'Do you understand what Steve is saying to you? Basically Steve is saying that he works with these dogs everyday and he sees this dog suffering and Dr. Lothrop is more worried about getting results than the animal's well-being.'"

☛ PETA's investigator talks to Kim in her office about the IACUC inspection on Friday. Kim explains, "It was Dr. Baker, Dr. Hart, Dr. Schemera, and Dr. Bain ... They were talking to Steve about the dog that was having dialysis done ... Steve was asking Dr. Hart, 'What exactly does the protocol say about this? What does the protocol say about letting the dog live?' Dr. Hart was like 'Well, I don't know. I haven't looked at the details in it. Why do you ask?' Steve then said, 'I think this dog is suffering and I don't think it's right for him to go the weekend.' Because it was a long weekend, Memorial Day weekend, and in summary, [Steve said,] 'I can't say anything cause I don't have a DVM behind my name. But, I work with the dogs.' Hart asked, 'Have you talked to Dr. Lothrop?' He said, 'Yeah, but he won't do anything. I just want to know how important it is to get these results. Because this dog is suffering and it's just not right.' They kept rehashing that and when he walked off, Dr. Baker turned to Dr. Hart and was like 'Do you understand what Steve is saying to you? Basically Steve is saying that he works with these dogs everyday and he sees this dog suffering and Dr. Lothrop is more worried about getting results than the animal's well-being.'"

Alleged violation:

2.31(c)(4) Failure of the IACUC to review and investigate concerns resulting from complaints and reports of noncompliance received from laboratory personnel. Despite the IACUC's awareness of Line's grave condition, the dog was left to suffer without euthanasia over a holiday weekend. It appears that the IACUC did not pursue the matter.

6/1/05

Kim then said that [during the IACUC inspection on Friday] Steve had mentioned something about taking care of the puppies before they walked off, and that Dr. Baker said, "Did you catch that last thing Steve said?" Kim then said, "Cause that's the other thing. Dr. Lothrop is breeding dogs, breeding these transplant dogs at his house and bringing them in and he's keeping them in Small Animal Clinic. ... Because nobody is supposed to bring animals into this building because of this research facility - it's quarantined and stuff. You have to go through the processes and I think Dr. Lothrop is bringing dogs and housing them in Small Animal but they're donor dogs, he's using them as donor dogs, which he can't do. ... Dr. Baker as the director has told him that he can't do it and he's still doing it behind his back. Dr. Baker knows and I think it's pissing him off."

☛ Kim says that Steve said something about taking care of the puppies before he walked away during the IACUC inspection, and that Dr. Baker said, "Did you catch that last thing Steve said?" Kim explains, "Cause that's the other thing. Dr. Lothrop is breeding dogs, breeding these transplant dogs at his house and bringing them in and he's keeping them in Small Animal Clinic ... Because nobody is supposed to bring animals into

this building because of this research facility – it's quarantined and stuff. You have to go through the processes and I think Dr. Lothrop is bringing dogs and housing them in Small Animal but they're donor dogs, he's using them as donor dogs, which he can't do ... Dr. Baker as the director has told him that he can't do it and he's still doing it behind his back. Dr. Baker knows and I think it's pissing him off."

Alleged violations:

231(c)(4) Failure of the IACUC to review and investigate concerns resulting from complaints and reports of noncompliance received from laboratory personnel. Despite the IACUC's awareness of unapproved breeding at Lothrop's house, it appears that the IACUC did not pursue the matter.

9 C.F.R. § 2.35(b)(8) Failure to maintain records regarding dogs acquired from persons not licensed or registered under the Act stating that the animals were born and raised on the premises and that the person has sold fewer than 25 dogs that year.

9 C.F.R. § 2.36(b)(4) Failure to maintain accurate annual reports stating the location of all facilities where animals were housed for research or held for that purpose.

6/1/05

Kim said that while she feels sorry for Steve, it surprised her when he shared his concerns with the IACUC, because he could have lost his job. She said that she tries to turn a blind eye to problems here, because otherwise, she would not be happy with her job.

- ☛ Kim says she was shocked to overhear Steve making reports to the IACUC, because he could lose his job.
- ☛ Kim says that she tries to stay away from conversations regarding problems at the facility, because "too much information can do you harm. I'm just worried I'll find out crap that I don't want to know and then I won't be happy with my job..."

Alleged violations:

42 C.F.R. 50.103(d)(13) Failure of the PHS awardee to protect the positions and reputations of persons who make good faith allegations of scientific misconduct. In expressing her fears about retaliation, Kim's comments make it apparent that Auburn University does not have an adequate program in place to provide assurance to complainants that they will be protected from whistleblower retaliation. This contradicts the Office of Research Integrity's (ORI) *Guidelines for Institutions and Whistleblowers: Responding to Retaliation Against Whistleblowers in Extramural Research* (Nov. 20, 1995).

7/5/05

[Jolie told me about] an investigation that has been taking place involving Lothrop. "They are trying to kick him out because he is unethical, especially in the welfare of the animals. That's why Steve hates him so much, cause he's seen him do it ... as recently as Memorial Day." I asked if she meant with the transplant dogs, Line and Moiete. "Yes. He waited and let them [Line and Moiete] go and go [instead of euthanizing them] ... It's bad because [Lothrop is] real secretive about everything and Steve is the only one who sees it."

☛ Referring to Lothrop, Jolie tells PETA's investigator, "They are trying to kick him out because he is unethical, especially in the welfare of the animals. That's why Steve hates him so much, cause he's seen him do it...as recently as Memorial Day." Referring to Moiete and Line, Jolie states, "[Lothrop] waited and let them go and go..."

☛ Jolie says that Lothrop acts like he is untouchable since he has tenure, but that he can still be fired if it is proven that he does not follow animal care regulations. She says that Lothrop is very secretive about everything.

☛ Jolie states, "Lothrop walks around here with that attitude of, you know, 'I'm tenured, what the fuck?!'"

Alleged violations:

9 C.F.R. § 2.31(c)(3) It appears that the IACUC was well aware of Lothrop's inclination to ignore the rules and neglect the animals in his care, yet took no action to punish Lothrop or to ensure that his animals were provided with proper care.

ABE6/3/05

A necropsy was performed this morning on Abe, a dog from Dr. Smith's colony. I did not learn about it until this afternoon. Apparently, Abe was a dog who someone from the public had brought in, thinking he had muscular dystrophy. They found the dog dead this morning with extensive anal bleeding. During the necropsy, they found internal bleeding. They now think that he did not have muscular dystrophy.

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to use appropriate methods to prevent, control, diagnose and treat disease.

RAFFERTY7/26/05

Rafferty now has laryngeal paralysis, which keeps him from properly vocalizing and could cause him to aspirate. Bridget wants them to do a laryngeal tieback, a surgical procedure to improve the condition. She is going to talk to Lothrop about using the grey dog grant to cover the procedure.

☛ Bridget discusses using the grey dog (NIH) grant money to pay for a laryngeal tieback for Rafferty.

Alleged violations:

9 C.F.R. § 2.33(b)(1) Failure to ensure the availability of adequate services and resources, i.e. funding, to ensure that adequate veterinary care is provided.

9 C.F.R. § 2.33(b)(2) Failure to use appropriate methods to prevent, control, diagnose and treat disease.

Note: All of Rafferty's conditions were left untreated.

7/31/05

While at work, I noticed that Rafferty had been moved inside into Mouse's room. This must have been done within the last day or two. His animal care log had an entry for 5pm on 7-26 stating, "Severe tartar and gingivitis. Noted scapular muscle atrophy. Muscle atrophy of rear limbs as well - appears arthritic. Noted voice change." I have not heard mention of his muscles, though Bridget has recently brought up his larynx problems [and suggested he needs surgery to fix them].

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to use appropriate methods to prevent, control, diagnose and treat disease.

9/16/05

I asked Steve about Rafferty's larynx problems. He said that they have him on thyroid medicine that they had thought would help. I then asked about his movement problems, but Steve replied that he had no knowledge that there were problems. I asked him about Heart, but he did not know if she still had arrhythmias or not. I felt that Steve should be more knowledgeable of the dogs' current conditions. I checked the care logs for the two dogs myself. Rafferty's listed the following notes of interest: 7/26/05, Bridget notes severe tartar and

gingivitis; "muscle atrophy of rear limbs, appears arthritic": notes voice change ... I checked on him and his voice is almost completely gone. I also discovered that Rafferty was not bred at Scout-Ritchey, but instead was brought to the Center from a woman in Michigan on 9/28/98. Heart's logs listed nothing about her arrhythmia for the past several months, despite the problems she was having in May.

☛ Steve is unaware that Rafferty has had movement problems. He is unsure if Heart is still having arrhythmias, but says she has heartworm.

☛ Rafferty is shown in his run. When he attempts to bark, his voice is hoarse, making his bark resemble the quack of a duck. He walks in circles, and his coat appears matted.

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to use appropriate methods to prevent, control, diagnose and treat disease.

9/17/05

[Notes on Rafferty's cage indicate he has hypothyroid, and I observed that] his voice is almost completely gone (like someone who has smoked many cigarettes every day of their entire life).

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to prevent, control, diagnose and treat disease.

HOT LIPS

8/9/05

Hot Lips has been showing signs of heat for the last few months, which is highly unusual. Also, her discharge is heavy and abnormal. She was supposed to get an ultrasound today to see if she has cystic ovaries or something else causing the discharge ... [but] Lothrop left to take his kid to the doctor (-2:30pm) and postponed the exam. She is now supposed to be checked out tomorrow, and they are keeping her in a [tiny, steel] cage [in Wilbur's room] until then. I went to see her, and the cardboard Steve was keeping her on had several deep red patches on it. Steve said that it was her discharge. I asked Chris what Lothrop's plans were for her, especially if she has health problems. He said that the long-term plan for her "was always just to keep her for a reason so that she could stay here. If she loses her ovaries, then she loses her reason to stay here and he has to put her down or find a place for her to live out the rest of her life." He then said, "We have some '92 models that are not being used for much. Hillary I believe is one of them, and Fawn, are '92 models." I asked, "Are they not being used for blood either?" He replied, "I think they are on one of their SOPs, but..." He was referring to Lothrop's policy of having his research dogs live their lives out at the Center, even if they have no purpose. The dogs must stay under a protocol, however, so Lothrop sometimes lies about their use.

☛ Chris says that Hot Lips has shown signs of heat several times in the past couple of months which is highly abnormal, as dogs should only go into heat every six months. Chris speculates that Hot Lips has cystic ovaries or some condition that is causing her to have discharge that resembles heat. He says that Lothrop's "long term plan for [Hot Lips] was always just to keep her for a reason. If she loses her ovaries, then she loses her reason to stay here and he has to put her down."

☛ Referring to other dogs like Hot Lips (who is kept in the lab despite the fact that she is not used in studies), Chris states, "We have some '92 models that are not being used for much." He believes that Hillary and Fawn are '92 models, and that they are on Lothrop's SOPs for blood donors, though he suggests they are not used as such.

☛ Hot Lips is housed in a small, stainless steel cage in Wilbur's room. Steve says that she has an abnormal

discharge that is very heavy.

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to prevent, control, diagnose and treat disease.

8/10/05

Dr. Lothrop examined Hot Lips this morning and determined that she has a major infection in her ovaries. He sent her to the clinic to get spayed. An intern who helped spay her spoke to Bridget and me about the procedure. ... She said Hot Lips had a "nasty" pyometra in her ovaries. There is no way that Lothrop can defend her being on a breeding protocol with no ovaries.

☛ Steve says that upon examination, it was determined that Hot Lips had a problem in her uterus, so she has been sent to the clinic to be spayed. He believes that Hot Lips is nine or ten years old, and says that she has heartworm.

☛ An intern who assisted Tillson in spaying Hot Lips tells Bridget, "it was pretty gross!" It was a "bad," "nasty," "foul" pyometra.

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to prevent, control, diagnose and treat disease.

Note: Hot Lips remained in the lab throughout PETA's investigation.

8/22/05

[Steve] said that they are about to begin treating Cupid and Hot Lips for heartworms [which they tested positive for on 7/27]. ... He said that it is normal for any dog to get them around here if they are exposed to the outside and not on preventative, but that indoor dogs should not get them. He also said that they do not normally test for heartworm here.

☛ Steve says he is about to treat Cupid and Hot Lips for heartworm. He says it is not unusual for the dogs to get heartworm if they have not been put on preventative and are exposed to the outside. He says they do not test for it often.

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to prevent, diagnose and treat disease.

Given the prevalence of heartworm in this region, it is inexcusable that dogs are not given adequate preventative care. The lack of preventative care, infrequent use of diagnostic tests to detect the worms and subsequent failure of this facility to promptly treat animals who have been diagnosed with heartworm is noncompliant with the AWA.

Note: Heartworm treatment for Hot Lips did not begin until 8/23/05—almost a month after she was diagnosed with the parasites.

CUPID

9/17/05

I spent time at work today and was able to peruse animal care logs. The notes that I made are below:

Cupid

7/26/05 - "multiple mammary masses on both sides of caudal; whopping murmur, no arrhythmia noted"

7/27 – tested positive for heartworm

I did not see any other notes related to her problems after this date, or any specific treatments for the masses.

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to prevent, diagnose and treat disease. Both Cupid's mammary masses and the positive test for heartworms indicate inadequate veterinary care. *Note: Heartworm treatment for Cupid did not begin until 8/23/05—almost a month after she was diagnosed with the parasites.*

LADYBUG

8/17/05

Next, [Lothrop] gave a plasma injection to Ladybug. She had two large swollen mounds on her side filled with pooled blood from her hemophilia. Lothrop said that it happens sometimes in the hemophilic dogs, especially if they fight.

☛ Steve holds Ladybug on the table for a plasma injection. She has huge masses on her body which Steve says could be clotted blood from her hemophilia.

☛ Lothrop sees Ladybug's masses and claims that they "are on the resolve." He says this can happen when the hemophiliacs get bitten.

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to treat disease and injury. Ladybug's swollen masses suggest that she sustained an injury, i.e. a puncture wound caused by another dog, which was not detected or treated. Further, when the resulting condition became apparent, her condition was left untreated.

9 C.F.R. § 2.33(b)(3) Failure to observe animals daily to assess their health and well-being. Ladybug's injuries should have been detected much earlier.

THE KITTEN

8/19/05

The kitten [who was undergoing a necropsy] was one of their mutants that died. Kim said that Baker thinks the kitten died from an infection from a bite that occurred in her enclosure. The cats are group housed and this one had been with the mom, one littermate, and other cats. She said that they "squeezed some nasty, white, gross stuff out" of her neck.

☛ Dr. Cox performs a necropsy on a five week-old kitten who Kim believes died as a result of an infected bite that spread, because "we squeezed some nasty, white, gross stuff out."

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to treat disease and injury. The kitten's necropsy suggests that she sustained an injury that was left untreated and that might have caused her death.

9 C.F.R. § 2.33(b)(3) Failure to observe animals daily to assess their health and well-being. The kitten's injury should have been detected much earlier.

9 C.F.R. § 3.6(b)(2) Failure to house cats in compatible groups. Section 3.6(b)(2) states "queens with litters may not be housed in the same primary enclosure with other adult cats, and kittens under 4 months of age may not be housed in the same primary enclosure with adult cats[.]" This young kitten, who was presumably

not weaned, was housed with her mother in the same primary enclosure as other adult cats. It is possible that the infected wound that was discovered during the necropsy was caused by one of the adult cats inside the enclosure.

RYLIE

2/17/05

I saw [Rylie] a black, three-legged greyhound-mix with obvious signs of very recent amputation. ... Steve explained that the dog somehow severely broke his rear leg in the kennel recently, so they amputated it.

9/17/05

I spent time at work today and was able to peruse animal care logs. The notes that I made are below:

Rylie

2/7/05 -- first sign of pain

2/11 -- "right femur fracture:" right rear limb amputated

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to treat injury. Rylie's broken leg was not "treated" (i.e., amputated) for at least four days from the date when he first began presenting clinical signs of an injury. Further, Rylie's medical records do not indicate that he was treated with any kind of analgesic in the interim or that any types of diagnostic measures were undertaken when the injury was initially observed.

9 C.F.R. § 3.1(a), 3.6(a)(2)(ii) Failure to house dogs in primary enclosures that protect the animals from injury. The nature and severity of Rylie's injury suggest that his housing was a contributing factor.

Note: In footage recorded on 7/1/05, Rylie can be seen spinning stereotypically in his kennel. It is possible that Rylie was injured when his leg got caught on part of his kennel while he was engaged in frantic stereotypical behavior.

SAUVIGNON

10/10/05

In Sauvignon's notes, Steve wrote at 7:30 a.m., "Holding up left front leg, trying to moun Daisy; leg slightly swollen." Dr. Lothrop wrote at 10 am, "Can't localize lameness except seems a little more sensitive in upper arm area; take to radiograph."

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to diagnose and treat injuries. Despite the fact that Sauvignon's medical records state he was to be taken to have his leg x-rayed, he was not actually taken to radiography until 10/12/05.

10/11/05

I checked on Sauvignon and Daisy later in the day. Sauvignon clearly had a hurt leg, as he was holding it up. His record for today stated, "Still holding up left front leg; still sensitive upper leg; will X-Ray tomorrow if not better." And later, "Still slight swelling inside left front leg; temp. 101.2."

- ☛ Sauvignon limps to the front of his run without putting any weight on his front left leg,
- ☛ PETA's investigator reads his kennel record out loud: "Still holding up left front leg; still sensitive upper leg; will X-Ray tomorrow if not better. Still slight swelling inside left front leg; temp. 101.2."

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to diagnose and treat injuries. Despite the fact that Sauvignon's medical records from the previous day state that he needed to have his leg x-rayed, he was not taken to radiography. In fact, the x-ray was postponed for an additional day despite the fact that Sauvignon was not putting any weight on his injured leg. This pronounced lameness could indicate a serious injury and warranted more vigorous diagnostic measures.

10/12/05

Steve and I took Sauvignon to Radiology this morning to have his left front leg X-rayed. Lothrop wanted them to try to radiograph him without the use of drugs. They were not able to get full coverage because of this.

- ☛ A radiology tech asks why they are not allowed to use drugs on Sauvignon to aid in the procedure. Steve says that Lothrop does not want them to, and the tech says it will be difficult to run the necessary tests.
- ☛ A tech tells Steve that if Lothrop only wants lateral radiographs, they can do that, but that if he wants other readings, they will have to give Sauvignon drugs.
- ☛ Steve enters the room after having reached Lothrop on his cell phone, and says that instead of sedating Sauvignon and taking more radiographs, they will assess the radiographs that have already been taken.

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to diagnose and treat injuries. When Sauvignon was finally taken to Radiography, sedative medication was withheld which made it impossible for the necessary diagnostic x-rays to be taken.

10/14/05

Steve wrote today on Sauvignon's chart at 10:30 am, "...holds [left leg] up intermittently."

- ☛ Sauvignon's cage record indicates that his leg is still causing him problems.

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to diagnose and treat injuries. Four days after the lameness was originally detected, Sauvignon's leg injury was not properly diagnosed and it appeared that he was not receiving any treatment for this painful condition.

GUINEA PIG**9/30/05**

I saw Guinea Pig this afternoon. She is still [housed] in a [small, stainless steel] cage in Wilbur's room. She had been let out into the room to roam and had been left alone by Lothrop. There was a large pool of urine on the floor. She continued to act very tired and weak. I had gone there to find Lothrop, as he was asking for me. He came in and said that he wanted me to help him get blood from her, as he had tried on his own but couldn't get any. I told him that all of her feet were yellow with urine, and he replied, "No, that's poo. She has fecal stains from where she had painted her cage with poo." I do not know how long she has been left like this, but he did not clean her up today.

- ☛ GP walks around Wilbur's room. She has urinated in the middle of the floor and walked in it, leaving wet foot prints around the room. Lothrop enters and begins to clean up the urine with a towel. PETA's

investigator says that GP's feet are yellow from the urine, and Lothrop replies, "No, that's poop. That's fecal stains from when she painted her cage. She painted her damn cage—with poop, as these dogs have been known to do!"

Alleged violations:

9 C.F.R. § 3.6(a)(2)(v) Failure to house dogs in a manner that enables them to remain dry and clean. Guinea Pig's cage is so small that when she defecated in her cage, she was not able to avoid contact with her excrement. When this condition was discovered, no attempt was made to clean Guinea Pig's feet to remove the fecal matter. It is unacceptable to allow any animal to remain in this filthy condition, but it is particularly troubling in this instance because Guinea Pig was subjected to full body irradiation on 9/23/05. Contact with excrement is obviously dangerous for a dog with such a compromised immune system.

9 C.F.R. § 3.6(a)(2)(xi) Failure to provide sufficient space to allow each dog to turn about freely, to stand, sit, and lie in a comfortable, normal position, and to walk in a normal manner. Guinea Pig was housed in this cage for more than one month.

9 C.F.R. § 3.6(c)(1) Failure to provide minimum floor space.

10/14/05

Guinea Pig's chart listed the following for 9:30 am today - "vomit in cage, partially digested food, some yellow bile looking mucus in it, had eaten about half of canned food, removed food for now; temp. 100.9." Her weight today was 27.2 kg. She is still being housed in a small cage in Wilbur's room, and the mop bucket full of dirty water is still beside Wilbur's cage. This is very close to Guinea Pig's cage, and cannot be helping her, considering she is immune suppressed and feeling sick

☛ GP remains housed in a tiny cage in Wilbur's room.

☛ The mop bucket remains beside Wilbur's cage, just several feet away from GP's cage.

☛ PETA's investigator greets GP, who is still housed in a small cage in Wilbur's room. According to the cage records, this morning at 9:30, vomit was found in GP's cage containing "bile-looking mucus." Her temperature was recorded as 100.9, and her weight was recorded as 27.2 kg.

Alleged violations:

9 C.F.R. § 3.6(a)(2)(xi) Failure to provide sufficient space to allow each dog to turn about freely, to stand, sit, and lie in a comfortable, normal position, and to walk in a normal manner.

10/20/05

Lothrop let Guinea Pig out of her cage to roam this morning. She had thrown up some of her food during the night. Lothrop said that her platelets were still low, and that she will stay confined until they go up. Lothrop did give Guinea Pig her medications this morning. Soon after, she vomited a yellow substance into her cage, which Lothrop decided included most of her meds. Lothrop said that it was the medicines making her sick.

☛ The dirty mop bucket is shown next to Wilbur's cage. Just feet from the mop bucket, Guinea Pig is housed in her cage, and her bandaged leg is shown protruding from the small cage. Various supplies are sitting on top of Wilbur's cage. Lothrop lets Guinea Pig out of her cage and discovers that she vomited overnight.

☛ Lothrop equates Guinea Pig's being housed in a tiny cage in Wilbur's room to being in the hospital for observation, as he believes that by being in the room with dirty, chemical-infused mop water, cleaning supplies, drugs, and other sick dogs, Guinea Pig is "a lot safer, a lot less exposed to stuff, less likely to hurt herself, more supervised. Her platelets are still low—she could go bleed to death."

☛ Lothrop observes that Guinea Pig has again vomited in her cage, and states that it is her medicine that is making her sick.

Alleged violations:

9 C.F.R. § 3.6(a)(2)(xi) Failure to provide sufficient space to allow each dog to turn about freely, to stand, sit, and lie in a comfortable, normal position, and to walk in a normal manner.

10/27/05

They will still continue to keep [Guinea Pig] isolated [in the tiny cage in Wilbur's room] and on immunosuppressive drugs for another month or so.

☛ In Wilbur's room, PETA's investigator checks on Guinea Pig. Music by the Red Hot Chili Peppers plays in the background. Drugs and cleaning products, including a bottle of blue liquid, sit on top of Guinea Pig's cage and the cage beside it. We briefly see Wilbur, and as always, a mop bucket filled with dirty water sits right beside his cage.

Alleged violations:

9 C.F.R. § 3.6(a)(2)(xi) Failure to provide sufficient space to allow each dog to turn about freely, to stand, sit, and lie in a comfortable, normal position, and to walk in a normal manner.

HOLLY

10/14/05

I checked on our indoor dogs this afternoon. Holly's chart on 10/11 listed her as having "a bloody discharge, slight swelling, appears to be in heat." On 10/12, it listed "vaginal swab on Holly for vaginal cytology; signs of bloody discharge, some swelling." Lotthrop also noted, "Frederick said [Holly] tried [to mate] with Kudzu." The same was noted on Kudzu's chart. I saw Kudzu fighting through the cage with the dog in the next run.

☛ PETA's investigator greets Holly and Kudzu. Kudzu behaves aggressively towards the dog in the next run. According to the records on the cage, Holly has vaginal swelling and discharge, and appears to be in heat. Kudzu and the dog in the next run try to fight through the cage (likely over Holly), which could result in injuries to the dogs' faces and mouths.

Alleged violations:

9 C.F.R. § 3.1(a), 3.6(a)(2)(ii) Failure to house dogs in primary enclosures that protect the animals from injury.

IAMS DOGS

7/13/05

I went to LAH this afternoon and spoke with Sonny Sanders. ... Sonny said that it was Dr. Rynders who headed up the research for the Iams nutrition project. Iams, however, has shut down the entire project. The colony had an outbreak of brucellosis. They shut the study down for three months and tested the dogs again and they still tested positive, so they stopped it. Sonny said that it was the females that were bringing it in. Iams was "renting" the females from breeders. The litters were dying from it. After six months of sick dogs, Iams stopped the funding. He said that they were paying per diem on 60 dogs. He thinks they will have to begin using an "in-source" of dogs, purpose-bred dogs instead of the dogs they have been getting.

☛ Sonny Saunders says that the Iams study that Dr. Rynders was working on was shut down 2/3 of the way through the study due to a brucellosis outbreak. Sonny says that when brucellosis was found, the study was shut down for three months and the dogs were retested and still had brucellosis. Iams rented the female dogs and a "stud" from breeders, which is where the outbreak is believed to have originated. Sonny says that litters of puppies died. He says that Iams paid per diems for the 60 dogs for six months after the outbreak before canceling the study, and that Iams will probably have to use an "in source of dogs" next time.

Alleged violations:

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to prevent and treat disease.

II. FAILURE TO AVOID OR MINIMIZE PAIN & DISCOMFORT DURING PROCEDURES

7/13/05

Nanda later said that Broccoli had screamed out during last week's B[one] M[arrow] extraction, meaning that they had not given her enough Isofluroene.

Alleged violations:

9 C.F.R. § 2.31(d)(1)(i) Failure to minimize discomfort, distress and pain to animals during procedures.

9 C.F.R. § 2.31(d)(1)(iv)(A) Failure to perform procedures causing more than slight or momentary pain with appropriate sedatives, analgesics or anesthetics.

7/26/05

In regards to who will bleed dogs after [she and Chris] start school again, Bridget said, "I hope for [the dogs'] sake that it is not Lothrop." She said that he "harpoons them" repeatedly. Chris agreed, saying "he sticks it in and he's like, 'okay well it could be over here [stabs a few times], okay well not there, maybe over here [stabs the air several more times]." Bridget said that Lothrop once impaled her pinky while trying to take blood from a dog.

☛ Referring to Lothrop's poor technique of drawing blood, Bridget says, "We hope for [the dogs'] sake it's us bleeding them, because Lothrop harpoons them. He's like haaharhgh!" Chris make random stabbing motions and states, "He sticks it in and he's like, 'OK, it could be over here ... alright, well, it's not there, how about over here?'" Bridget says that Lothrop once impaled her pinky during a blood draw. Chris adds, "His eyes aren't as good as they used to be," and Bridget concludes, "He's dangerous."

Alleged violations:

9 C.F.R. § 2.31(d)(1)(i) Failure to minimize discomfort, distress and pain to animals during procedures.

9 C.F.R. § 2.32(a) Failure to ensure that personnel conducting procedures are qualified to perform their duties.

8/5/05

I spoke to Nanda about her research. They are extracting bone marrow twice a week from dogs in our colony (not specifically any dog, just whoever is convenient at the time). ... [Nanda] admitted that she really does not know the purpose of what she is doing. She never knows what dog the bone marrow actually comes from, as they do not tell her. She says that she now thinks that all of this may just be for her to practice, with the dogs going through these procedures for no purpose. ... She watched several of the extractions, and said that the first dog, Hamster, was awake her first time and in obvious pain. "I did not like to see it ... you could

hear [her] screaming inside. You knew [she] was suffering." I asked if Lothrop was surprised that Hamster was in pain, and she said, "No, I did not see any [reaction] on his face, they just took it and gave me the bone marrow. I think it's very painful. It's a big needle, and it goes straight to their bones. He just does it like a screw. Like you're screwing something." She then demonstrated his technique of roughly boring into the dog. She seemed very surprised by his over-zealous technique. I witnessed this same thing when I saw him perform a bone marrow extraction, and it seemed very violent to me, with Lothrop becoming very frustrated - cursing and repeatedly jabbing through tissue in attempts to extract the marrow.

☛ Nanda tells PETA's investigator about her work. Frustrated with the lack of guidance from Lothrop and Niemeyer, she states, "They haven't exactly told me what I'm doing, I'm just doing it, but we never discuss..."

☛ Nanda talks about working with bone marrow, and says that when she is given bone marrow extracts to work with, her bosses do not even tell her which dog the bone marrow came from, and that they have told her, "It doesn't matter." She continues, "I think it should matter... This makes me think that they just want me to do this for practice." Referring to bone marrow extractions on the dogs, Nanda states, "It's painful—I saw them doing it twice and I didn't like to see it... The first one they did, [s]he was in pain, because I do not think the anesthesia was enough. You could hear [her] screaming inside, so you knew [s]he was suffering." PETA's investigator says that he believes that dog was Hamster, and asks Nanda how Lothrop reacted when Hamster screamed. Nanda says he did not react at all, but just continued with the procedure and gave her the bone marrow. Nanda states, "I think it's very painful, because it's a big needle and it goes straight into their bones, and [Lothrop] just does it like he is doing a screw [imitates a motion one would use with a screw driver and laughs]."

Alleged violations:

9 C.F.R. § 2.31(d)(1)(i) Failure to minimize discomfort, distress and pain to animals during procedures.

9 C.F.R. § 2.31(d)(1)(iv)(A) Failure to perform procedures causing more than slight or momentary pain with appropriate sedatives, analgesics or anesthetics.

8/8/05

Chris then described how painful bone marrow extractions are for dogs, and said they should definitely be under anesthesia, as even the ones that do not cry out are still in great pain. Bridget said that none of the client extractions performed in the small animal clinic are ever done under anesthesia. Chris said, "That's fucked up." Chris was also worried about the lack of post-op pain care for these clinic dogs, as dogs continue to be in pain afterwards.

☛ Chris and Bridget say that ever since they have been doing the bone marrow transplants, Niemeyer has been wanting to use a less invasive process called lymphocyte phoresis. Chris says that bone marrow transplants are very invasive, so the other process would be better. Bridget argues that the lymphocyte phoresis would be too "labor intensive."

☛ Chris states, "Bone marrow [procedures] are incredibly painful ... they don't even do bone marrow [procedures] on people any more." Bridget states, "When I was at Florida, anytime they did a bone marrow [procedure on a dog], it was anesthetized. They don't do that here [in the clinic]!" Chris says that the most painful part for the dogs is after the procedure. They say that in the Small Animal Clinic, they only use local anesthesia on dogs for bone marrow transplants.

☛ Bridget says there is not a protocol for administering pain relief at the clinic.

Alleged violations:

9 C.F.R. § 2.31(d)(1)(i) Failure to minimize discomfort, distress and pain to animals during procedures.

9 C.F.R. § 2.31(d)(1)(iv)(A) Failure to perform procedures causing more than slight or momentary pain with appropriate sedatives, analgesics or anesthetics.

8/17/05

This morning, I watched Dr. Lothrop extract bone marrow from Broccoli for Nanda (it was my impression that Lothrop did not care which dog the bone marrow came from which, as always, makes me question if he is permitted to perform this procedure on any dog he chooses). Before she was taken out of the small cage in Wilbur's room, Broccoli was acting neurotic, and instead of being concerned, Lothrop made a joke about her condition. ... [Lothrop] went through two bone marrow needles [during the bone marrow extraction] on Broccoli, as the first one had an obvious burr on the end. He tried to use it anyways, but was unsuccessful. ... I saw [Broccoli] after she woke up, and she was again neurotically pacing in her cage.

- ☛ Broccoli engages in repetitive side-stepping in a small, stainless steel cage. Lothrop jokes to Steve, Niemeyer and PETA's investigator about her neurotic behavior.
- ☛ Steve places Broccoli on the table for Lothrop to perform a bone marrow extraction. Lothrop asks Steve who this dog is, indicating that he simply needs bone marrow, and does not care which dog it comes from.
- ☛ Lothrop draws blood from the jugular and hands it off to Niemeyer, who also asks which dog this is.
- ☛ Lothrop twists the bone marrow needle into Broccoli's shoulder as if he were screwing a screw into wood. Niemeyer observes that he has missed his mark, and Lothrop states that the needle has a burr on it and curses. He continues to screw away with such force that he clenches his teeth. He withdraws the needle and states, "It's just totally bent over." Rhongua, Steve, Niemeyer and PETA's investigator are present.
- ☛ Lothrop starts the process over with another needle. Lothrop withdraws many vials of bone marrow and they are given to Nanda.
- ☛ Immediately after the procedure, Broccoli is awake in her small cage, and begins to engage in a slow motion version of the neurotic side-stepping.

Alleged violations:

9 C.F.R. § 2.31(d)(1)(i) Failure to minimize discomfort, distress and pain to animals during and after procedures.

9/8/05

Lothrop extracted bone marrow this morning from Kaii, one of Rat's pups. She has some patches of lost hair on her head. Steve said this was normal for puppies, although she is about two months old and weighed in at 15 pounds. I asked why they chose to use her, and Niemeyer said that "puppies are actually better for the experiment ... but I don't like doing these guys [carriers of the grey dog mutation], I would rather just have some scrounge pups, but we gave away the scrounge pup." referring to Oahu [Rat's normal puppy]. Kaii screamed out in fear and pain when Lothrop gave her an anesthesia injection in her left arm. Lothrop withdrew and re-inserted the needle several times before administering the shot of anesthesia.

- ☛ Steve puts Kaii on the table for a bone marrow extraction and we briefly see that she is missing a patch of hair on the left side of her forehead.
- ☛ Steve says that Kaii's hair loss is not a problem.
- ☛ PETA's investigator asks Niemeyer why Lothrop wants bone marrow from Kaii, and Niemeyer shakes his head and looks amused. He says puppies are better for the experiment, but that he wishes they had some "scrounge puppies" to use, but they gave away the scrounge puppy, Oahu.
- ☛ Kaii cries out and squirms as Steve holds her and Lothrop prepares to give her an injection in the arm. Neither man wears any protective gear such as gloves. Kaii pulls loose from the needle before enough of the sedative has been administered, so Lothrop re-inserts the needle in her other arm. He again pulls the needle out and re-inserts yet again before delivering the injection.

Alleged violations:

9 C.F.R. § 2.31(d)(1)(i) Failure to minimize discomfort, distress and pain to animals during procedures.

9/23/05

... Lothrop intubated [Guinea Pig] using a laryngoscope and an endotracheal tube connected to the gas. Lothrop did not have the correct size tube for her, so he used a bigger one. Referring to it, Lothrop exclaimed, "That thing's huge...a nine to nine and a half would have been perfect. She's got a ten." ...

Lothrop met us [in the nuclear medicine building] and told the techs to do a dose of radiation "200, a hundred on each side," and then left. Dr. William Brawner was in charge of the procedure. He double-checked with the techs that 200 was what Lothrop had indeed said, as he thought it was too high a dose. He then said that he would do what Lothrop wanted.

After gassing her, Lothrop shoves a large tube down GP's throat while Steve holds her mouth wide open. Referring to the size of the tube, Lothrop states, "That thing's huge She's got no room around that one, Steve." Niemeyer observes.

Lothrop reiterates how tight of a fit the tube is, and says that a size 9 would have been perfect, but that he used a 10.

In the building where GP will be irradiated, Lothrop tells a tech that GP should be given a 200 dose of radiation, with 100 being given on each side. He says that there are no leaks in GP's tube, and that he had the choice of intubating her with a size 8 ½ or 10 tube, so he chose a 10. A cat cries in the room.

Dr. William Brawner believes that it should be enough to irradiate GP with a 75 dose of irradiation per side, but is told that Lothrop wanted 100 per side.

Lothrop is present, and Dr. Brawner asks if he wants a dose of 200. Lothrop replies in the affirmative and says he thinks they have always done lateral irradiation at 100 per side. Dr. Brawner says this is not how they have done it before. It is stated that Lothrop may be recalling how irradiation was done many years ago.
(END OF "USDA COMPLAINT VIDEO EDIT PART I")

Alleged violations:

9 C.F.R. § 2.31(d)(1)(i) Failure to minimize discomfort, distress and pain to animals during procedures. Dr. Brawner should be provided a copy of the protocol so he does not have to question staff about the proper radiation dose.

III. INADEQUATE AUTHORITY OF ATTENDING VETERINARIAN

6/1/05

[Kim] spoke about Dr. Schemera, the unit-attending vet who now comes every week. "They hired her because the rule was if you were a Principal Investigator, you could not be your own veterinarian on that grant ... People were pissed off cause they were veterinarians and doing research but they couldn't be their own vets - they couldn't sign off. They would pull in another vet on their grant. So, they hired her so that now the Principal Investigator can be their own veterinarian because they can put her as being the overall vet, but they can take care of their animals ..."

(BEGINNING OF "USDA COMPLAINT VIDEO EDIT PART II")

Kim says that Dr. Schemera, the new vet for Scott Richey, was hired because PIs were angry that they were not permitted to be their own vets for their animal studies. Now, PIs can be the main vet for their animals, because as the facility vet, Dr. Schemera can sign off on the care provided for the animals by the PIs. Dr. Schemera visits the facility only once a week.

Alleged violations:

9 C.F.R. § 2.33(a)(2) Failure of the research facility to assure that attending veterinarian has appropriate authority to ensure the provision of adequate veterinary care. It appears that Dr. Schemera was hired in order to provide "cover" for PIs who are also vets. Given that Dr. Schemera visits only weekly, PIs are certainly in a position to control all veterinary decisions for animals in their experiments and colonies.

IV. INADEQUATE EXERCISE FOR DOGS2/28/05

As we entered [the dog kennel where Mouse is housed], two small dogs were running endlessly in circles in their cage. This continued throughout our visit. Lopthrop referred to this behavior as "neurosis." I asked Steve if that is normal for them and he said, "That's their routine."

- ☞ In the dog kennels, Lopthrop explains the behavior of hyper dogs in a run as "neurosis."
- ☞ Steve says that the dogs always run in circles. A small black dog is seen circling in a run.

Alleged violation:

9 C.F.R. § 3.8 Failure to provide adequate exercise for dogs.

3/7/05

I checked on the dogs [outside] on the parking lot side. One of the dogs, a black lab, always seems to be spinning in circles.

- ☞ Dogs housed in outside runs (adjacent to a building) bark, and one animal spins.

Alleged violation:

9 C.F.R. § 3.8 Failure to provide adequate exercise for an individually housed dog.

3/18/05

While helping Steve, I observed multiple dogs engaged in neurotic/stereotypic behaviors such as circling and spinning.

- ☞ Two dogs circle in their run.
- ☞ Two other dogs (housed in the run adjacent to Mouse's) circle in their run.

Alleged violation:

9 C.F.R. § 3.8 Failure to follow an appropriate plan to provide dogs with the opportunity for exercise.

3/18/05

Steve said that the small dogs have not been walked in a while. He explained that there used to be an exercise area outside by our kennel house, but this was taken down.

- ☞ PETA's investigator greets a dog named Bacard. Another dog circles in the background. Steve says that the small dogs don't get taken outside like the larger dogs do, stating, "I haven't really [walked them] much. I haven't had time."

Alleged violation:

9 C.F.R. § 3.8 Failure to follow an appropriate plan to provide dogs with the opportunity for exercise.

9 C.F.R. § 3.12 Failure to employ adequate personnel to carry out the level of husbandry practices and care required under the Act and failure of the employer to ensure that employees can perform according to regulatory standards.

4/18/05

I observed some of Lothrop's dogs engaged in stereotypic behaviors today.

- ☛ Corons circles in the run.

Alleged violation:

9 C.F.R. § 3.8 Failure to provide adequate exercise for an individually housed dog.

5/27/05

I then went to walk Kiera, the Basenji from the PK study that is up for adoption. She is being kept in Ward 6, the hemophilia ward. ... These dogs, especially the large FVIII dogs, are full of energy and are always frantic, because they never leave their kennels and I always see them running in circles or jumping repeatedly in the air.

- ☛ Dogs display neurotic behaviors (including circling) in their kennels.
- ☛ Dogs display neurotic behaviors (including circling) in their kennels.

Alleged violation:

9 C.F.R. § 3.8 Failure to provide adequate exercise for individually housed dogs.

7/1/05

While in Ward 6 - the hemophilia ward - I noticed that several of the dogs were sneezing. They were doing this after burying their heads in the paper bedding. They seem to be having reactions from the dust created from the freshly shredded paper. ... Boulder and many of the other dogs are always spinning frantically in circles. ... I went into Ward 5, the transplant ward. These dogs are very frantic.

- ☛ In Ward 6, large dogs frantically circle and beg for attention. The dogs are heard sniffing and sneezing, possibly due to the paper bedding.
- ☛ Kiera circles in her cage.
- ☛ Dogs are heard repeatedly sneezing.
- ☛ A dog who appears to be a shepherd mix circles frantically in a small run.
- ☛ Rylie, the dog who is missing his back right leg (and appears to be a black lab mix), circles in his cage.

Alleged violation:

9 C.F.R. § 3.8 Failure to provide adequate exercise for an individually housed dog.

9 C.F.R. § 3.2(b) Failure to maintain adequate ventilation in indoor housing facilities.

7/8/05

Many of the dogs were acting neurotic in their runs.

- ☛ Large breed dogs engage in stereotypic behaviors in their runs.

Alleged violation:

9 C.F.R. § 3.8(a) Failure to provide adequate exercise for an individually housed dog.

7/8/05

I also checked on the six dogs in Mouse's ward. All of them, including Mouse, beg for attention. They really seem to enjoy any attention I give them, as no one other than Mouse gets to ever be walked or petted. I saw several of the small dogs circling.

☛ Several of the small dogs are seen circling in their kennels.

Alleged violation:

9 C.F.R. § 3.8 Failure to follow an appropriate plan to provide dogs with the opportunity for exercise.

7/21/05

I spoke with Chris and Bridget about the lack of care and enrichment given to Lothrop's dogs. ... Of all of the dogs in our kennels, Bridget and Chris are most concerned with Corona. They say that Corona exhibits stranger behavior in her cage than any of the dogs. ... [Corona] is the dog that I originally noticed as being most frantic in the outdoor kennel.

Alleged violation:

9 C.F.R. § 3.8 Failure to follow an appropriate plan to provide dogs with the opportunity for exercise.

8/5/05

Today I saw many of our lab's dogs circling and spinning in their cages.

- ☛ PETA's investigator greets the dogs in Mouse's ward. Small dogs circle in their runs.
- ☛ Large-breed dogs who appear to be shepherd mixes behave neurotically in their small runs.
- ☛ A small dog circles in a run.
- ☛ Large-breed dogs who appear to be shepherd mixes behave neurotically in their small runs.

Alleged violation:

9 C.F.R. § 3.8 Failure to follow an appropriate plan to provide dogs with the opportunity for exercise.

8/5/05

[Dr. Blagburn's] dogs live on metal grating, with no socializing or items for enrichment. I have approached the dogs in their kennels, and most of them cower down, growl, and show their teeth. I do not see how they work with them, as they seem extremely difficult to approach or to check their health.

☛ A hound mix cowers in the corner of a cage as other dogs in the ward bark loudly. All of the dogs in the run are housed on grated floors without resting boards or any enrichment.

Alleged violation:

9 C.F.R. § 3.8 Failure to follow an appropriate plan to provide dogs with the opportunity for exercise.

9/16/05

While in Rafferty's ward (where Mouse is also housed), I saw some dogs circling.

☛ Two small dogs housed beside Mouse circle in their run.

Alleged violation:

9 C.F.R. § 3.8 Failure to follow an appropriate plan to provide dogs with the opportunity for exercise.

9/23/05

The dogs in Gator's ward, as usual, were very neurotic today.

☛ A dog in a run (Bass) desperately fights for the attention of PETA's investigator by jumping high into the air with all fours leaving the ground.

Alleged violation:

9 C.F.R. § 3.8 Failure to provide adequate exercise for individually housed dogs.

9/27/05

Today I recorded some footage of dogs spinning in their runs.

☛ Large breed dogs (Denver, Gator, Boulder, Bass) frantically circle and side step in their runs.

Alleged violation:

9 C.F.R. § 3.8 Failure to follow an appropriate plan to provide dogs with the opportunity for exercise.

10/5/05

Today I recorded more footage of dogs circling in their runs.

☛ Large breed dogs behave neurotically in their runs.

Alleged violation:

9 C.F.R. § 3.8 Failure to follow an appropriate plan to provide dogs with the opportunity for exercise.

10/11/05

While in the dog wards today, I observed many dogs who were desperately begging for attention and circling in their runs.

☛ A neurotic dog (Bass) frantically begs for attention.

☛ Large breed dogs engage in stereotypic behaviors in their runs.

Alleged violation:

9 C.F.R. § 3.8 Failure to provide adequate exercise for individually housed dogs.

10/14/05

Today I recorded more footage of dogs circling in their runs.

☛ Large breed dogs engage in stereotypic behaviors.

Alleged violation:

9 C.F.R. § 3.8 Failure to provide adequate exercise for individually housed dogs.

10/17/05

I witnessed and filmed more dogs circling in their runs today.

- ☛ A small dog engages in stereotypic behavior in a run.
- ☛ Large breed dogs engage in stereotypic behavior.

Alleged violation:

9 C.F.R. § 3.8(a) Failure to provide adequate exercise for individually housed dogs.

10/20/05

While in the dog wards, I witnessed the dogs circling, as usual.

- ☛ Four dogs in adjacent runs circle and spin maniacally in their cages.
- ☛ Small dogs frantically circle in their runs.
- ☛ PETA's investigator greets Sangria, and a small dog in an adjacent cage runs in circles.

Alleged violation:

9 C.F.R. § 3.8 Failure to provide adequate exercise for individually housed dogs.

10/25/05

Today I interacted with Broccoli and Carrots, who were in their runs and desperate for attention.

- ☛ Broccoli and Carrots are hyper and desperate for attention in their run.

Alleged violation:

9 C.F.R. § 3.8 Failure to provide adequate exercise for individually housed dogs.

V. INADEQUATE MAINTENANCE OF ANIMAL HOUSING FACILITIES

2/17/05

I saw ... "Rylie" ... and [Steve said] that he was one of their "blood donors." Steve explained that the dog somehow severely broke his rear leg in the kennel recently, so they amputated it.

Alleged violation:

9 C.F.R. §§ 3.1(a), 3.6(a)(2)(ii) Failure to maintain housing facilities in a manner that protects the animals from injury.

9 C.F.R. § 3.6(x) Failure to ensure that floors are constructed in a manner that protects the dog's feet and legs from injury.

4/4/05

One of the hemophilic dogs, Denver, had a bleeding foot early this morning. ... Denver had somehow slit one of his front toes while in his kennel. He had lost a good amount of blood, so Steve gave him three vials of plasma, took some blood for tests, and then bandaged the wound while I held down and comforted him. Steve said that his brother, Boulder, had a similar wound recently. I went back to my lab, and about an hour later, Steve and Lothrop came in and asked if I wanted to see what a plasma reaction looked like. Denver had reacted badly to the plasma, something Lothrop said was always a possibility when giving plasma. He said that ... the only way to absolutely prevent it is to give antibiotics prior to injection, which they only do if they think it is going to happen. Denver's mouth and face were very swollen, and his eyes were pink and droopy.

Alleged violation:

9 C.F.R. §§ 3.1(a), 3.6(a)(2)(ii) Failure to maintain facilities in a manner that protects animals from injury.
 9 C.F.R. §§ 3.6(a)(2)(i),(ii), 3.1(c)(ii) Failure to ensure that housing facilities in general and primary enclosures in particular do not have sharp points or edges that could injure dogs and that protect the animals from injury.
 9 C.F.R. § 3.6(x) Failure to ensure that floors are constructed in a manner that protects the dog's feet and legs from injury.

6/1/05

Steve had Ladybug, a PK dog, in the cage that Line had been in. Steve said that she had a swollen foot. I saw a sore on her foot that appeared like she had hurt it on something, probably her kennel. She was also circling.

☞ Ladybug, a Basenji, is housed in a small, stainless steel cage in Wilbur's room. Steve says she has a swollen leg. Ladybug whines for attention and circles in her cage.

Alleged violation:

9 C.F.R. §§ 3.1(a), 3.6(a)(2)(ii) Failure to maintain facilities in a manner that protects animals from injury.
 9 C.F.R. § 3.6(x) Failure to ensure that floors are constructed in a manner that protects the dog's feet and legs from injury.

VI. FAILURE TO CLEAN & SANITIZE HOUSING FACILITIES

7/1/05

Rat and her five puppies are kept in a barren cage on thin sheets of cardboard. There were several piles of feces in the cage and urine had soaked through a large area of the enclosure.

☞ Rat and her puppies are shown housed in a run on sheets of cardboard covered in urine and feces.
 ☞ Rat and her puppies are shown in their barren kennel.

Alleged violations:

9 C.F.R. § 3.1(c)(3) Failure to prevent the accumulation of excreta with sufficient frequency to ensure that animals can avoid contact with excreta.

7/8/05

I was in Ward 5 to take Kiera for a walk, and a man was in the ward painting part of the ceiling. It seems that the dogs should have been taken out of the room first due to possible inhalation.

☛ A man is painting the ceiling in Ward 5, and all of the dogs who are housed there are still present, left to inhale the paint fumes. Several dogs circle frantically in their cages.

Alleged violation:

9 C.F.R. § 3.2 (b) Failure to provide sufficient ventilation at all times when dogs or cats are present to provide for their health and well-being, and to minimize odors, drafts, ammonia levels and condensation.

7/13/05

Teresa brought all the dogs out of Mouse's ward this morning to spray out the kennels. She put the dogs in small cages in the hallway until she was done. I saw some of these dogs circling. Teresa said that she does this once a month. She said that she cleans Ward 5 (transplants) once a month as well. A new employee cleans Ward 6 and Rat's room monthly.

☛ Two dogs are seen circling on the grated floors of a stainless steel cage they are being held in while their ward is cleaned.

Alleged violation:

9 C.F.R. § 3.11(b)(2) Failure to sanitize primary enclosures at least once every two weeks using one of the methods set forth under § 3.11(b)(3).

9/6/05

Steve shaved Wilbur bald. He said that over the weekend, Wilbur had gotten urine and feces in his hair, and that he planned on only cutting pieces of his hair but ended up going all the way.

☛ PETA's investigator sees that Wilbur has been shaved. Steve says that he had urine and feces caked in his hair.

Alleged violation:

9 C.F.R. § 3.6(a)(2)(v) Failure to enable the dogs to remain dry and clean.

9/16/05

The ward with all the hemophiliac dogs smelled of bleach and the floors were still wet from a cleaning. ... Steve let each dog run from his/her kennel to the procedure room for the blood draws. All of the dogs got the bleach water on their feet before being carried out of the room. I know that it was still very strong because I picked up the first dog, Brad, and solution from his feet immediately bleached large spots on my shirt permanently. It also irritated my arms. I asked Steve after the first dog was bled if bleach is sometimes left standing on the floor, and he replied that they "sometimes mix it in." He then continued to let each dog out onto the wet floor, some for several seconds, before picking him or her up. The FVII dogs had basically no paper in their runs at this point, and they were therefore on concrete, some of which was still wet. Steve pointed this out to Ray Allen, who said that someone would finish doing it. It took at least another hour before this was done. I asked Loshrop about the bleach, and he said that in the mornings there usually is that much bleach on the floors. "You gotta watch out for that." He was not very concerned, saying that it is not really where they are standing, though "they do inhale some of it." I said that they should follow up with more water, and he said, "Well, the bleach evaporates. There has been times when it has been too much. All the floors get mopped down with bleach." He then said that it was not strong to him this morning.

☛ PETA's investigator asks Steve if bleach is sometimes left on the floors in the dog kennels, and Steve says that it is mixed in during cleaning.

☛ The FVIII dog runs appear very dirty, and have very little paper in them, making them barren and dangerous for these hemophilic dogs.

☛ PETA's investigator shows Lothrop bleach stains on his shirt that resulted from his picking up and carrying dogs from the run to the procedure room for blood draws. He says he is concerned about the dogs breathing the bleach, and asks if there is always that much bleach on the floor. Lothrop answers, "Yeah, there is ... In the morning, there is. You gotta watch out for that." He says the dogs do inhale the bleach, but the bleach must be used, and that it evaporates on its own. Lothrop says that he did not think the bleach was strong this morning, implying that it tends to be even stronger.

Alleged violations:

9 C.F.R. § 3.11(a) Failure to ensure animals are not harmed or distressed during water-based cleaning/sanitation, failure to remove standing water, and failure to ensure that animals in other primary enclosures are protected from being contaminated with water and chemicals during cleaning.

9 C.F.R. § 3.11(3)(iii) Failure to follow sanitation procedure with a clean water rinse.

10/12/05

I spoke with Ray Allen this afternoon about the duties of the animal care staff and the husbandry protocols. He described the different days that the employees clean the different wards. They bleach every room a minimum of once a week with a 10% solution. ... [Ray said] the Clorox actually eats the metal fencing, taking a galvanized coating off of it. He said ... [s]ome dogs will sneeze for 30 minutes following the bleaching.

☛ In a room with dead animals mounted on the wall, Ray Allen says that the kennels are bleached with a 10% solution a minimum of once per week. He says that the bleach "eats up the metal fencing pretty heavy. It takes the galvanizing coating off the fencing, but we deal with that too, just to keep down the disease." PETA's investigator says that on some days, the bleach smells very strong. Ray says that a dog's sense of smell is more sensitive than a human's, and that some dogs sneeze for 30 minutes because of the bleach.

Alleged violations:

9 C.F.R. § 3.11(a) Failure to remove animals from their primary enclosures to ensure that the animals are not harmed or distressed during water-based cleaning/sanitation and failure to ensure that animals in other primary enclosures are protected from being contaminated with water and chemicals during cleaning.

9 C.F.R. § 3.11(3)(iii) Failure to follow sanitation procedure with a clean water rinse.

10/21/05

I was in the dog wards after they had been cleaned, and observed that many of the dogs were soaking wet, as if they had been hosed down in their runs during cleaning. I reported this to Lothrop, who did not seem to care.

☛ (Audio problems.) The floor in one of the dog runs appears wet, and while lifting and returning one of the dogs (who escaped while being fed) to the kennel, PETA's investigator tells the dogs, "You guys are wet—you guys are soaked."

☛ (Audio problems.) PETA's investigator tells Lothrop, "The front two dogs are soaked." Lothrop apathetically replies, "Oh. They must have gotten in the way [when their cage was hosed down during cleaning]."

Alleged violations:

9 C.F.R. § 3.11(a) Failure to remove dogs from their primary enclosures during water-based cleaning/sanitation in order to ensure that animals are not harmed, wetted or distressed.

9 C.F.R. § 3.2(b) Failure to maintain adequate ventilation in indoor housing facilities.

VII. INADEQUATE TRAINING OF PERSONNEL

3/18/05

While we were feeding the dogs in Ward 5, I put a bowl of canned food into Baby Spice's cage. She then lunged forward and bit me on the left arm, tearing my skin. ... Steve drove me to the University Clinic ... [Later,] Dr. Lothrop was at work by this time and I explained it all to him. He assigned me to complete the university's animal care and safety program. This is a requirement of all staff and students who have contact with animals. He wanted to be on record as having told me that this was necessary (after the fact). I spent the rest of the afternoon reading all of the manuals online, but was not able to officially do the online modules, as no one was in the Office of Animal Resources (OAR) to give me a needed password. According to university policy, no one should be around animals without the official form having been signed stating that they have read manuals, gone through online modules, and sat down with the PI to discuss every animal and their protocols. Prior to today, Lothrop never initiated this process with me.

Alleged violation:

9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.

5/19/05

I have still not been trained on any SOPs, other than the online dog modules that I never finished because Lothrop has yet to have a required talk with me about the protocols. The Office of Animal Resources knows this, as they made several calls to Lothrop to push him to train me, then apparently stopped pursuing it. I have asked Lothrop myself several times to finish it with me, and he just blows me off. It has been two months since Baby Spice bit me.

Alleged violation:

9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.

7/1/05

I asked [Lothrop] about us finishing my animal care training.... I filled out all of the forms and completed the online modules after I got bit by Baby Spice [on 3/18], but Lothrop still has to go over the protocols for each of the studies with me and speak to me about our dogs. I have asked multiple times for him to do this, and the OAR repeatedly asked him to do it after I was bitten, but they have apparently forgotten about it. Today, he replied that I need to get with him next week.

■ PETA's investigator reminds Lothrop that he still needs to be given his animal care training. Lothrop says they will do it next week.

Alleged violation:

9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.
Note: Lothrop never completed the animal care and safety training of PETA's investigator.

VIII. FAILURE TO COMPLY WITH RECORDKEEPING REQUIREMENTS

3/3/05

Lothrop apparently keeps dogs at his house as companion animals for his children. He breeds them there supposedly without any USDA license and takes animals back and forth between his house and the lab. I believe he uses this as a way to keep more animals than the facility will allow.

Alleged violations:

9 C.F.R. § 2.35(b)(1) Failure to maintain records containing the information stating the name and address of the person from who a dog was acquired regardless of whether the person is licensed under the Act.

9 C.F.R. § 2.35(b)(8) Failure to maintain records regarding dogs acquired from persons not licensed or registered under the Act stating that the animals were born and raised on the premises and that the person has sold fewer than 25 dogs that year.

9 C.F.R. § 2.36(b)(4) Failure to maintain accurate annual reports stating the location of all facilities where animals were housed for research or held for that purpose.

3/18/05

I asked about the breeding and [Steve] stated that some carriers are kept at Lothrop's house and some of the breeding is done there, while some of it is done at the center.

Steve says that some dogs are bred in the lab and some are bred at Dr. Lothrop's house. He says mostly the factor VIII carrier dogs are bred at Dr. Lothrop's house.

Alleged violations:

9 C.F.R. § 2.35(b)(8) Failure to maintain records regarding dogs acquired from persons not licensed or registered under the Act stating that the animals were born and raised on the premises and that the person has sold fewer than 25 dogs that year.

9 C.F.R. § 2.36(b)(4) Failure to maintain accurate annual reports stating the location of all facilities where animals were housed for research or held for that purpose.

7/28/05

Niemeyer said that [we] will soon be testing puppies from Lothrop's house for the mutation. Apparently, Lothrop has had a recent litter of puppies from a mother who is a carrier for FVIII hemophilia. I have only heard them hinted at over the past month, and Niemeyer dodged my questions about the dogs. I have actually asked Dr. Lothrop specifically if new puppies had been born before Rat's (which these were) and he answered, "No."

Alleged violation:

9 C.F.R. § 2.35(b)(8) Failure to maintain records regarding dogs acquired from persons not licensed or registered under the Act stating that the animals were born and raised on the premises and that the person has sold fewer than 25 dogs that year.

9 C.F.R. § 2.36(b)(4) Failure to maintain accurate annual reports stating the location of all facilities where animals were housed for research or held for that purpose.

8/5/05

Lothrop bred his FVIII pups for Mike this morning at his house. Kuki and Spook are the parents [and both are carriers]. The four puppies are: Peach, Zelda, Luigi, and Fox. All of these dogs live with Lothrop and his children at his house. I do not know if these dogs are officially listed as University property, nor if they are

listed under either our FVIII or breeding protocols. ... This seems to be unethical, as these dogs are pets for his children. I believe that he does this in order to keep more animals than Dr. Baker, LAH, and LACUC's protocols will allow.

☞ Lothrop says that he and Niemeyer have been bleeding dogs this morning, including Kukie and Spook, carriers who live at his house and recently had a litter of puppies.

☞ While labeling blood vials, PETA's investigator and Mike, the high school student, state that Kukie and Spook are the parents of Peach, Zelda, Luigi, and Fox.

Alleged violation:

9 C.F.R. § 2.35(b)(8) Failure to maintain records regarding dogs acquired from persons not licensed or registered under the Act stating that the animals were born and raised on the premises and that the person has sold fewer than 25 dogs that year.

9 C.F.R. § 2.36(b)(4) Failure to maintain accurate annual reports stating the location of all facilities where animals were housed for research or held for that purpose.

10/25/05

This afternoon, I assisted with getting blood pressure readings for six dogs. ... Three of the dogs were from our kennel - Corona, Tristan, and Muskrat. The other three were dogs from Lothrop's house - Spooks, Sugar, and Ada. Lothrop walked these three dogs in from his truck. All of them were very dirty and had fleas. It seems against policy to allow these outside dogs to roam the halls and the elevator, and then be in our procedure room.

Spooks is hemophilic and has lived his life at Lothrop's house, but was brought here for a renal transplant as part of the research project years ago. Bridget took his readings and drew blood from his back leg. Sugar was one of Lothrop's blood donors at the Center who had been adopted by him. Ada is Lothrop's new wife's dog.

In addition to the blood pressure tests, Lothrop drew urine by cystocentesis from all three of his dogs. Lothrop described how his dogs fight and how, earlier this week, he beat Spooks repeatedly with a large pipe with very hard force to get him off another dog. This was a very disturbing comment as he was very serious. I believe that Lothrop will bring these dogs back next week for more tests.

☞ (Audio problems.) After performing blood pressure readings on Tristan and Corona, Bridget says that Lothrop is bringing in "three previous kidney donors who live at his house" who are his "personal" dogs.

☞ (Audio problems.) Lothrop is in a procedure room with his dog Spooks, and tells the animal he needs to have blood drawn. Spooks appears to be a lab/greyhound/shepherd mix.

☞ (Audio problems.) Matt assists Bridget in placing Spooks on the table to draw blood. Spooks struggles, and Bridget says he is hemophilic. She draws his blood from his back leg without wearing gloves, and her hair is down and a pair of sunglasses rest on top of her head.

☞ PETA's investigator is introduced to Lothrop's dog Sugar, a female greyhound who Bridget says used to be a blood donor. Lothrop says Sugar has to give urine. Bridget says Cinnamon and Corona are Sugar's siblings.

☞ (Audio problems.) The audio is nearly impossible to hear, but Lothrop talks about Spooks getting into a fight. When the audio breaks up, it seems that Lothrop has said that he hit Spooks with an object to break up the fight, because he is heard saying, "I sure as heck wasn't putting my hands in there."

☞ Sugar is seen briefly in the background, and appears emaciated, with her ribs protruding.

☞ Lothrop is heard referring to "anal sex." Ada is on the table for a blood draw and is very frightened. Lothrop tells her, "You're not done. Lay your head down." Several people manhandle Ada on the table as

Niemeyer observes. Electric clippers are used on Ada and Lothrop tells Ada, "God, Ada, that stinks. Nasty, Ada. That's just nasty, nasty, nasty."

Lothrop has been trying to draw urine from Sugar for several minutes. Sugar struggles on her back on the table and Lothrop tells her, "You blew it girl. Just as we got a drop in there..."

Alleged violation:

9 C.F.R. § 2.35(b)(8) Failure to maintain records regarding dogs acquired from persons not licensed or registered under the Act stating that the animals were born and raised on the premises and that the person has sold fewer than 25 dogs that year.

9 C.F.R. § 2.36(b)(4) Failure to maintain accurate annual reports stating the location of all facilities where animals were housed for research or held for that purpose.

VII. CONCERNS WARRANTING FURTHER INVESTIGATION

1. SHELTER ANIMALS

4/1/05

Kim mentioned that all vet students practice surgeries (3 she thinks) on live animals. According to her, the animals come from the Humane Society. The surgeries include spay/neuter, bone breaking, and amputations. All of the dogs are euthanized following the surgeries.

Kim says that animals are "put through three surgeries" by vet students who are practicing, and they have to make sure the animals live. Kim says they practice "spay or neuter, you may fix a bone, or take a leg off, but they do three different surgeries on the dog." The implication is that each dog undergoes three surgeries before being killed. Kim believes the dogs come from the humane society. (See next entry for possible violation.)

4/7/05

The IACUC members periodically came through to get drinks, including Jack Fisher, the director of the Lee County Humane Society. He patted Lothrop on the back and the two seemed very friendly towards each other.

Possible violation:

9 C.F.R. § 2.31(b)(3)(ii) Failure to have an IACUC member who is not affiliated in any way with the facility. If animals are obtained from the Lee County Humane Society, then Mr. Fisher cannot serve as the non-affiliated member of the IACUC.

2. ANIMALS USED IN UNAPPROVED PROCEDURES

a. FACTOR IX DOGS

NOTE: An approved protocol does not seem to exist for this experiment. Even if there is a protocol, Lothrop seemed to make up the procedures as he went along, and did not follow a pre-determined schedule.

8/3/05

The factor IX experiment began today with eight dogs being challenged with .5mg each of purified FIX protein. ... I am very worried about Wilbur and Bill, the two dogs that Bridget and Chris both think have a

very good chance of reacting strongly and dying soon after the injections. ... It seems highly unethical to design a study with unused dogs as the positive controls, and where their deaths are an indicator that the experiment worked. I also do not believe that there is an active protocol covering this specific experiment...

Possible violation:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

8/19/05

I asked Chris this afternoon why they still had not done the second injection of FIX [Factor IX] protein into the FIX study dogs. ... He wants to see where some of [Wilbur's] levels are at, because they may just use this data instead of needing data after another injection. "I don't want to be the one who kills him. And, another injection will certainly do that. It has really wrecked havoc on his system. I don't want to push him over the edge. He's dangling, and I don't want to throw dirt on his grave." I then asked about Bill, and he replied, "We know what's happening to Bill. He's going to have trouble. But, we may be able to plasmaphorese him as an emergency thing, to pull the antibodies off him to save him, as a last ditch emergency." I asked if they could not use this same procedure on Wilbur, and he replied, "Wilbur's 14 years old. He's getting sick just from the endotoxin. Not even the FIX itself, just whatever's leftover in the samples from purifying the FIX." They will still perform the second injections on the rest of the dogs, but they do not know when yet.

☛ Chris talks about the health difficulties that Wilbur is facing, and says that another Factor IX injection would certainly kill him. He says that Wilbur is getting sick just from the endotoxin, and that Bill is also having problems.

Possible violations:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

9 C.F.R. § 2.31(d)(1)(i) Failure to minimize discomfort, distress and pain to animals.

8/30/05

Lothrop drew 8 mls of blood this morning from the jugular of all of the dogs participating in the FIX study. ... It seems that Wilbur's results from today were bad. Chris said that this was due to platelet aggregation, the result of some of his health issues. They will re-test his blood tomorrow. They have decided to inject all of the dogs, including Wilbur, and are going to place an IV catheter in him before the injection in anticipation of him having a major immunological response. Chris said that his last reaction was from the endotoxins that the FIX protein was purified in, not the FIX itself. He anticipates that Wilbur will have an even greater response to this second injection.

☛ Chris has no idea when Lothrop plans to do the Factor IX injections. They drew blood from all the dogs today, and Wilbur's sample was not good, possibly due to platelet aggregation, and they may need to draw more blood from him.

Possible violations:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

9 C.F.R. § 2.31(c)(7) Failure to secure IACUC review and approval of significant changes regarding the care and use of animals in ongoing activities.

9 C.F.R. § 2.31(d)(1)(i) Failure to minimize discomfort, distress and pain to animals.

8/31/05

Lothrop drew another 8ml of blood from four of the FLX dogs for Nanda ... That is 16mls of blood that has been drawn in three days from Wilbur, Kiera, and two other dogs, which is a good deal for such small dogs. The food buckets from all the FLX study dogs were again pulled in the evening. This is hopefully a sign that they will finally do the injections tomorrow.

Possible violations:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

9 C.F.R. § 2.31(c)(7) Failure to secure IACUC review and approval of significant changes regarding the care and use of animals in ongoing activities.

NOTE: The injections were not performed until 9/12/05. If a protocol covers this experiment, it should certainly dictate the number of days between injections, however, it seems that Lothrop made up the injection schedule as he went along.

9/12/05

Lothrop finally performed the second FLX injections today. Steve and I brought the dogs one at a time into the procedure room. Steve then restrained them while Lothrop gave 2cc of the FLX protein through butterfly catheters in their right arm. [The following problems were encountered during the injection of] Bill: problems finding vein, clot in needle, had to go in left arm...

☛ Bill is restrained by Steve, and Lothrop has difficulty finding a vein. PETA's investigator suggests shaving Bill's arm, but Lothrop does not respond. Niemeyer observes. After more struggling to find a vein, Lothrop states, "Whoa, shit" and says the line has a clog in it. Lothrop says he is going to try Bill's other arm. Bill's nails appear overgrown. Lothrop finally administers the injection.

Possible violations:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to control, diagnose and treat disease.

9/12/05

Wilbur stayed in the back corner of his cage after the injection, and Niemeyer raised a concern about his heavy breathing. It took several hours before he had a negative reaction the last time the injections were given. Later Wilbur seemed to be in pain when he tried to walk.

☛ Lothrop checks on Wilbur, who lingers in the back corner of his cage. Niemeyer asks if Wilbur always breathes so heavily and Lothrop replies, "Yeah, all the time." The mop bucket sits beside Wilbur's cage.

☛ A shaved Wilbur walks with extreme difficulty.

Possible violations:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

9 C.F.R. § 2.31(d)(1)(i) Failure to minimize discomfort, distress and pain to animals during procedures.

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to control, diagnose and treat disease.

9/16/05

Lothrop then took 10cc of blood from each of the dogs in the current FIX study. ... Wilbur was last and the most difficult. Lothrop made seven unsuccessful attempts to draw from his neck, each at a different site. He then made numerous unsuccessful attempts to draw from his back leg using a butterfly catheter. I held bandages to his neck to stop the bleeding during the process. Lothrop then gave up and put off getting the sample for another time. Wilbur was shaking in his cage afterwards. I pointed this out to Steve, but he said that he was fine.

☛ Steve holds Wilbur as Lothrop prepares to draw blood. Lothrop inserts and withdraws the needle from Wilbur's neck seven different times, and each time the needle is inserted, fishes around for a vein multiple times. PETA's investigator holds gauze on Wilbur's neck to stop the bleeding from the needle holes. Lothrop then shaves Wilbur's back right leg and makes various attempts to insert a butterfly catheter. Wilbur's nails appear very long. Lothrop finally gives up on getting blood from Wilbur, who appears rigid and wide-eyed throughout the ordeal.

☛ Wilbur trembles in his cage. PETA's investigator points the shaking out to Steve, who says he is fine.

☛ Wilbur continues to tremble in his cage, and moves around with great difficulty.

Possible violations:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

9 C.F.R. § 2.31(d)(1)(i) Failure to minimize discomfort, distress and pain to animals during procedures.

9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to control, diagnose and treat disease.

9/20/05

Wilbur had a bandage around his neck all day. I asked Steve about this, and he said that the multiple puncture wounds on his neck from [Lothrop's seven attempts to bleed Wilbur on] Friday had scabbed up and had begun oozing blood this morning. This did not stop them from drawing blood from him this morning.

Possible violations:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

9 C.F.R. § 2.31(d)(1)(i) Failure to minimize discomfort, distress and pain to animals during procedures.

9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to control, diagnose and treat disease.

b. DR. BAKER'S CAT

NOTE: Conversations suggest that these experiments were not covered by an approved protocol but, rather, were conducted on "expendable cats" just to see if it worked.

4/7/05

[Kim said that Dr. Todd Ashund from the neurology department] will be cutting open the throat of a live cat, pushing aside its carotid artery, and installing some form of catheter. The surgery includes having to transport the cat, while open, across the entire school to a separate operating room. ... They are doing this surgery only to see if it is possible. If it works, they will repeat the whole procedure on another cat Thursday to get pictures of it. Ashund and Baker will eventually include these in a grant proposal. I said that it seemed excessive to kill two cats just for a picture. Both Kim and Chris replied that their group loved killing cats.

Possible violations:

9 C.F.R. § 2.31(d)(iii) Failure to abstain from unnecessarily duplicating previous experiments.
 9 C.F.R. § 2.31(e)(2) Failure to provide a rationale for the number of animals to be used.

4/14/05

Kim took me to Radiology this morning to look at the photos from a cat Axland and Baker had just finished performing surgery on. ... She said that they attempted it three times, as the catheter kept clogging. They then transported the open cat from surgery in Scout-Ritchey to Radiology, where they photographed fluorescent fluid being dispersed throughout the ventricle of the brain. ... They will put the pictures in a grant application and be able to say, "This is a 10 ½ week old kitten, we do stereotaxis, and we go into the ventricle." ... Kim said that they found out during necropsies that their last procedures they did were off from the ventricle (they had missed). ... Kim said that they [skilled the cat after the surgery] because they did not need it for anything else. "We have expendable cats." ... There is only a 25% chance of mutants, and with four wards and constant breeding, there is a surplus of cats. ... Nancy Morrison's husband may get a [n expendable] cat from [Baker's lab] to show organs to his students.

☛ Kim looks at and explains to PETA's investigator x-rays taken of the kitten this morning. She says a catheter (that kept clotting) was inserted in the kitten's carotid artery and the experimenter pushed 4 cc's of a glowing chemical into the kitten's skull. She states, "We are injecting those fetal cells into the ventricle. So now he can take this picture, put it in Lay's grant, and say, 'This is a 10 ½ week old kitten, we do stereotaxis and we go into the ventricle'..." Kim says that in the future, they will perform an ultrasound on a kitten, find the ventricle, and inject the cells, "because the ones we just did, we were a little off from the ventricle, we found out when we went and did necropsy."

☛ Kim says that the kitten was injected with a chemical from Radiology, like RX-75, and that the radiologist said that cats have hot flashes after being injected. Kim says the kitten was euthanized but not necropsied because "we didn't need anything special, we hadn't done anything special—we just wanted pictures. So this was all just art." Kim says this kitten was "expendable" and that her lab has a lot of "over-surplus kittens." Referring to the "expendable" cats, Kim says, "I need to clean out my wards." She says that Nancy Morrison's husband teaches at AU and may be able to use one of the cats to perform a necropsy and take photos of the organs to show his class.

Possible violations:

9 C.F.R. § 2.31(d) Failure to review activities involving animals to ensure that animals held for research are covered by an IACUC-authorized animal use protocol.

9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.

e. TESTING OF THE DIALYSIS MACHINE

NOTE: The protocol titled "Hemodialysis in Normal Dogs" states, "The operation of the dialysis machine will be directly supervised by Dr. Lothrop." When a dialysis machine was donated to Lothrop's lab, it appeared that he chose, at random, to test the machine on a dog named Hamster simply because she was not being used in other procedures at the time. It is unclear how dogs used in this protocol are chosen and we are not sure if randomly choosing dogs is acceptable. But Hamster was not considered a "normal dog" since she was bred for the Cyclic Hematopoiesis protocol. Nevertheless, the people operating the dialysis machine were not properly trained and were left to their own devices even during crises with the machine. Lothrop failed to ensure that people were properly trained and he himself did not know how to properly operate the dialysis machine.

4/26/05

Tillson and Lothrop hooked up their dialysis machine to Hamster today [to see how the machine works]. They put her under general anesthesia and ran a catheter through her neck into the jugular. This is the first

time they have used the machine since they acquired it from Kentucky, where it had been used extensively on humans. They are using Hamster in order to see if the machine is set-up properly. (NOTE: Hamster is not being used under a protocol that calls for her to be hooked up to a dialysis machine, but rather, was used simply because she was available.) ... They will keep the catheter in place for a week, and will reconnect her to the machine every few days. Candace and Heather, two other assistants to Tillson and Lothrop, also took part.

Possible violations:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

9 C.F.R. § 2.31(c)(7) Failure to secure IACUC review and approval of significant changes regarding the care and use of animals in ongoing activities.

9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.

5/11/05

Hamster was hooked up to the hemodialysis machine again today [to test the machine]. I found this out from Lothrop's assistants after the procedure. They said that the machine worked better this time. ... Hamster still has catheters in place and will continue to be anesthetized and put on hemodialysis next week, despite the fact that her kidneys are healthy.

Possible violation:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

5/17/05

[Lothrop] and Candace had just begun dialysis on Hamster ... They ran the machine for an hour and a half this time. This is the third run for Hamster, and the last runs were for two hours, but on a different setting. ... The dialysis ended... Lothrop came back and Candace took some blood for tests. Hamster seemed lucid. If fluids for the machine come in, they will repeat the procedure this Thursday. They plan on doing one more next week and keeping the catheter in until the end of the month, making it a one month procedure. Lothrop hopes to begin doing this to every transplant recipient before their operation, both to make their levels normal, and to have the catheter in place in case they need it.

Possible violation:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

5/19/05

Lothrop and his assistants hooked Hamster to the dialysis machine again this afternoon. He had Candace, Bridget Dean, and Chris with him. ... They increased the run time to two hours and also increased some levels. Lothrop said that they were trying out "more aggressive dialysis." Hamster looked much more sedated than before with constant drooling, although they said that they had given her the same dose of Butorphanol.

The machine stopped and several alarms were triggered about an hour into the dialysis. Candace called Lothrop on his cell phone and he came back to try to fix it. He fiddled with the machine, but could not fix the problem. Lothrop then left to pick up one of his kids, saying that he would return. Candace and Bridget continued to try to fix the machine. They flushed the catheter and tried to manually pump blood through the

machine. After about 45 minutes, Candace called Lothrop, who said to abandon the dialysis. The worst part for Hamster was that about 500 milliliters of her blood was still in the machine. They said that they would give her fluids later.

☛ Hamster lies sedated on a towel on a table, undergoing dialysis. Candace agrees she is drooling a lot today.

☛ Lothrop says the procedure will go for two hours today and more fluid will be used "to see if it shifts her parameters more ... more aggressive dialysis basically, like if we were trying to affect a greater drop in the values." He says Hamster's values are basically normal.

☛ Candace is propped against the table reading a book. Hamster picks her head up and wearily looks around. Candace speculates that the dialysis makes Hamster nauseous, and that as a result, when they gave her a dose of Torb, Hamster knew she was about to be hooked up to the dialysis machine and started feeling ill. Bridget states, "Well I'm sure that as soon as she hits this room, she knows what's going on."

☛ The dialysis machine alarms, and someone hits mute. Hamster has her head up and appears more alert. Candace says, "Hey! There's several air bubbles in this line all of a sudden ... One where it's going into the kidney..." The machine alarms again. Hamster tries to move and eventually rests her head on the PETA investigator's arm. Lothrop enters and checks the machine. Drool drips from Hamster's mouth. Lothrop believes that "something kinked" in the machine and that the line is not drawing blood. Lothrop says the line needs to be flushed, and toys with the machine. Lothrop leaves to pick up his son, telling the women, "See if you guys can play with it and get it to work." Bridget surmises that Lothrop has not read the dialysis machine manual, and Candace says she has only read part of it.

☛ Hamster is awake, and the machine beeps, still not working. There is discussion of removing the line from Hamster's neck, and Candace states, "I hate to lose that much blood from her ... [the machine] flashes 'Warning! Blood in line.'" The women remove the line and try to flush it "to preserve the catheter." Hamster jerks and tries to get up.

☛ On the phone with Lothrop, Candace is given instructions to abort the dialysis procedure. It is suggested that Hamster will be given fluids later to replace her blood that remains in the dialysis machine. (END OF "USDA COMPLAINT VIDEO EDIT PART I!")

Possible violations:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

9 C.F.R. § 2.33(b)(1) Failure to ensure the availability of appropriate facility personnel to provide adequate veterinary care.

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to control, diagnose and treat disease.

5/24/05

I spoke with Candace this afternoon. They were supposed to put Hamster on dialysis again this morning, but she had somehow chewed-up both of the ends of her catheter (I did not see her, so I do not know if she had an open wound on her neck). ... [I]t is not worth re-inserting another one since she has undergone almost one month of dialysis. She will finally have it removed.

Possible violation:

9 C.F.R. § 2.31(d)(1)(i) Failure to minimize discomfort, distress and pain to animals during procedures. Chewing up both ends of her catheter is a sign that Hamster is in pain.

d. ABE

NOTE: Abe was apparently "donated" to the lab by a member of the public, and it is unknown whether he was being held as part of an approved protocol.

4/19/05

Jolie showed me a dog named Abe who she said has been here since he was a puppy. She said he is a carrier for muscular dystrophy, but that his testicles never dropped, so he cannot be used as a breeder. Given that, I am not sure why they keep him/how they use him.

(BEGINNING OF "USDA COMPLAINT VIDEO EDIT PART III")

☛ Jolie points out a yellow Lab named Abe, and says he is a carrier for Muscular Dystrophy, but that his testicles never dropped, so he cannot be bred.

Possible violation:

9 C.F.R. § 2.31(d) Failure to review activities involving animals to ensure that animals held for research are covered by an IACUC-authorized animal use protocol.

e. BONE MARROW EXTRACTIONS

NOTE: When Lothrop needed bone marrow for an experiment, he appeared to choose at random, dogs from his colony to extract from, even though these dogs are not on any apparent protocol allowing such extractions.

9/13/05

I am beginning to question whether the dogs used for bone marrow extraction, such as Carrots, Broccoli, and Koni, are covered under any research protocol. These procedures have happened multiple times over the past several months, with Broccoli and Carrots giving multiple times. ... These dogs are officially listed under PRN: 2003-0552, which is the breeding protocol. Lothrop has a history of using dogs from this protocol for various experiments in the lab, including [bone marrow] extractions, testing dialysis machines, blood draws, and other [procedures]. I do not believe that Lothrop has the approval to experiment on breeding dogs as he sees fit. ... It seems that there is no oversight of Lothrop's dog use, especially of the breeding colony (currently 29 dogs), even though all procedures are marked on their care logs.

Possible violations:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

9 C.F.R. § 2.31(c)(7) Failure to secure IACUC review and approval of significant changes regarding the care and use of animals in ongoing activities.

9/28/05

Lothrop drew bone marrow from Koni, one of Rat's puppies, this morning. ... I walked in on the procedure after he had already stuck the needle into her shoulder and was pulling out marrow. ... Niemeyer wanted Lothrop to pull out after he had filled a few tubes, as he was worried about drawing so much from such a young dog. Lothrop ignored him though, saying, "It will grow back quick."

☛ PETA's investigator enters the room to find Lothrop extracting bone marrow from Koni, one of Rat's puppies. Steve and Niemeyer observe. Lothrop refers to the bone marrow he is withdrawing as "red gold." Niemeyer tells Lothrop to "pull out" because he believes they have enough. Lothrop continues to extract more marrow and says it will grow back quickly. Four catheters of bone marrow are seen in a bucket of ice.

Possible violation:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

10/13/05

Lothrop performed a bone marrow extraction on [Rat's puppy] Napoli. He took four syringes of BM from her right shoulder ... This was for Nanda to grow cells from.

Possible violation:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

10/19/05

Lothrop extracted bone marrow from the right shoulder of Maui, one of Rat's pups, this morning. I did not observe the procedure. According to his chart, Maui was given "1.5 torbugesic, 0.1 Ace, masked down with isoflurane." It did not list how much bone marrow Lothrop took.

as Rat's puppy Maui is housed in a small, stainless steel cage next to Wilbur. According to cage records, Maui, whose right shoulder has been shaved, underwent bone marrow extraction this morning.

Possible violation:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

10/20/05

Lothrop extracted bone marrow from Hamster today for Nanda. He took three syringes worth of marrow and her chart lists that he used 2.5cc torbugesic, 0.2cc Ace, and masked her down with isoflurane. He also took 30cc blood from her jugular. From what I could tell, Hamster was randomly chosen because she was one of the few dogs who had not yet been fed when Lothrop decided he needed these samples.

as Lothrop says he needs to get bone marrow from a normal dog, and "blood from somebody." He tries to figure out which of the dogs have not been fed so that he can extract the blood and bone marrow. He concludes, "We'll maybe get Hamster and bring her in and get blood and bone marrow from her."

Possible violations

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

9 C.F.R. § 2.31(c)(7) Failure to secure IACUC review and approval of significant changes regarding the care and use of animals in ongoing activities.

L BLOOD DRAWS

NOTE: When Lothrop needed blood for an experiment, he appeared to choose at random, dogs from his colony to draw blood from, even though these dogs were not on any apparent protocol allowing such extractions.

9/16/05

I assisted Dr. Lothrop and Steve with blood draws this morning. [Lothrop] drew from nine dogs. ... He drew 10 cc from [Holly's] jugular in two separate blood draws (over 20 cc total), which seems very excessive for a small dog. It took several pokes in both sides of her neck for the second draw, as she kept moving and Lothrop could not hit a vein. Lothrop, speaking as if he were Holly afterwards, said, "I thought I was a

breeding dog, not a bleeding one."

☛ Steve holds Holly as Lothrop shaves her neck and prepares to draw blood for Rhongua. He inserts a needle in her neck and draws blood. Lothrop leaves to take the blood to Rhongua.

☛ PETA's investigator tells Lothrop that Rhongua said she needs twice as much blood for her work. Lothrop says they will draw more blood from Holly.

☛ Steve brings Holly back into the room, and Lothrop shaves the other side of her neck. Lothrop has difficulty finding a vein in her neck, and fishes around with the needle before withdrawing it. He re-inserts the needle, but Holly struggles and it is again withdrawn. The men change positions and Lothrop again is unable to find a vein. Lothrop states, "I don't know what the deal is there, Steve." Holly struggles and again pulls away from the needle. Lothrop sticks the needle back into the other side of Holly's neck (where she was bled earlier this morning). He finally draws blood, then imitating Holly speaking, says, "I thought I was a breeding dog. I'm not a bleeding [dog], I'm a breeding [dog]. You got it mixed up today."

Possible violations:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

9 C.F.R. § 2.31(c)(7) Failure to secure IACUC review and approval of significant changes regarding the care and use of animals in ongoing activities.

9/26/05

I worked on extracting DNA from Guinea Pig's blood samples that were taken from Friday through today. ... Niemeyer told me that if I run out of samples from Guinea Pig, I can use DNA from a normal dog "that doesn't matter" to use as a control. I do not believe that the protocol allows for us to extract samples from any dog we choose to use as a control.

☛ PETA's investigator talks to Niemeyer about DNA that he is analyzing for the chimerism experiment. Responding to the PETA investigator's concern about running out of DNA from GP, Niemeyer states, "Just [get DNA from] a normal dog, a dog that doesn't even matter" to use as a control.

Possible violations:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

9 C.F.R. § 2.31(c)(7) Failure to secure IACUC review and approval of significant changes regarding the care and use of animals in ongoing activities.

10/11/05

I assisted Steve this morning with drawing blood from Diamond, one of our kidney transplant dogs. He drew 4 mls of blood from the jugular. This was for Niemeyer, who needed blood from a "normal" dog to grow platelets.

☛ Steve says that a sample is needed, so he is going to get one of the "normal" dogs to bleed. It sounds as if any dog will do.

☛ Steve carries a cowering black and white dog, Diamond, to the procedure room for blood collection. The dog cowers on the floor and his nails appear overgrown.

Possible violations:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

9 C.F.R. § 2.31(c)(7) Failure to secure IACUC review and approval of significant changes regarding the care and use of animals in ongoing activities.

10/19/05

Lothrop drew 20 mls of blood from Barracuda (jugular). Her chart did not list what such a large amount was for.

Possible violation:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

g. CYCLIC HEMATOPOIESIS DOGS

3/15/05

We finally got our primers ordered for DLA typing. The immediate use of these will be to identify which dogs in our ward are CH carriers ... All of the small-animal named dogs—Mouse, Rat, Gerbil, Guinea Pig, Hedgehog and Hamster—were born here on 4-2-03, and all but Gerbil and Hedgehog have been kept all this time without anyone knowing if they have CH or not. One of the latter two dogs died and I do not know the fate of the other.

Possible violation:

9 C.F.R. § 2.31(d) Failure to review activities involving animals to ensure that animals held for research are covered by an IACUC-authorized animal use protocol.

h. SAMPLES FROM DOGS OF UNKNOWING CLIENTS

6/17/05

I received blood this afternoon from Dr. Todd Axlund, who works in Small Animal Clinic. It was from a client dog named Cayenne Laddy. ... Niemeyer is having me extract DNA from them, but he will not tell me what Dr. Axlund will do with them. "Just something minor," was his reply. Cayenne was presented to Neurology on Tuesday for an acute onset of seizures. She was in intensive care under 24 hour monitoring until being discharged today. She was diagnosed with Granulomatous meningoencephalitis (GME). The form does not mention running any clinical test on her blood, and our lab is not a clinical lab. It makes me doubt that the [client] guardian is aware of DNA tests being run for research purposes.

Possible violation:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

6/20/05

The blood sample given to me on Friday from Dr. Axlund, a neurologist in the Clinic, is for a Granulomatous meningoencephalitis (GME) study that he and Lothrop will be collaborating on. Lothrop told me this when he brought another vial of blood to me this morning. This sample was from a dog with the same condition named "Patch Jr." Lothrop told me that it "came from the clinic I work at on Saturdays, in Atlanta." He said that he "found it in the fridge." This supports my suspicions that the [client] guardians of these dogs do not know that their blood samples are being used for an experiment. This seems to be improper and unethical conduct. He then mentioned the words "Cobb Clinic" and "Dr. Booser." This confirms that

Lothrop, indeed, does practice medicine in Georgia on the weekends. He had previously told me "no" to my face when asked about it.

Possible violation:

9 C.F.R. § 2.31(c)(6) Failure to secure IACUC review and approval for proposed activities related to the care and use of animals as set forth in § 2.31(d).

i. BREEDING DOGS

9/20/05

The dogs on the "breeding protocol" are another problem. I still have not seen this protocol, but I wonder how a protocol would have been approved that allows for dogs to be bred for their entire lives and left to live in the lab for multiple years without a single breeding, or for years after they have lost their ability to mate.

Possible violation:

9 C.F.R. § 2.31(c)(7) Failure to secure IACUC review and approval of significant changes regarding the care and use of animals in ongoing activities.

13. RENAL TRANSPLANTS ON CLIENT DOGS

NOTE: After years-long funding of experimental canine renal transplants dried up, Auburn researchers began advertising their unproven transplant procedure to desperate members of the public whose dogs were dying of end-stage renal failure. Guardians of sick dogs paid upwards of \$15,000 for the transplant procedure, which killed their dogs. It is believed that Auburn researchers marketed this still-experimental procedure to the public in order to side step AWA regulations, and to continue bringing in money without having to adhere to protocol/grant restrictions.

NAPOLEON

4/21/05

Two Bullmastiffs have been brought in by a client for a kidney transplant. The dogs are siblings – "Josephine" is the donor and "Napoleon" is the recipient. Lothrop will be performing both a bone marrow and kidney transplant on them next Wednesday. I began processing blood samples from the dogs today. Tomorrow, I will amplify their DNA and use DLA typing for compatibility. Lothrop said he will perform the surgery no matter what my results are.

Possible violation:

9 C.F.R. § 2.32 Failure to ensure research personnel qualifications.

4/25/05

I ran the amplified DNA from Napoleon and Josephine on a gel. I was testing for DLA Type I and II compatibility. They are identical for one of the types and seem to be similar for the other (one of the alleles is different). Lothrop said that this looked really good and they would call this a match, although identical would be better.

Possible violation:

9 C.F.R. § 2.32 Failure to ensure research personnel qualifications.

4/27/05

The [client] kidney and bone marrow transplant [between Napoleon and Josephine] took place today. The morning began with me, Niemeyer, Lothrop, and Heather Hoch drawing marrow from Josephine. ... They brought the dog in already anesthetized. Using a large boring needle, Lothrop had to go into three places in an attempt to get the desired amount of marrow. ... He went into both shoulders and the rear left hip. Lothrop had great difficulty with the last shoulder, having to puncture and probe multiple times to find the marrow, ruining four needles in the process. He was very frustrated during this, and seemed very unprofessional for a doctor. He surprised Heather with his excessive amount of cursing. All of this took much longer than expected, with Tillson stopping by several times to see if we were done, so that he could begin the surgery. Lothrop ended up only drawing half what we were hoping for, about 172cc of bone marrow. Ideally, 10% of the body weight of the recipient is needed for injection.

Possible violation:

9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.

4/27/05

The last transplant dog was Rox from Germany on 12/8/2004. Bethany stated that this dog had all sorts of complications, and that he died (here at the facility, not in his home) due to hurting himself by being too active.

Possible violation:

9 C.F.R. §§ 2.33(b)(5) Failure to provide post-procedural care.

4/29/05

I was not able to see [Napoleon and Josephine] the transplant dogs, but I spoke with Heather about their condition ... Napoleon is not doing as well as they hoped. He has produced very little urine and the results from his blood tests have not been ideal.

Possible violations:

9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

9 C.F.R. §§ 2.33(b)(5) Failure to provide post-procedural care.

5/3/05

I asked [Lothrop] about Napoleon, and he said that he was "not doing so good."

Possible violation:

9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

5/4/05

I saw Napoleon today ... Jonathan [a vet tech] said that ... his platelet count was still very low - about 20,000 instead of a normal 150,000 or more. This has caused severe bruising on his legs and feet. He is still experiencing diarrhea from the medications. ... They ended up taking out both of Napoleon's old kidneys - a first for the doctors, as neither was useable. They are charging about \$12,000 per transplant, with one of the previous dogs going through a second transplant immediately after the first failed, leaving with a \$30,000 bill ... They are now taking Napoleon off fluids between 12-7 in the morning, allowing him to be left without watch.

Possible violations:

- 9 C.F.R. §§ 2.33(b)(3) Failure to perform observations of animals.
- 9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.
- 9 C.F.R. §§ 2.33(b)(5) Failure to provide post-procedural care.

5/5/05*Napoleon died this morning.*Possible violation:

- 9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

5/6/05

I asked Lothrop about Napoleon's death while he and Niemeyer were in the lab. He said that Napoleon had been experiencing inappropriate clots due to his thrombin levels. ... Lothrop said that Napoleon basically went outside to pee and fell over. There was blood coming out of his behind and sloughing of his carotid guts. He probably died of peritonitis and infection, although there was no necropsy data yet. ... He replied that "this one, immunologically and everything, should have gone well. We should have diuresed him, or hemodialized him." I asked if [Napoleon's parents] were still being charged. "Oh yeah, absolutely. I mean, if your surgeon fucks up your surgery, he's still gonna charge your ass. So is the hospital and everybody else."

- ☛ Lothrop talks about health problems experienced by Napoleon, who died yesterday when he "walked outside to pee and fell over." He says "he had just frank blood coming out of his butt with diarrhea, blood clots, you know, just sloughed a big section of bowel...and it stunk—you can smell the necrotic guts."
- ☛ Referring to the clients' responses when a transplant dog dies, Lothrop says, "I've had people just scream their fucking lungs at me." He says his response to these people is to say, "I'm sorry, so sorry, I feel so sorry. I know how much you miss her." Referring to what he would really like to say to these clients, Lothrop exclaims, "Now get the fuck out of here!"
- ☛ Lothrop says that even when the dogs die, the clients are charged, adding, "I mean, if your surgeon fucks up your surgery, he's still gonna charge your ass. So is the hospital and everybody else that did the work."

Possible violation:

- 9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

CUTIE7/8/05

Cutie [a client dog who is a transplant candidate] received dialysis again today... She had gauze wrapped thick around her neck. She had a feeding tube placed there yesterday. According to Bridget, she has stopped eating, and "has become real difficult to pill." She continues to have pneumonia. They are still hoping to do the transplant next week if the pneumonia goes away, and have kept the catheters in place ... No one, the parents nor the vets here, seem to be looking out for the best interest of Cutie. Tillson and Lothrop seem very impatient to try out another transplant. Cutie was breathing very heavily and wheezing.

- ☛ Cutie is housed in a metal cage and Bridget says she is not eating and has become difficult to pill. Referring to Cutie, Bridget says, "She is definitely not happy about the situation."
- ☛ Cutie is heard breathing heavily/snorting, and Bridget says it is partly due to her respiratory problems.

☛ Cutie is shown up close and her loud breathing can clearly be heard.

Possible violation:

9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

7/12/05

Cutie was brought back to the clinic. When I first saw her today, she was slowly walking around in the dialysis room and heavily foaming at the mouth. She looked like she lost weight since just Friday. Chris said that she had been vomiting blood on the floor. He and Bridget were setting up the dialysis machine. Lothrop came in and asked about her. Bridget replied, "She looks a lot worse than she did on Friday." She mentioned the vomiting, nausea, and weight loss. ... [Chris] then said, "I honestly think that they should euthanize her. Cause this is horrible. She vomited three times; she regurgitated three times before we started [dialysis]. You know she feels like crap."

☛ PETA's investigator observes that Cutie is foaming at the mouth. Bridget tells Lothrop that Cutie has been vomiting blood. Lothrop says that Cutie is experiencing nausea. Chris says that Cutie has lost a lot of weight just since Friday, and Bridget agrees, adding, "She looks much worse."

☛ Referring to Cutie, Chris states, "I honestly think that they should euthanize her, because this is horrible. She vomited three times, she regurgitated three times, before we started [dialysis], so you know she feels like crap."

☛ Bridget tells Niemeyer that Cutie "was vomiting straight blood."

Possible violation:

9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

7/15/05

Bridget and Chris performed another hemodialysis treatment on Cutie this afternoon. They have been running her for 2.5 hours each time. I stayed with her for much of it. It was painful to see her, as she is obviously in very poor condition. She looked very weak before and during the treatment. She has lost a tremendous amount of weight. The area around her feeding tube is becoming filled with very unhealthy pus. When they first took off the bandage, it was covered in a nasty, smelly, and green discharge. Dr. Tillson looked at it, but only said that they should keep an eye on it. Bridget thinks that the tube has come out several inches, but Tillson did not seem concerned about this.

Possible violations:

9 C.F.R. §§ 2.33(a)(2) Failure to provide veterinary care.

9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

7/19/05

Cutie came back to the clinic this morning. I spoke with Chris this afternoon ... while Bridget and two of Dillon's vet fellows were giving Cutie her dialysis treatment. He said that Cutie's health had declined dramatically since Friday's dialysis. She was vomiting again and looks much worse. Her levels had gotten very low, and she has lost 2 kg of weight since Friday. I believe he said that she has lost about 25 lbs of weight in total over just the past three weeks. [Chris] reiterated that she should be euthanized.

Possible violation:

9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

7/19/05

I then asked Chris about the success rate of the previous transplants. He said that the actual procedure works great, but it is the post-op care that keeps killing the dogs. He blew it off as being normal for a new procedure... Therefore, there is no previous post-op care protocol, and they have been revising one through all of the surgeries. They are "trying out things" to make it more successful. He hinted that the first deaths were due to errors on the part of the staff, and said that "they are being much more careful now."

Possible violations:

9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.

9 C.F.R. §§ 2.33(b)(5) Failure to provide post-procedural care.

7/19/05

I sat with Cutie for some of her hemodialysis today. Bridget, as well as Josh, and Tiffany - Dillon's vet fellows - were with her. They were running her for another 2.5 hours and had upped the goal of the machine from 500 to 600. ... Cutie, indeed, looked much worse than Friday. Even though she was really bad then, she could move around the table and stand up when she became anxious or nauseous. They even had to give her a second dose of Torb to calm her down then. Today, however, she could do nothing but lay her head down. She did not have the strength to get up or even move her body. She looked very emaciated and smelled like a dying dog. She still had unhealthy pus coming out of the hole where her feeding tube was installed. Everyone in the room was visibly upset by her condition. Bridget now states that Cutie should indeed be euthanized.

Possible violations:

9 C.F.R. §§ 2.33(a)(2) Failure to provide veterinary care.

9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

7/20/05

I saw Cutie after they were done [with her hemodialysis treatment] today, and she still looked very poor. She now has bloody sores on her nose. Chris said that he thinks she did it to herself by repeatedly ramming her face into her cage bars in the middle of the night while trying to escape to avoid her own diarrhea. As Chris was about to pick her up off the table, she discharged a thick greenish substance onto his lap from her vulva. I do not think that they did anything about it other than cleaning it up.

Possible violations:

9 C.F.R. §§ 2.33(a)(2) Failure to provide veterinary care.

9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

9 C.F.R. §§ 3.1(a) Failure to maintain housing facilities that protect the animals from injury.

7/25/05

Chris and Bridget performed hemodialysis treatment on Cutie this afternoon. ... Chris said that he hopes [Cutie] will just die this week. She has lost .5 kg more weight since her last treatment. ... Chris said that she has lost most of her body fat at this point, and is already wasting muscle. He says that she will die if she does not start eating. He says that they have been able to cut her creatinine and BUNs in half each time they do dialysis. They usually begin at 7 and take it down to 3.5 or 3. This is the best they can do. Normal is about .7, so the levels are still very high. ... The area around [Cutie's] feeding tube is still discharging a greenish fluid. Tilsen looked at it, but only wiped down the area. ... She continues to have diarrhea, and today I observed that her nails are very long.

- ☛ Cutie lies on the table undergoing dialysis. Chris says she has lost .5 kg., and has lost all of her body fat and is wasting muscle. He concludes, "If she does not start eating, she's a goner."
- ☛ Chris says that Cutie's parents pay \$400-500 per treatment.
- ☛ Cutie's nails appear to be very overgrown.
- ☛ Tillson and Lothrop discuss culturing the greenish fluid oozing out of Cutie's feeding tube.

Possible violations:

- 9 C.F.R. §§ 2.33(a)(2) Failure to provide veterinary care.
- 9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

7/26/05

Chris and Bridget performed hemodialysis on Cutie again this morning. This time, they went for five hours with a goal of 1080. She is now having severe GI tract problems. ... She has gas cramps and diarrhea and was visibly in pain. ... She spent the entire five hours lying down with little movement. She was not able to sit up comfortably like yesterday, because of her pain.

- ☛ Chris gives Cutie dialysis, and says, "her GI upset is really bad ... I think she has cramps—gas cramps—plus her diarrhea. So every once in a while she gets really upset like she's hurting really bad and she gets up and she spins a little bit... She's having a rough day. Her GI is not doing well..." Cutie is seen lying motionless on the table, with her head resting in Chris's arms.
- ☛ Cutie growls. PETA's investigator questions whether Cutie is feeling pain. She growls again. Chris says Cutie "is just a little nauseous." Cutie whimpers, growls, and tries to pull away.

Possible violations:

- 9 C.F.R. §§ 2.33(a)(2) Failure to provide veterinary care.
- 9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

7/26/05

Cutie is on a liquid diet, but cannot get rid of fluids except through her lower GI tract. Liquid can now easily pool in her body into third spacing and her GI tract is very inflamed, causing her pain. The area around Cutie's feeding tube is still infected and has a gooey-green discharge. Her dialysis catheter had come partially unattached from her neck. Tillson looked at it, and agreed that Bridget should add some sutures to it. Bridget made comments about her own lack of sewing ability, including her shaky hands. She then proceeded to re-sew the catheter into Cutie's neck. ... Cutie had several gas bubbles this afternoon during her treatment. They gave her a lot of discomfort.

- ☛ Cutie lies motionlessly in Chris's arms during dialysis. Referring to Cutie, Chris tells PETA's investigator and Bridget, "You should have seen her this morning. She was not in any shape."
- ☛ Bridget and Chris discuss the problems Cutie is suffering from, including the GI tract and fluid retention complications.
- ☛ Chris says that when they began treating Cutie, she had edema, and she "started to balloon up ... we basically dialyzed the shit out of her for a couple of days."
- ☛ Cutie's catheter line is shown in her neck. Cutie appears to respire with difficulty. Tillson enters and looks at a problem that Bridget has identified with the catheter. Bridget says her sewing ability is "pathetic" and that she has very shaky hands: "I shake like a leaf."

Possible violations:

- 9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.
- 9 C.F.R. §§ 2.33(a)(2) Failure to provide veterinary care.

9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

7/26/05

Cutie began grooming during the last half hour of her dialysis due to her GI tract. She was nauseous, gassy, and in pain. She was not able to sit or stand due to the discomfort, even though she was on "heavy doses of zantac, pepsid, immodium, and the medazalam." ... Bridget said that even though the dialysis has probably not been in Cutie's best interest, she and Chris have learned a great deal from the experience. At the end of Cutie's dialysis treatment, Bridget pointed out that Cutie had feces smeared on her.

☛ Referring to Cutie, Chris states, "She's on every medication on the planet for her GI, so I don't think anything we do in addition will help. She's had heavy doses of several medications so far. Really heavy. Zantac, Pepsid, Immodium, Medazalam..." Cutie keeps struggling, and Chris says she is pale, and tells her, "If you want to stand up, you can, but no more spinning."

☛ Referring to Cutie's dialysis, Bridget admits, "From a selfish avenue, it's been—well, I don't know that it's always been in [Cutie's] best interest—it's been good for us, because I am so much more comfortable with [performing] this [procedure] than I was a month ago. I'm not nearly as intimidated by it." Chris agrees.

☛ Cutie's five hours of dialysis concludes. Bridget cleans the skin around Cutie's catheter, and glancing at her hindquarters, tells her, "You have shit on you." Chris says she really needs a bath.

☛ Cutie is placed on the floor and PETA's investigator points out that she keeps falling over. Bridget says it is because "she's had a lot of drugs. She's weak, but she's also had quite the assortment of cocktails today." Cutie walks around the room with catheter lines hanging from her neck.

Possible violations:

9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.

9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

7/29/05

Cutie came back this afternoon for another hemodialysis treatment. Chris and Bridget ran her for 3.5 hours at a goal of 850. This is her 17th treatment. They started June 24th ... Bridget had to remove [Cutie's] feeding tube today. The infection had gotten worse. They cultured it this week and it is an extremely resistant strain of E. coli growing in her neck. ... [Cutie] has begun vomiting again. ... They have a leak inside the dialysis machine, which Chris thinks is a pump reservoir that could puncture during a procedure, "which would be bad." They are pushing the machine much farther than they have in the past. Chris said that the test dog, Hamster, got 120 in 60 minutes, while the last run for Cutie was over 1000 in five hours. The machine is an old and used one ...

☛ As Cutie undergoes dialysis, Bridget says that the culture of Cutie's neck revealed that she is infected with a "nasty," resistant strain of E Coli.

☛ Referring to Cutie's resistant strain of E Coli, Bridget says, "It looks like *the clinic bug*."

☛ Chris says Cutie is still having GI tract problems and that her feeding tube has been removed. It cannot be put back into the same position because of her infection, and cannot be put on the other side of her neck because her dialysis catheter is there. Bridget says it would also be difficult for Cutie to heal even if the tube were moved, because she is so "debilitated."

☛ Chris says there is a leak in the pump reservoir in the dialysis machine that needs to be fixed. He says it would be really bad if it ruptured during dialysis. Chris and Bridget say they are pushing the machine harder than they did in the "test cases" with the research dogs like Hamster, and that they and Lothrop do not understand all the inner workings of the machine.

☛ Bridget says this is Cutie's 17th dialysis treatment.

Possible violations:

- 9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.
- 9 C.F.R. §§ 2.33(a)(2) Failure to provide veterinary care.
- 9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

7/29/05

Chris said that the "AD" that Lothrop and Tillson were feeding [Cutie] through her tube was "kicking her ass." He and Bridget think that it was way too rich for her and may have caused some of her GI tract problems. [Cutie] pawed at her right eye several times because it was bothering her, and they are going to stain it to see what is wrong, as it may be an ulcer.

- ☛ Chris and Bridget believe the food Cutie is being fed is too rich for her and causing her to vomit and have diarrhea.
- ☛ Chris, Bridget, and Tillson observe a problem in one of Cutie's eyes. They agree to stain it, and questions whether she has an ulcer. It is stated that she was scratching her eye earlier.

Possible violations:

- 9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.
- 9 C.F.R. §§ 2.33(a)(2) Failure to provide veterinary care.

7/29/05

They are going to perform a blood transfusion on [Cutie] tomorrow to replenish her red blood cells. ... This will be her third transfusion since she arrived one month ago. ... Cutie began to get gassy and was obviously upset by her GI tract problems towards the end of the [hemodialysis] treatment. Her blood work came back hyper-glycemic.

- ☛ Bridget says Cutie is about to undergo her third blood transfusion.

Possible violation:

- 9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

8/1/05

Chris and Bridget ran another hemodialysis treatment on Cutie today. She went for five hours with a goal of 1100, making it the most aggressive day so far. I saw her this morning before the treatment. She was in the room with Chris while he was setting up the machine. She kept trying to get out of the room, and I could hear her head-butting the door and scratching at it after I had left. Chris said that she acted this way during the whole procedure, which is abnormal for her, because of the energy it required. ... She kept trying her best to get off the table and leave the whole time that I was observing her this afternoon. ... Her GI tract is still giving her issues. The top of her nose was raw and bloody red again, meaning that she had been trying violently to get out of her cage.

- ☛ (No audio.) Cutie squirms on the table during a dialysis treatment administered by Chris. Her nose is shown, and appears to be raw and wounded.
- ☛ (No audio.) Cutie's nose is shown again.

Possible violations:

- 9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

9 C.F.R. § 3.1(a), 3.6(a)(2)(ii) Failure to house dogs in primary enclosures that protect the animals from injury.

8/8/05

Chris and Bridget gave [Cutie] hemodialysis treatment this afternoon. They ran her for 2hr 45 min with a goal of 600. They left her in ICU overnight, where they were to give her blood, though they both refused to stay there to monitor her condition. They will perform another treatment tomorrow. ... [Cutie's] parents are buying their own hemodialysis machine (~\$12,000). The parents are hiring the dialysis nurse who was here last week to run it at their home. Bridget and Chris said that when the dialysis nurse was here working with them last week, they were very embarrassed by their lack of knowledge about the machine, which is no surprise, considering that they have never been trained to run the machine. ... Cutie seemed to sleep through most of her treatment, but Chris and Bridget agreed that she does not seem to be feeling well. ... [Bridget] said that they have brought in \$6,000 in the month and a half that they have been running Cutie [on dialysis]. This is all from her dialysis treatments.

☞ PETA's investigator learns from Chris and Bridget that Cutie will be there today and tomorrow, and that she is staying in ICU tonight. Bridget says, "I'm not staying there with her!" Chris replies, "Neither am I. I can guarantee that one!"

☞ Chris and Bridget say that no one new can be hired unless they continue to generate money from dialysis. Bridget says that in the month and a half that Cutie has been on dialysis, the program has made \$6,000 from dialysis alone. Chris says that \$3,000 of that was total profit, because the program only paid for Bridget's time, while Merck paid for his.

☞ Chris and Bridget say Cutie will receive dialysis for two hours and forty-five minutes today. Chris states, "She can't be comfortable," and Bridget says, "She's not moving."

☞ Chris and Bridget say that they have never been formally trained to use the dialysis machine, and that when Cutie's new private dialysis nurse (a male RN) came to observe they way they perform dialysis, they were really embarrassed by their lack of ability to properly use the dialysis machine. They say that even Lotthrop was aware that some parts of the machine were broken and that no one knew how to make it work correctly. Bridget says that at one point, they had rigged syringes to tubes in the machine to make it "pump and pull, pump and pull."

Possible violations:

9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.

9 C.F.R. § 2.33(b)(2) Failure to provide adequate veterinary care to treat disease and to ensure the availability of emergency, weekend, and holiday care.

8/8/05

Chris and Bridget installed a peripheral catheter for blood transfusion in Cutie's rear leg after they had dialyzed her. She was very upset by this, and even tried to bite Chris while Bridget was placing it. Bridget and Chris angrily threatened to hit Cutie and called her a bitch.

☞ PETA's investigator enters a room where Bridget and Chris are installing a catheter in Cutie's rear leg as she lies on the dialysis table. Chris forcefully states, "If you keep doing that, I'm gonna smack you in the head." Bridget shouts, "Cutie!" Cutie squirms on the table, and Bridget says to her, "Damn bitch!" Cutie moans and groans. Chris and Bridget continue so talk disparagingly to Cutie.

Possible violations:

9 C.F.R. § 2.131(a)(1), 2.32 Failure to handle animals in such a manner that does not cause behavioral stress or unnecessary discomfort.

9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.
Verbal abuse.

8/9/05

Chris and Bridget dialyzed Cutie again today for ~3hrs with a goal of 800. Chris said that she was "acting up" during most of her treatment and expressing that she was upset and uncomfortable. She had diarrhea immediately after the treatment, which showed that she was having GI problems the entire time.

☛ Chris says that Cutie was "acting up" during this morning's dialysis treatment, "So we drugged her a little more." Lothrop is present.

☛ Chris says that Cutie had diarrhea today during her dialysis procedure.

Possible violation:

9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

8/12/05

Cutie came back for hemodialysis today. Bridget and Chris ran her again for 2hrs 45min at 600. ... I held her for some of the treatment. They had her on medazepam, and it was causing her to twitch and kick. ... [Bridget and Chris] had conductivity issues with Cutie's dialysis during the last fifteen minutes of her treatment. The machine had run out of acetic acid/acetate without them noticing.

☛ Cutie is seen twitching on the table during dialysis, and Chris says it is because of the medazepam. The dialysis machine begins to beep, and Bridget states, "Oh, no!" as Chris cries, "Oh, shit!"

☛ Chris and Bridget discover that the conductivity problem is a result of their having allowed the machine to run out of acetic acid/acetate.

☛ As Bridget and Chris try to troubleshoot the problem with the machine, PETA's investigator points out that Cutie is beginning to shake more violently. Chris says she is just nervous.

Possible violations:

9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.

9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

8/16/05

I assisted Dr. Lothrop this morning with Cutie's hemodialysis treatment. ... Lothrop watched the machine and read the newspaper. Lothrop gave her a butorphanol injection to calm her down before we ran her. She never relaxed the whole procedure though, and spent much of it growling and belching. I told Lothrop several times, but he was not worried about her. Lothrop had extensive problems with the dialysis machine, which made the procedure more stressful for Cutie, as the machine kept starting, stopping, beeping, etc.

☛ As Cutie undergoes a dialysis treatment performed by Lothrop, referring to the dialysis machine, Lothrop states, "We definitely get a damn tangled line award today. I don't know what the hell I did. I am not happy."

☛ The machine begins to beep and Lothrop states that the line is pinched.

☛ Lothrop says they have "not started putting any [blood] back yet" into Cutie, and declares, "We've got a problem here." He grumbles about the "kink" in Cutie's catheter line, which he says is not sucking at all. He declares, "Fuck me."

☛ The machine beeps and Lothrop continues to attempt to fix the problem.

☛ Lothrop continues struggling with the beeping machine. The machine keeps stopping and starting, and Lothrop says it is "pansnickety."

- ☛ PETA's investigator tells Lothrop that Cutie is shaking and moaning a lot, and may be having GI tract problems.
- ☛ Cutie constantly groans and belches. Lothrop is not concerned.
- ☛ PETA's investigator again tells Lothrop that Cutie is full of indigestion.

Possible violations:

- 9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.
- 9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

9/6/05

I assisted Bridget with hemodialysis treatment on Cutie this afternoon. ... Bridget said that [Cutie] has had a fever this week, and therefore has eaten very little. ... She planned on running Cutie for 2.5 hours, but we stopped her with 45 minutes left. Cutie had begun to bob her head and show signs of problems. Bridget quickly had her blood tested, and it showed that her levels were already way too low. ... Chris and Bridget again stated that Cutie needs to be euthanized and would say it if she could.

- ☛ Bridget says Cutie has been sick with a spiked fever and loss of appetite.
- ☛ Cutie's ribs protrude, making her appear emaciated.

Possible violations:

- 9 C.F.R. §§ 2.33(b)(4) Failure to provide euthanasia.

9/8/05

I helped Lothrop perform hemodialysis on Cutie this afternoon, as Chris and Bridget were in class. Cutie began the procedure much more tired than usual and slept for most of it. This was unusual for her. There were many problems during the procedure. Lothrop had many issues setting up the machine. Later, we had to stop the procedure numerous times due to air bubbles and pressure problems. Lothrop did not know why this was happening, and there were several times that Cutie was left with the machine off, and fluid being pumped in without blood being pulled out, or the reverse. ... We ran the machine for the planned 2.5 hours, but it actually took much longer with all of the stops. Lothrop said, "This has not been a good one today."

- ☛ Prior to undergoing dialysis, Cutie appears emaciated.
- ☛ Cutie appears lethargic and thirsty.
- ☛ Lothrop experiences nearly constant problems with the dialysis machine.
- ☛ After talking on the phone while Cutie lies on the dialysis table (it is unclear whether the dialysis machine is running, or if it has been stopped due to a problem), Lothrop states, "We're on the fringe of coming apart. This has not been a good one today. I haven't done [dialysis] in a while." He says that there is too much blood in the machine, and not enough in Cutie, and concludes, "It's my fault."

Possible violation:

- 9 C.F.R. §§ 2.31(d)(viii), 2.32 Failure to ensure research facility personnel are properly trained.

9/19/05

Cutie died today during her hemodialysis treatment. I saw her alive for a few minutes at noon. Chris, Bridget, and Lothrop had just begun her treatment and were having serious problems with the machine. Cutie looked to be very "out of it" and her body was shaking. It was a very stressful atmosphere. I was only there to check in before I left to go drop off samples at the GSL on campus to be sequenced. ... I returned at about 12:50, the dialysis room was empty, as was the recovery room that Cutie stays in. I then found Bridget,

who told me what had happened. "She crashed. she's in heaven." I said that it needed to happen, but that it still seemed sudden. She replied, "Not after this weekend. This weekend was a bad weekend." ... I asked Lothrop about her death and he said, "About thirty minutes into [dialysis] she got all... increased vagal tone and her heart rate went down and she rested just like she did Saturday." He agreed that she needed to go. Niemeyer asked him later about Cutie and Lothrop said, "It was time. She tried to die the other day and came back. But never was cognitive, upstairs was fucked up."

• Cutie lies motionless on the table as the dialysis machine beeps and Bridget, Chris, and Lothrop discuss the need to flush the line, which Lothrop appears to do.

• Bridget tells PETA's investigator that during the dialysis treatment, Cutie "crashed" and is "in heaven." Bridget says that Cutie was very sick this past weekend.

• Referring to Cutie's death, Lothrop explains, "About thirty minutes into [dialysis] she got all--increased vagal tone and her heart rate went down and she rested just like she did Saturday." He further states, "She needed to go. They had three or four months to say goodbye."

• Lothrop tells Niemeyer that Cutie died "right in the middle" of dialysis. Niemeyer responds, "It was time," and Lothrop agrees. He states, "She tried to die the other day and came back. But never was cognitive, upstairs was fucked up."

Possible violation:

9 C.F.R. § 2.33(b)(4) Failure to provide euthanasia.

fedex.com 1.800.GoFedEx 1.800.463.3339

FedEx Express US Airbill

8587 3201 4693

0200

Form 6046

FedEx Retrieval Copy

1 From: Date 9-30-06 Sender's FedEx Account Number 102545621

Sender's Name Kate Turlington Phone 757 622-7382

Company PE-TA

Address 501 Front St.

City Norfolk State VA ZIP 23510

2 Your Internal Billing Reference 310/KT/08

3 To Recipient's Name Michael Johanns Phone 202 720-3431

Company USDA

Recipient's Address 12th St. & Jefferson Dr. SW Rm 200A

City Washington State DC ZIP 20250



8587 3201 4693

4a Express Package Service

FedEx Priority Overnight Next business morning* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected

FedEx Standard Overnight Next business afternoon* Saturday Delivery NOT available

FedEx First Overnight Earliest next business morning delivery on select business* Saturday Delivery NOT available

FedEx 2Day Second business day* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected

FedEx Express Saver Third business day* Saturday Delivery NOT available

4b Express Freight Service

FedEx 1Day Freight Next business day* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected

FedEx 2Day Freight Second business day* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected

FedEx 3Day Freight Third business day* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected

5 Packaging

FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

6 Special Handling

SATURDAY Delivery Available on Priority Overnight, Standard Overnight, and 2Day Freight

HOLD Warehouse at FedEx Location Hold packages for FedEx (1st Overnight)

HOLD Saturday at FedEx Location Hold packages for FedEx (1st Overnight)

7 Payment Bill to: Bill to Sender Bill to Receiver Bill to Third Party Bill to Credit Card Bill to Cash

8 NEW Residential Delivery Signature Options

No Signature Required Direct Signature Indirect Signature

fedex.com 1.800.GoFedEx 1.800.463.3339

Terms And Conditions

EPH JOSE 7228

120222
FedEx

Definitions On this Airbill, "we," "our," "us," and "FedEx" refer to Federal Express Corporation, its employees, and agents. "You" and "your" refer to the sender, its employees, and agents.

Agreement To Terms By giving us your package to deliver, you agree to all the terms on this Airbill and in the current FedEx Service Guide, which is available upon request. You also agree to those terms on behalf of any third party with an interest in the package. If there is a conflict between the current FedEx Service Guide and this Airbill, the current FedEx Service Guide will control. No one is authorized to change the terms of our Agreement.

Responsibility For Packaging And Completing Airbill You are responsible for adequately packaging your goods and properly filling out this Airbill. If you omit the number of packages and/or weight per package, our billing will be based on our best estimate of the number of packages we received and/or an estimated "default" weight per package as determined by us.

Responsibility For Payment Even if you give us different payment instructions, you will always be primarily responsible for all delivery costs, as well as any cost we incur in either returning your package to you or waiving its pending disposition.

Limitations On Our Liability And Abilities Not Assumed

Our liability in connection with this shipment is limited to the lesser of your actual damages or \$100, unless you declare a higher value, pay an additional charge, and document your actual loss in a timely manner. You may pay an additional charge for each additional \$100 of declared value. The declared value does not constitute, nor do we provide, cargo liability insurance.

In any event, we will not be liable for any damage, whether direct, incidental, special, or consequential, in excess of the declared value of a shipment, whether or not FedEx had knowledge that such damages might be incurred, including but not limited to loss of income or profits.

We won't be liable:

for your acts or omissions, including but not limited to improper or insufficient packing, securing, marking, or addressing, or those of the recipient or anyone else with an interest in the package.

if you or the recipient violates any of the terms of our Agreement.

for loss of or damage to shipments of prohibited items.

for loss, damage, or delay caused by events we cannot control, including but not limited to acts of God, perils of the air, weather conditions, acts of public enemies, war, strikes, civil commotions, or acts of public authorities with actual or apparent authority.

Declared Value Limits

The highest declared value allowed for a FedEx Envelope, FedEx Pak, or FedEx Smeys shipment is \$500.

For other shipments, the highest declared value allowed is \$50,000 unless your package contains items of extraordinary value, in which case the highest declared value allowed is \$500.

Items of extraordinary value include shipments containing such items as artwork, jewelry, furs, precious metals, negotiable instruments, and other items listed in the current FedEx Service Guide.

You may send more than one package on this Airbill and fill in the total declared value for all packages, not to exceed the \$100, \$500, or \$50,000 per package limit described above. (Example: 5 packages can have a total declared value of up to \$250,000.) In that case, our liability is limited to the actual value of the package(s) lost or damaged, but may not exceed the maximum allowable declared value(s) or the total declared value, whichever is less. You are responsible for proving the actual loss or damage.

Filing A Claim YOU MUST MAKE ALL CLAIMS IN WRITING and notify us of your claim within strict time limits set out in the current FedEx Service Guide.

You may call our Customer Service department at 1.800.GoFedEx 1.800.463.3399 to report a claim; however, you must still file a timely written claim.

Within nine months (from the ship date) after you notify us of your claim, you must send us all the information you have about it. We aren't obligated to act on any claim until you have paid all transportation charges, and you may not deduct the amount of your claim from those charges.

If the recipient accepts your package without noting any damage on the delivery record, we will assume the package was delivered in good condition. For us to process your claim, you must make the original shipping cartons and packing available for inspection.

Right To Inspect We may, at our option, open and inspect your packages before or after you give them to us to deliver.

Right Of Rejection We reserve the right to reject a shipment when such shipment would be likely to cause delay or damage to other shipments, equipment, or personnel; or if the shipment is prohibited by law; or if the shipment would violate any terms of our Airbill or the current FedEx Service Guide.

C.O.D. Services C.O.D. SERVICE IS NOT AVAILABLE WITH THIS AIRBILL. If C.O.D. Service is required, please use a FedEx C.O.D. Airbill.

Air Transportation Tax Included A federal excise tax when required by the Internal Revenue Code on the air transportation portion of this service, if any, is paid by us.

Money-Back Guarantee In the event of untimely delivery, FedEx will, at your request and with some limitations, refund or credit all transportation charges. See the current FedEx Service Guide for more information.

SEP. 14. 2006 10:36AM

STEPNEY

NO. 515 P. 62



October 4, 2006

(b)(6)

Clio, MI 48420

Dear Mr. (b)(6)

United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and Plant
Health Inspection
Services

Animal Care

920 Main Campus Drive
Suite 200
Raleigh, NC 27606

Tel No. 919-855-7100
Fax No. 919-855-7123

Thank you for your letter dated 02-Oct-06 concerning Auburn University located in Auburn, AL. Your concern has been given number 06-305. Please refer to this number when inquiring about this concern.

Your concerns have been forwarded to Dr. Michelle Williams & Dr. Greg Gaj. Please be assured that we will evaluate the situation and take appropriate enforcement action if necessary.

Thank you for bringing this to our attention and for your concern for the welfare of animals.

Sincerely,

Elizabeth Goldentyer, D.V.M.
Regional Director
Eastern Region, Animal Care



Animal Care is a part of the Department of Agriculture's Animal and Plant Health Inspection Service.

An Equal Opportunity Provider and Employer

F A X

(b)(6) & (b)(7)c
Clio, MI 48420

To: Elizabeth Goldentyer, APHIS

Fax number: 1919-855-7123

From:

(b)(6) & (b)(7)c

Fax number:

Business phone:

Home phone:

Date & Time: 10/2/2006 11:31:08 PM

Pages: 1

Re:

Please fully investigate Auburn University in Auburn Alabama for violations of the Animal Welfare Act. Veterinarians (b)(6) & (b)(7)c have been cutting open dog's kidneys and transplanting them for years. People paid them money to save their dogs from kidney failure. But, all they did was conduct experimental procedures on the dogs that were sure to fail and mocked the dogs' guardians behind their backs. The dogs endured great post-surgical pain, vomiting, etc. due to the surgical procedures.

Please make sure all of the money is refunded to those who put their dying dogs through the agony (b)(6) & (b)(7)c put them through. Work on pressing charges against Auburn University, (b)(6) & (b)(7) and (b)(6) & (b)(7)c

Thank you very much. I look forward to your response after an investigation is complete.

OCT 02 2006

September 28, 2006

Dear Dr. Goldentyer,

I am writing to complain about the mistreatment of animals at Auburn University specifically, the College of Veterinary medicine's, (b)(2)High & (b)(7)f Research Center located in Alabama.

Auburn is guilty of violations of the Federal Animal Welfare Act, many of which have been captured on tape. Including: Failure to provide prompt vet care, failure to avoid or minimize pain during procedures, failure to provide exercise or any socialization, failure to provide sound housing for dogs, failure to clean dog enclosures, failure to properly train employees & keep proper records, fraudulent use of client dogs to use in experimental procedures and fraudulent use of federal funds. Also, dog owners were misled about their pets chance for survival and the pain involved.

②

I ask that Auburn be fined for their violations of the Federal Animal Welfare Act.

(b)(6) & (b)(7)c

are using client dogs for experiments in order to skirt the Animal Welfare Act. Please look into these charges and take them seriously.

Thank you for your time.

Respectfully,

(b)(6) & (b)(7)c



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and Plant
Health Inspection
Services

Animal Care

920 Main Campus Drive
Suite 200
Raleigh, NC 27606

Tel No. 919-855-7100
Fax No. 919-855-7123

Date: 18 December 2006

To: Alan Christian, Staff Director
Investigative and Enforcement Services

From: Elizabeth Goldentyer, DVM
Regional Director
Eastern Region-Animal Care

Subject: CASE # AL07011
License # 64-R-0005 / Customer # 833
Auburn University
Division Lab Animal Health
311 Greene Hall Annex
Auburn, AL 36849-5112

The enclosed investigative report does not document violations of the Animal Welfare Act therefore we are closing this case.

cc: M. Williams, VMO
G. Gaj, SACS
K. Carter-Corker, ARD
~~AL (833) 64-R-0005~~



Animal Care is a part of the Department of Agriculture's Animal and Plant Health Inspection Service.

An Equal Opportunity Provider and Employer



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and Plant
Health Inspection
Services

Animal Care

920 Main Campus Drive
Suite 200
Raleigh, NC 27606

Tel No. 919-855-7100
Fax No. 919-855-7123

Date: 21 December 2006

To: Alan Christian, Staff Director
Investigative and Enforcement Services

From: Elizabeth Goldentyer, DVM
Regional Director
Eastern Region-Animal Care

Subject: CASE # AL07002
License # 64-R-0005 / Customer # 833
Auburn University
Division Lab Animal Health
311 Greene Hall Annex
Auburn, AL 36849-5112

The enclosed investigative report does not document violations of the Animal Welfare Act therefore we are closing this case.

cc: M. Williams, VMO
G. Gaj, SACS
K. Carter-Corker, ARD
~~AL (833) 64-R-0005~~



Animal Care is a part of the Department of Agriculture's Animal and Plant Health Inspection Service.

An Equal Opportunity Provider and Employer



Date: 25 September 2006

United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and Plant
Health Inspection
Services

Animal Care

920 Main Campus Drive
Suite 200
Raleigh, NC 27606

Tel No. 919-855-7100
Fax No. 919-855-7123

SUBJECT: Request for Investigation of Alleged Violations
Regarding the AWA, Regulations and/or Standards

TO: John Kinsella, Regional Director
Investigative and Enforcement Services
Eastern Region

FROM: Elizabeth Goldentyer, DVM
Regional Director
Eastern Region-Animal Care

RE: Customer # 833
License/Registration No: 64-R-0005
Name: Auburn University
Division Lab Animal Health
Address: 311 Greene Hall Annex
Auburn, AL 36849-5112

Previous enforcement actions

- Yes

Supportive documents enclosed:

- Annual Report of Research Facility dated 30 Nov 05
- Application for Registration Updated dated 29 Jul 05
- Inspection Reports dated 13 Dec 05 (A), 13 Dec 05, 14 Oct 05, 04 Aug 05, 01 Feb 05, 04 Dec 03, and 06 Aug 03
- 62 page fax to Joe Nelson from Greg Rosenthal dated 13 Sep 06
- Letter from Auburn University dated 26 Aug 06 changing correspondence address
- Animal Welfare Complaint No. 06-048 dated 13 Dec 05
- Memorandum to Dr. Gaj from Dr. Williams dated 13 Dec 05
- Animal Welfare Complaint No. 06-001 dated 01 Oct 05
- Memo from (b)(6) & (b)(7)c at Auburn University dated 20 Jul 05 with list of facilities for Animal Holding.
- Animal Welfare Complaint No. 05-201 dated 10 Jun 05 with attachments

Comments:

The field inspector to contact is Dr. Michelle Williams (703) 812-6678.

The SACS to contact is Dr. Gregory Gaj (703) 812-6555.

Please notify Dr. Kay Carter-Corker of the case number as soon as it is assigned.

cc: M. Williams, VMO
G. Gaj, SACS
K. Carter-Corker, ARD
OLAW

~~AL (833) 64-R-0005~~

*Animal
Care*

Animal Care is a part of the Department of Agriculture's Animal and Plant Health Inspection Service.

An Equal Opportunity Provider and Employer

Auburn University

Auburn University, Alabama 36849-5534

College of Veterinary Medicine

AUG 31 2006

64-2-0005
833

Division of
Laboratory Animal Health
311 Greene Hall Annex

Telephone: (334) 844-5667
FAX: (334) 844-0462

August 26, 2006

Dr. Betty Goldentyer
USDA, APHIS, Animal Care
Eastern Regional Office
920 Main Campus Drive, Suite 200
Raleigh, NC 27606

Dear Dr. Goldentyer:

This letter is to notify you that (b)(6) & (b)(7)c has assumed the position of (b)(6) & (b)(7)c of the Division of Laboratory Animal Health at the Auburn University College of Veterinary Medicine. Please send all correspondence for our department to his attention at the following address:

(b)(6) & (b)(7)c

311 Greene Hall Annex
Auburn University, AL 36849
(334) 844-(b)(6) & (b)(7)c office
(334) 844-0462 fax

Sincerely,

(b)(6) & (b)(7)c

Auburn University

(b)(6) & (b)(7)c



ANIMAL WELFARE COMPLAINT

Complaint No. 06-048	Date Entered 12/13/05	Received By G. Gaj
Referred To M. Williams	Reply Due 01/13/06	

Facility or Person Complaint Filed Against

Name Auburn University		Customer/License/Registration No. 64-R-0005	
Address 202 Samford Hall			
City Auburn	State AL	Zip 36849	Phone No

Complainant

Name (b)(6) & (b)(7)c		Organization Auburn University	
Address			
City	State	Zip	Phone No./Email address (b)(6) & (b)(7)c@vetmed.aub

How was complaint received?
e-mail

Details of Complaint: Additional concerns relating to previous complaint on renal transplantation dogs. See attached e-mail.

Results: Conducted inspection on 12/13/05. see attached.

Application packet provided? Yes No

INSPECTOR *Michelle B. Williams DVM*

DATE *12/13/05*

REVIEWED BY *Gregory S. Gay*

DATE *1/12/06*

Memorandum

To: Dr. Gregory Gaj
CC:
From: Michelle B. Williams, DVM
Date: December 13, 2005
Re: Auburn complaint #06-048

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

On November 30, 2005 I reviewed protocol #2004-0727. I met with [REDACTED] the principal investigator for Protocol #2004-0727. He provided the veterinary records for "Heart" and I requested the records for two other dogs ("Spade" and "Baby Spice") for comparison. Records show that early in the project the dogs were monitored with a urinalysis, blood chemistry, ultrasound and physicals on a regular basis. It was determined that the ultrasounds did not provide useful information so they were discontinued. As the project progressed the sampling frequencies decreased.

Heart was found dead in her run on the morning of October 17, 2005 by the caretaker. [REDACTED] conducted a necropsy and submitted blood he had taken from Heart on October 14, 2005 for chemistry. The gross pathology showed hemorrhage s on the thymus and pancreas. The kidney had a small amount of hemorrhage as well. Tissue samples were collected but never submitted. There was no definitive cause of death noted in the records.

[REDACTED] said that the dogs are now primarily on long term maintenance therefore extensive chemical profiles, CBC's, urinalysis, urine cultures, etc. are conducted only as needed. The last ultrasounds were discontinued in 2004.

[REDACTED] conducted a kidney biopsy on Heart in October of 2004. There were no indications of chronic renal failure. Over the past two years the dogs' creatinine and BUN levels have been monitored on a monthly basis. Records show that the BUN and creatinine levels were unremarkable. None of the documentation or chemistry profiles indicate chronic renal failure as referred to in the complaint.

I observed the dogs in their runs. They appeared to be in good condition. Two of the dogs in the ward appeared timid and nervous. I asked about enrichment and socialization for the dogs. Dr [REDACTED] said that due to the protocols the dogs were on in that ward (hemophilia and renal transplant) the dogs did not have as much socialization as other dogs. The records on the cages indicated that the dogs are given a Kong toy and walked by caretakers. The documentation was minimal and I could not determine a regular schedule for interaction with the caretakers or the placement of the Kong toys. [REDACTED] indicated they had considered adopting these dogs out but because of their dispositions

December 13, 2005

they weren't sure they would be able to. We discussed increasing the enrichment and exercise for these dogs and a need for better documentation.

I observed one very overweight dog in the ward. We discussed monitoring her exercise schedule and her diet. "Hot Lips" was recently placed on R/D food.

The Unit Attending Veterinarian is [REDACTED]. She said that she made rounds in that ward once a week and recently they have changed to visiting twice a week.

I was not able to verify the validity of the complaint.

Michelle B. Williams DVM

CONFIDENTIAL



NOV 04 2005



USDA, APHIS, Animal Care

ANIMAL WELFARE COMPLAINT

Complaint No. 06-001	Date Entered 10-1-05	Received By Gaj
Referred To M. Williams		Reply Due 11-1-05

Facility or Person Complaint Filed Against

Name Auburn University	Customer/License/Registration No. 03-R-0005
Address	

City Auburn	State Al.	Zip 36849-5525	Phone No 334-844-5951
----------------	--------------	-------------------	--------------------------

Complainant

Name (b)(6) & (b)(7)c	Organization (b)(6) & (b)(7)c Auburn University
Address	

City	State	Zip	Phone No./Email address
------	-------	-----	-------------------------

How was complaint received?
Fax

Details of Complaint: Dogs on study improperly released. Disposition did not follow approved protocol resulting in potential loss of research information.

See attached letters

Results:

See attached

Application packet provided? Yes No

INSPECTOR *Michelle B. Williams*

DATE *10/21/05*

REVIEWED BY *Henry S. Gaj*

DATE *10/26/05*

Auburn University

Auburn University, Alabama 36849-5534

College of Veterinary Medicine

AUG 08 2005

Division of
Laboratory Animal Health
311 Greene Hall Annex

Telephone: (334) 844-5667
FAX: (334) 844-0462

MEMO TO: USDA

FROM:

(b)(6) & (b)(7)c

DATE: July 20, 2005

SUBJECT: USDA Registration Notes

- Block 1: Please insert the missing telephone number as follows: (334) 844-
Block 2: Please insert the missing telephone number as follows: (334) 844-
Also, Please note the inclusion of the attachment entitled "Facilities for
Animal Holding."

AUBURN UNIVERSITY
REGISTRATION NO. 64-R-0005

Facilities for Animal Holding

(b)(2)High & (b)(7)f



AL 29 2005



USDA, APHIS, Animal Care

ANIMAL WELFARE COMPLAINT

Complaint No. 05-201	Date Entered 10 Jun 05	Received By Biederman
Referred To Dr. Gaj	Reply Due 10 Jul 05	

Facility or Person Complaint Filed Against

Name Dr. Clint Lothrop and Dr. Michael Tillson Auburn University College of Veterinary Medicine	Customer/License/Registration No. 64-R-0005 #833
---	---

Address 202 SAMFORD HALL			
City AUBURN	State AL	Zip 36849	Phone No (334) 844-5951

Complainant

Name (b)(6) & (b)(7)c	Organization
--------------------------	--------------

Address (b)(6) & (b)(7)c			
City Waverly	State AL	Zip 36879	Phone No /Email address (b)(6) & (b)(7)c

How was complaint received?
Mail (notebook)

Details of Complaint: see enclosed documents

Results:

Partially Valid Complaint, see attached memo.

Application packet provided? Yes No

INSPECTOR

DATE

REVIEWED BY

Gary S. Gaj

DATE

8/23/05

INTEROFFICE MEMORANDUM

TO: BETTY GOLDENTYER
FROM: GREG GAJ
SUBJECT: COMPLAINT 05-201
DATE: 8/23/2005
CC: KAY CARTER-CORKER

Attached is the inspection report for the Auburn complaint by (b)(6) & (b)(7)c. Although we did find some problems with the protocol involving the renal transplants, it appears that veterinary care issues that were previously a problem, have now been corrected and appropriate care is being given. We determined that the "clinical" transplants were not strictly meeting the definition of clinical cases because both University animals and investigator owned animals were being used as donors. I felt the protocol needed to be covered and approved by the IACUC and so we cited the IACUC for granting a waiver to the requirements for IACUC approval of the protocol. The IACUC did not agree with our interpretation, but did not indicate they would challenge it.



10 June 2005

United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and Plant
Health Inspection
Services

Animal Care

920 Main Campus Drive
Suite 200
Raleigh, NC 27606

Tel No. 919-855-7100
Fax No. 919-855-7123

(b)(6) & (b)(7)c

Waverly, AL 36879

Dear (b)(6) & (b)(7)c

Thank you for your package and letter dated June 7, 2005 documenting your concerns regarding research practices conducted at Auburn University College of Veterinary Medicine.

We have forwarded your complaint to our Supervisory Animal Care Specialist, Dr. Greg Gaj. Should any questions arise, Dr. Gaj or Dr. Michelle Williams will be in touch with you. Please be assured that we will look into your concerns and take appropriate action if necessary.

Thank you for your interest in the welfare of these animals.

Sincerely,

Elizabeth Goldentyer, DVM
Director, Eastern Region
USDA, APHIS, Animal Care



Animal Care is a part of the Department of Agriculture's Animal and Plant Health Inspection Service.

An Equal Opportunity Provider and Employer



PRIORITY
MAIL

UNITED STATES POSTAL SERVICE®

www.usps.com

From:

(b)(6) & (b)(7)c

Warranty A1 36879

JUN 09 2005

TO: Dr. Elizabeth Goldenkyer
Regional Director, Animal Care
USDA
920 Main Campus Dr. Ste 200,
Unit 3040
Raleigh, N.C. 27606

Label 228 July 2002



United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and Plant
Health Inspection
Service

Eastern Regional
Office

Animal Care

920 Main Campus Dr.
Suite 200, Unit 3040
Raleigh, NC 27606

(919) 855-7100

Date: June 10, 2005
To: Greg Gaj
From: Betty Goldentyer
Subject: Auburn Complaint

Greg,

I went through most of this and do feel that it warrants a complete inspection with some back up for Michelle. If you can't fit it in your schedule, I have some ideas.

Here's what I'd look at – you will probably find more:

- Is the rescue therapy spelled out in the active protocol?
- Are there donor dogs still at the facility – that's not a client and should be on a protocol
- Are there experimental dogs coming from the PI's home
- Is the radiation and bone marrow transplant adequately described in the current protocol

I'll book it as a complaint and do a response to (b)(6) & (b)(7)c I'll let her know that if we need to call her we will.

Betty

Animal
Care

Animal Care is a part of the Department of
Agriculture's Animal and Plant Health Inspection Service.

An Equal Opportunity Provider and Employer

June 7, 2005

Elizabeth Goldentyer, DVM
Regional Director
Animal Care – Eastern Region
U.S. Department of Agriculture
920 Main Campus Dr., Ste.200, Unit 3040
Raleigh, NC 27606

Dear Dr. Goldentyer:

I find myself in a difficult position. I am a (b)(6) & (b)(7)c at Auburn University College of Veterinary Medicine who has tried diligently to engage the university in useful dialogue concerning the negligent and often cruel treatment of animals used in projects by several veterinary school staff. In a nutshell, certain researchers at Auburn are not only negligent when it comes to post-surgical follow-up care, but they completely ignore humane endpoints resulting in some of the worst suffering I have seen in my career.

(b)(6) & (b)(7)c

My internal complaints resulted in (b)(6) & (b)(7)c

(b)(6) & (b)(7)c

between me and the (b)(6) & (b)(7)c. But I believe that little has changed for the animals used in the experiments with which I am familiar and that the USDA must review this matter on its own and cite the university for violations of the Animal Welfare Act. Because my internal diligence has not paid off for the animals used in these projects at Auburn, I am turning to your agency for assistance and it is my fervent hope that you will not consider this matter resolved just because internal investigations and a review committee have had a look at it. Dogs continue to suffer.

The majority of my concern has to do with the animals used in the renal transplant experiments conducted by (b)(6) & (b)(7)c. Animal records are available for some of these projects and I have summarized them in the attachments. I believe a personal meeting with your office would be beneficial.

- Canine Kidney Transplantations

There are innumerable problems with the post-surgical animal care on this project that continue to this day. Moreover, I believe there have been serious deviations from the protocol that was originally approved by the IACUC and that on June 21, 2004; Auburn permitted [REDACTED] to issue a news release that contained possibly fraudulent information to the public about kidney transplants for pets.

From the June 21, 2004, news release (Exhibit 2): "Auburn University's College of Veterinary Medicine has developed a revolutionary new canine kidney transplant procedure that promotes increased tolerance of transplanted organs between unrelated donors (my emphasis). It also offers the possibility that the transplant recipients may not be required to take high-doses of immunosuppressive drugs for the rest of their lives."

At the time of this press release, the unrelated dogs in [REDACTED]'s project had not been successfully removed from immunosuppressive drugs. In fact, attempts to do this had resulted in episodes of rejection evidenced by elevations in BUN and creatinine. For example, in two dogs named Will and Chipmunk, the first time the doses of immunosuppressive drugs (cyclosporine and MMF) were reduced below the therapeutic range, both dogs went into rejection. [REDACTED] reacted by increasing them back to the therapeutic level again with prednisolone added which was not part of the original protocol. When the drugs were reduced a second time several months later, a dog named Chipmunk had a severe rejection episode as indicated by her uremia and, even though rescue therapy was instituted, she did not respond and was euthanized 4-5 days later. The other dog, Will, had a milder rejection and he responded to prednisolone and the reinstatement of cyclosporine and MMF in therapeutic doses. Nevertheless, the withdrawal from the higher doses of immunosuppressive drugs was not successful.

In their news release, [REDACTED] claimed that a dog with a transplanted kidney was doing well without immunosuppressive drugs five years post-transplant. They failed to disclose that the dog mentioned was a related renal transplant dog who had received a kidney from a sibling. The news release read: "Our first research dog is still doing well more than five years after receiving the transplanted kidney, and it is no longer on immunosuppressive medications. Based on our overall results, we have started offering the option of a kidney transplant to clients whose dogs have end-stage kidney disease. We have performed several of the procedures in the last two months, [REDACTED] says." As noted above, at the time of the press release, the unrelated dogs had not been successfully removed from their immunosuppressive drugs but [REDACTED] were referring to these unrelated dogs specifically in the press release. This resulted in clients hoping that their dogs could be saved by a kidney transplant and, at a cost up to \$10,000+, people started bringing their dogs to Auburn for the surgery. This aspect of my complaint may be better aimed at an agency that deals with consumer fraud but I believe the USDA should take into account that the "client dogs" ended up being used as experimental subjects although they were not covered under any IACUC-approved protocol.

Prior to the June 2004 news release, in March 2004, [REDACTED] made a renal transplantation presentation at the Auburn University College of Veterinary Medicine Annual Conference at which he stated that mismatched renal transplant dogs were being maintained on 10% of their total immunosuppressive drugs. The medical records for the dogs show this is not true.

In short, the protocol for MAF project number D02CA-76, did not allow for rescue therapies to be implemented but this did not stop [REDACTED] from taking such measures which would eventually render any information from biopsies, potentially inaccurate. Another major concern about interpretation of the renal transplantation biopsies as I discussed with [REDACTED] on August 26, 2004, the only one reviewing the renal biopsies since the pathologist, [REDACTED] left in 2001, was [REDACTED]. Drs. [REDACTED] also condoned giving rescue treatments to some of the transplant dogs in this project prior to an approved revised IACUC protocol.

The external review referred to in my introduction focused on the transplantation project and, as you can see, the first comment on the November 17, 2004, report states: "The review committee believes that the concerns about adequacy of veterinary care for dogs in [REDACTED] research projects that led to the IACUC investigation that began in October, 2003, were justified."

The report from the IACUC's own investigation (Exhibit 3) states that "It is the perception of a majority of those individuals who were interviewed that [REDACTED] non-traditional hours and his frequent time away from the SRRC (e.g. while at the [REDACTED] coupled with the absence of a well-defined schedule of veterinary back-up have had a negative impact on the provision of adequate veterinary care." Furthermore, the internal report revealed that [REDACTED] had sent dogs from Auburn to Seattle without IACUC approval and that he was holding puppies and adult dogs at his home and bringing them in for various projects. The latest pups born at his home in late April 2005 have just been brought in to Auburn for testing for future experimentation despite the fact that he was warned about this activity in January 2004. [REDACTED] is a renegade and Auburn is unwilling or unable to get him under control.

The language of the internal IACUC report is ridiculously soft. Regarding veterinary care the committee recommends things that should be well understood by the time anyone uses animals in projects. With as much experience as [REDACTED] have in this area it is inexcusable that they did not provide plans for proper post-operative patient care. Unfortunate as well is the fact that the language of the external report attempts to mitigate or at least soften many of the committee's criticisms and it concludes that changes have been made to ensure proper veterinary care for the dogs. Nothing could be further from the truth.

Some historical perspective of my complaint may help. On July 21, 2003, I first spoke with [REDACTED] DVM, about the lack of humane endpoint use in [REDACTED] transplant research. At this meeting I was accompanied by [REDACTED] who took notes, which

show that [redacted] referred to “extraordinary examples of abuse,” in [redacted] studies. [redacted] went so far as to say he would shut the research down if we filed a formal complaint but my [redacted] was only months away and to file such a complaint would have been political suicide. Needless to say, [redacted] did not shut down the project but [redacted] and I met with [redacted] two more times – August 29, 2003, and September 19, 2003 – before we realized that he was providing only lip service.

On June 18, 2004, I wrote to [redacted] about my concerns and attempted to meet with him on approximately 10 occasions. I wrote this 4-page letter to [redacted] (Exhibit 4) after being [redacted] renal transplantation project. I believe to this day that [redacted] the project was

[redacted] attention of university higher-ups. As long as I was [redacted] not providing ultrasounds to the transplant dogs, I could not assess their health status and the level of care provided to them.

I would ask that you carefully review the June 18, 2004, letter as it contains specific complaints as to the suffering that the dogs used in this project were forced to endure. To recap here, the dogs suffered chronic vomiting, inability to eat due to esophageal strictures, and other intestinal distress due to immunosuppressive drugs and whole body irradiation. They died – many of them without appropriate treatment – from renal failure, sepsis, and even hemorrhagic pancreatitis. Moreover, even after [redacted] to management and the involvement of the IACUC, the previous standard of care of the last 5 years had been abandoned; CBCs, ultrasound evaluations, urinalysis, and culture and sensitivity were no longer carried out on these animals on a routine basis. This is unimaginable given the nature of the experiment. BUN and creatinine were done in the unrelated dogs once a week and in the related dogs once monthly. This is unacceptable given the often dire consequences of these transplants.

As I have already indicated, there are two sets of renal transplant dogs at Auburn. One group is strictly classified as experimental and blends the two experimental groups (related and unrelated renal transplant dogs) and is covered by an IACUC-approved protocol. The other group is considered the “client” group of dogs and these animals are not covered under any protocol despite the fact that they are essentially used as experimental subjects. [redacted] waived the requirement for an approved protocol for the client dogs. I believe this waiver has adversely affected the research dogs who are used as kidney donors. Records on these donor dogs may be nonexistent and it is unclear whether the dogs have ever been released from the hospital. The June 21, 2004 news release states that the recipient dog’s family will adopt the donor dog but two of the client dogs got two different renal transplants and neither of the second donor dogs left with the clients. In fact, donor dogs from client surgeries have been observed recovering post-operatively in a storage area next to [redacted] office in the small animal clinic.

On January 4, 2005, a transplant dog named Mink (who underwent transplant surgery on January 20, 2004) was euthanized after spending four days in pain from extremely

swollen joints. On the evening of December 31, 2004, she was characterized as depressed and lethargic and she wouldn't get up at all. She was not checked again until 10:30 am on January 1, 2005, and again, she did not willingly get up. Mink's joints remained painful and all four of her limbs were extremely swollen until she was finally put out of her misery in the late afternoon of January 4. Please see my December 18, 2004, email (Exhibit 5) to [REDACTED] regarding this matter. Mink's BUN and creatinine counts were already elevated by this time and continued to be elevated even after immune suppression drugs were added. Her creatinine surpassed the humane endpoint of 7 by January 2, 2005, yet she was not euthanized. Mink was septic during her last days and in great pain. She should have been euthanized on January 1, 2005, at the latest.

[REDACTED] are still offering kidney transplants to people who believe their dogs can survive end-stage renal failure with such transplants. I have been told that the most recent client transplant took place in April between sibling dogs named Napoleon and Josephine and by early May Napoleon had died – having suffered from swollen feet and legs and diarrhea since the surgery. His death description was horrible in that he was bleeding from the rectum. I am told that out of 15 client dogs who have received a kidney transplant, only 1 has survived. Clearly, Auburn should be the one to stop these experiments on the public's animals but it has not.

Two final general concerns: 1) In my opinion and experience, [REDACTED] consistently prescribed sub-therapeutic doses of antibiotics which I believe contributed to the suffering of most of the animals in need of such drugs. 2) [REDACTED] was appointed project veterinarian, which was an enormous conflict of interest.

The following are portions of the medical records of the dogs used by [REDACTED] and [REDACTED] in pilot studies and others. The records are sectioned by protocol where possible.

I am available at any time to meet with your office and can be reached at 334-844-[REDACTED]

Sincerely yours,

[REDACTED]

Attachment: Summary of portions of the health records for dogs used in transplant experiments

Protocol title unknown. Principle Investigator: [REDACTED], **Co-investigators**
[REDACTED]

The health care of these dogs was the direct responsibility of [REDACTED]

These pilot study dogs, OJ, AJ, Basil, Tripod, Line, Moite, Pique, and Crochette, received whole body irradiation, both of their kidneys were left in place, and they received post-operative immunosuppressive drugs, +/- bone marrow transplantation

OJ

Pilot dog, left both kidneys in place, transplanted one kidney from Knothead according to medical record, **weight 13.3 kg**, bone marrow transplantation from Knothead, **haploidentical**; [REDACTED] chart lists B.J. as donor; donor dog sacrificed

9/23/98 dog checked 4:30 p.m., 5:30-5:50-6:00 p.m., 7:51 IV lines twisted, lact. Ringer bag empty, pulled line out of Jugular catheter, 9:00 p.m. pulled jugular catheter off it was clotted, placed cephalic catheter, 10:00 p.m. **seems to be in some pain (PAIN), she is crying and trying to move around (PAIN)**, 11:00 p.m., 12:00 a.m., 4:45 a.m. **some discomfort, mildly vocalize (PAIN)**, bag 2 fluids leaked when jugular catheter pulled out also lost approximately 400-500 ml of bag 2 dopamine

9/24/98 6:00 a.m. **still whining a little (PAIN)**, 6:30 a.m., 7:00 a.m. **lots of whining (PAIN)**, 7:30 a.m. catheter has pulled out, **whining more "skittish" (PAIN)**, 9:45 a.m., 10:15 a.m. HCT 24.9%; 11:15 a.m. catheter pulled out at extension line, IV bag empty unsure how much she got, 12:00 p.m. placed new IV catheter, 12:50 p.m. E collar off, catheter pulled at extension, blood over cage, vomited, 4:00 p.m., 5:00 p.m., 7:00 p.m. **"crazy dog" per [REDACTED] (PAIN)**, 8:30 p.m. flushed catheter, finally resting quietly, 10:30 p.m. fluids not going into dog twisted and catheter bandage removed, **crying a lot (PAIN)**, 11:00 p.m.,

9/25/98 12:40 a.m., 6:00 a.m. catheter out and coiled on stand, vomit and diarrhea, 7:00 a.m. **very vocal (PAIN)**, some vomit, 10:00 a.m., 1:00 p.m., 1:30 p.m. IVU all 3 kidneys working; 6:30 p.m., 10:30 p.m.

9/26/98 dog checked 8:30 a.m., 9:30 a.m., 2:30 p.m. **straining to urinate (PAIN/UTI)**, **480 mg TMZ**, 13.3 kg, 7:00 p.m. **straining to urinate (PAIN/UTI)**

9/27/98 dog checked 2:15 a.m. **urinating frequently (PAIN/UTI)**; 8:00 a.m. **urinate often (PAIN/UTI)**, 10:00 a.m., 9:30 p.m., and 9:45 p.m.

9/28/98 dog checked 7:15 a.m., **still straining (PAIN/UTI)**, 9:30 a.m., 8:30 p.m.

9/29/98 dog checked 8:30 a.m. leukopenia, **still straining (PAIN/UTI)**, 8:30 p.m.

9/30/98 dog checked T-102.8, **too hyper to take temp (PAIN)** for very long-may actually be higher, 1:00 p.m., 9:00 p.m.

10/1/98 dog checked 7:00 a.m., 8:00 p.m.

10/2/98 dog checked 7:30 a.m., 12:00 p.m., 9:00 p.m. v abdomen seems swollen, **still straining to urinate (PAIN/UTI)**

10/3/98 dog checked 8:30 a.m., 8:45 p.m.

10/4/98 dog checked 8:30 a.m., 9:00 p.m. **still straining to urinate (PAIN/UTI)**

10/5/98 dog checked 7:45 a.m. **straining to urinate (PAIN/UTI)**, 12:15 need urinalysis 10:00 p.m.

10/6/98 dog checked 7:30 a.m. U/A submitted, 7:00 p.m.

10/7/98 dog checked 7:00 a.m., 6:30 p.m.

10/8/98 dog checked 7:30 p.m.

10/9/98 dog checked 1:00 a.m. moderate dysphagia, 7:30 a.m. T-103.1, 5:30 p.m. **straining to urinate (PAIN/UTI)**

10/10/98 dog checked 8:30 a.m., no time for p.m. given

10/11/98 dog checked 8:30 a.m., no time for p.m. given

10/12/98 dog checked 7:00 a.m. T-103.3, 9:00 p.m.

10/13/98 dog checked 9:00 a.m., no time for p.m. given

10/14/98 dog checked 7:00 a.m. T-103, ultrasound thrombosis with in kidney, looks like **cystitis**, cysto for U/A and micro, 7:00 p.m.

10/15/98 dog checked 7:15 a.m. T-103.2, no time given for p.m.

10/16/98 elevation in daily temperature reading except for 10/20/98, stopped TMZ on 10/25/98

10/26/98 to 10/29/98 no changes noted

10/30/98 6:00(a.m. or p.m.?) **keeps walking in circles (PAIN)** going to water bowl then **trys to urinate then repeats (PAIN/UTI)**, start on **Baytril 22.7 mg**,
Weight 13.3kg

10/31/98 dog checked 9:00(a.m. or p.m.?) **limping on left front leg (PAIN)**

11/1/98 dog checked 7:00 (a.m. or p.m.?), **limping (PAIN)**

11/2/98 dog checked 7:00 (a.m. or p.m.?) T-102.8, temperature elevated until 11/10/98, off and on from 12/13/98 to 4/7/99 (PAIN)

3/17/99 ultrasound kidney U/S and biopsy kidney appears totally infarcted only minor blood flow detected

6/28/99 had puppies on 6-28-99 – 6 puppies born, 3 died first 3 days, notation about 3 puppies dated 8/5/99 Beethoven, Missy and Mohawk disposition?

7/4/99 1:00 p.m. **vaginal discharge 68 mg Baytril bid**

7/5/99 12:00 p.m. **68mg Baytril bid**

7/6/99 10:00 T-103 **136 mg Baytril bid** stopped on 7/13/99, **swelling right tuber ischium, aspirated, still limping (PAIN)**

7/16/99 **still limps muscle starting to atrophy on left rear daily walking daily (Chronic PAIN)**

7/17/99 **limp, still lame (PAIN)**

7/18/99 **limp still lame (PAIN)**

7/24/99-swollen area decreasing

7/25/99 walking better

7/30/99 removed kidney, spay

Dog name: AJ - Pilot Study

9/30/98 Pilot dog received kidney transplant from R.J.; donor dog sacrificed; chart does not list this dog's relationship to the donor; bone marrow transplant; AJ retained native kidney, transplanted one kidney, developed ureteral stenosis, nephrectomy 14 days after transplantation and adoption; a full review of this animal's records is in order

Basil – Pilot Study

Pilot renal transplantation dog, retained native kidneys

12/15/98 Reciprocal renal transplantation with Tripod bone marrow transplantation, whole body radiation, **identical matched**, had 2 kidneys (one recipient, one donor); dog checked 5:00 p.m., 9:50 p.m., entry 5:30 p.m.

12/16/98 next check 6:00 a.m., 10:00 a.m., **l paw swollen (PAIN)**, 12:00 p.m. **480 TMZ, weight 19.7 kg on 11/5/99**, 6:00 p.m. started on 2.5% dextrose, 9:00 p.m. bloody urine

12/17/98 dog checked 6:00 a.m. **still depressed a lot more so than last night (PAIN)**, vomited 2x, pulled jugular catheter, it was occluded, flushed cephalic off fluids, 10:30 a.m., 11:30 p.m. **both rear legs much more swollen, venous thrombosis? had chewed catheter out (PAIN/ANXIETY)**

12/18/98 dog checked 9:00 a.m. swelling gone down somewhat in rear legs, black mucoid diarrhea, 10:45 a.m. vomited, 9:00 p.m. no additional vomit noted, **rear legs still swollen (PAIN)**, toes warm

12/19/98 dog checked 10:00 a.m. **lt rear swollen (PAIN)**, U/A w frank blood, 8:00 p.m. swelling less in RR, almost gone in RR, pulses in both legs, toes warm, vomited all of a.m. food

12/20/98 dog checked 5:40 a.m. vomit in cage, 5:00 p.m.

12/21/98 dog checked 7:30 a.m., 7:00 p.m.

12/22/98 6:45 a.m. **weight 16.8 kg**

1/7/99 IVU kidney barely visible

2/14/99 **seems a little depressed (PAIN)**, not eating

2/15/99 discontinue MMF

2/16/99 **depressed (PAIN)**, not eating, vomiting, 7:00 p.m. **mm pale, tachy, CRT > 2 sec, placed IV catheter (PAIN)**

2/17/99 vomited

2/19/99 started 2 (22.7) **Baytril bid**

11/5/99 kidney removal, spay and adopted out

Tripod - Pilot Study

12-15-98 pilot dog, reciprocal renal transplantation with Basil, **identical matched** with bone marrow transplantation, **Born with only one kidney, only one kidney post transplant**

Died of acute sepsis – GI in origin, need to review the medical record, reported CREAT-9.3, BUN 171 day 75 post transplantation

Line (Ligneux) – Pilot Study

Pilot renal transplantation as puppies ~6 months of age

5/5/99 Reciprocal renal transplantation with Moite exchanged one kidney; recipient kidney was removed so that each dog has only one, **Haploidentical** with bone marrow transplantation

5/28/99 intussusception-repaired

9-9-03 email from [REDACTED] saying that dog started bleeding on Saturday but no treatment started until Monday; after treatment was started he **stopped** making urine and this was let go for several days until he received surgery to remove blood clot obstructing his urinary bladder; incision broke open after second surgery with pus, he was unable to lie down for several days

9-19-03 Dr. [REDACTED] and I met with [REDACTED] I discussed the renal transplantation dog, Line. Line had a recent biopsy of his transplanted kidney. The kidney bled immediately after the surgical biopsy and was put on IV fluids for a few days. The dog was returned to the ward 5 and was housed on paper on the weekend. [REDACTED] noted bleeding on Saturday and Sunday. NO therapy was initiated. On ultrasound, a large blood clot was present in the bladder. Line became obstructed for 24-48 hours, no urine production, CREAT 9. This was not documented in the medical record, per [REDACTED] comment to me post-operatively. Blood work was not done the day of surgery. The next day, after the second surgery, the creatinine was 11. Line was placed on IV fluids, left in cage with no supervision. The catheter came out on Saturday and was not replaced. On Friday after the second surgery, Line was too painful to lie down. I spoke to [REDACTED] about pain and possibly of adding antibiotics for possible incisional infection. At the beginning of the next week, the incision broke opened and drained pus. I did multiple ultrasound examinations for 3 weeks post-op and documented blood clots in the bladder and ureter, [REDACTED] would not resume IV fluid therapy.

As of May 24, 2005, Line was in crisis once again. I contacted [REDACTED] the principle investigator on May 24, 2005. Line's creatinine on 5-24-05 was 5.8. [REDACTED] and [REDACTED] placed a dialysis catheter and are currently practicing dialysis on Line. When dialysis did not go smoothly on Friday, radiographs were done and showed the dialysis catheter had been placed within his right heart. Line was hypertensive, had episodes of vomiting and diarrhea, anorexic and obviously sick. Line was finally euthanized on May 31, 2005.

Moite – Pilot Study

Pilot renal transplantation as puppies ~6 months of age

5/5/99 Reciprocal renal transplantation with Line, **Haploidentical** with bone marrow transplantation

10/15/00 12:00 p.m. T-103.3 placed catheter and started fluids, Baytril 2 ½ ml IV, Dr. [REDACTED] did ultrasound on kidney and got urine via cysto, pulled blood for BUN and Creatinine, 8:00 p.m. gave 2.5 .m Baytril IV via catheter per [REDACTED]

10/16/00 8:00 a.m. had chewed catheter line in two, 9:30 a.m., 12:30 p.m. wt. 24.8kg, defecated a small amount contained blood clots and very loose; 3:30 p.m. Baytril 2 ½ ml

Although not sick from uremia, Moite had elevation of his BUN and creatinine; he was euthanized on May 31, 2005.

Pique - Pilot Study

4/21/99 Reciprocal renal transplantation; both normal kidneys removed, one transplanted to Crochette, **identical matched**

5/6/99 wt 8.2 kg

6/4/99 wt 14 kg

6/18/99 11:00 a.m. T-103, started **68 mg Baytril bid**

7/13/99 11:00 a.m. T-102.9

12/99 had post ultrasound biopsy bleed, resolved over time, given some fluids

8/27/00 11:00 a.m. T103.7, DAR, did not eat, put inside, **moved inside from outside open kennel**, very sluggish, also a lot skinnier

8-28-00 [REDACTED] did ultrasound and found what she suspected infection in kidney and bladder due to echogenic fluid in bladder and dilated renal pelvis – did urine culture; 2:30 p.m. started on antibiotics, Baytril 4cc IV, placed indwelling catheter, began LRS **Weight 18.4 kg**, 480 TMP-SMZ, 5:15 p.m. removed catheter

8-29-00 1:00 p.m. placed catheter in L rear, lactated ringers, put E collar, Bacteriology Dept E coli as a result of gram-negative bacteria, 11:00 a.m. renal pelvis still dilated, “cloudy” material in bladder,

[REDACTED] consulted with internal medicine about antibiotic doses, [REDACTED] recommended Baytril 20-30 mg/kg once a day, adding clavamox at usual dose 14mg/kg bid; 3:50 p.m. stool from a.m. reported to be dark 5:00 p.m. Baytril dose 4 (68mg) total 272 mg Baytril [REDACTED]

8/30/00 7:30 a.m. had pulled fluid line loose, **dark feces** 10:30 a.m. Baytril dose 2/2 68mg, 250 mg clavamox, no antibiotics recorded p.m. dose

8/31/00 **NO antibiotics per [REDACTED], no treatment for Melena, 1:20 p.m catheter blocked, pulled out, placed in L cephalic**

9/1/00 **NO antibiotics per [REDACTED], no treatment for Melena, 12:45 p.m black feces**

9/2/00 8:00 a.m. dark feces 2:15 p.m. **very dark stool, new 20g catheter, NO antibiotics per [REDACTED]**

9/3/00 7:30 a.m. dark stool, **4:00 p.m. Baytril 170 mg, clavamox 250 mg**

9/4/00 12:00 p.m. pulled extension set out, took out would not go, started on fluids again 4:00 p.m. had pulled fluids out at hub, needle still in catheter, fluid bag empty, floor of cage wet, don't know how much fluids went in her and how much went on the floor, Creatinine 2.7, 8:30 p.m.

9/5/00 7:30 a.m. **wt 19.5 kg**, twice a day antibiotics, 8:45 a.m. catheter tip was removed-clotted, removed catheter, **4:00 p.m. placed new catheter, finished 1st liter at 4:15 p.m.**, started new bag, 9:30 p.m. removed fluids and flushed catheter

9/6/00 twice a day antibiotics, 8:45 a.m. started fluids at 1/1, 10:45 started new bag, 1:45 p.m. CREAT 3.2

9/7/00 twice a day antibiotics, no fluids

9/8/00 7:30 a.m. had pulled catheter out, antibiotics, euthanized, necropsy

Crochette

Reciprocal renal transplantation with Pique on 4-21-99, pilot dog, renal pedicle torsion, euthanized, **identical matched; need to review medical record, day 17 CREAT 5.9, BUN 92; day 18 CREAT 8.9, BUN 115; day 20 CREAT 11.7, BUN 160, HCT 14.5**

PROTOCOL D00CA-37 (Exhibit 6)

The influence of donor bone marrow on renal transplantation in dogs, project number [REDACTED] PI Dr. [REDACTED] listed as Co-Investigators: [REDACTED] Dr. [REDACTED] boarded in internal medicine, was supposed to be medically managing health care of these dogs. There were no humane endpoints used in this experiment until I prevailed in having them implemented.

Boots -- Boots is not listed on [REDACTED] chart of renal transplantation dogs 10/13/99 – Kidney reciprocal transplant with Bailey; removal of both kidneys from each dog; threw one away; and traded kidneys, **no mention of bone marrow or whole body radiation in medical record although part of protocol**

10/14/99 – dogs observed at 7 am and not again until 2 pm; checked at 5:00 p.m. (moved to kennel house, open runs), 6:15 p.m., and 8 p.m.

10/15/99 – dogs checked at 8 a.m., 10:30 a.m., 2:15 p.m., 4:00 p.m., 5:45 p.m., 7:30 p.m., and 10:30 p.m.

10/16/99 – dogs checked at 9:30 a.m., 10 a.m., 6:00 p.m. (catheter is occluded), 7:30 p.m. and 11:00 p.m.

10/17/99 – dogs checked at 8 a.m. (IV pole on floor so no fluids for 9 hours per [REDACTED]; next observation not again until 7:00 p.m.

10/18/99 – dogs checked at 8:30 a.m., 2:00 p.m., and 9:30 p.m.

10/19/99 – dogs checked at 8:30 a.m., 10:00 a.m., 4:00 p.m., and 9:30 p.m.

10/20/99- dogs only checked at 11:25 a.m.

10/21/99-dogs checked at 10:30 a.m., 8:00 p.m.?

Medical record continues, moved to outside kennel house 10/25/99 for the day, **started TMS 480 mg**

11/7/99 dog checked 11:30 a.m. vomited, 12:30 p.m. fighting with Bailey

11/8/99 dog checked 8:00 a.m., 11:00 a.m., 4:15 p.m. moved back with Bailey per [REDACTED], 4:30 p.m. 300 mls LRS SQ, added 50 pred, 4:40 p.m. added **68 mg Baytril**

11/9/99 9:00 a.m. 4 piles of **diarrhea in outside kennel house**

Medical records abruptly stop on 11/9/99, with no record of euthanasia, and missing pages; Veterinary student [REDACTED] called [REDACTED] to insist that both Boots and Bailey be euthanized. [REDACTED] claims to have euthanized both but there are no

records to this effect. [REDACTED] went to [REDACTED] about Boots and Bailey regarding lack of care; she has graduated and is now in Atlanta.

PROTOCOL D00CA-37

Bailey -- Bailey is not listed on [REDACTED] chart of renal transplantation dogs.
10/13/99 – Kidney reciprocal transplant with Boots; removal of both kidneys from each dog; threw one away; and traded kidneys, **no mention of bone marrow or whole body radiation in medical record although part of the protocol**
Same treatment schedule as Boots

10/14/99- **vomited fluid noted**

10/14/99 moved to kennel house/open runs 5:00 p.m. 8:00 p.m. **diarrhea noted**

10/15/04 **vomiting** noted at 4:00 p.m., **diarrhea** noted at 5:45 p.m., 10:30 p.m. blood in catheter untangled tubing

10/16/99-9:30 a.m. drip set pulled out of catheter, restarted fluids, next check at 6:00 p.m. catheter clogged, drip set pulled out, reconnected not report fluids received; 11:00 p.m.- pulled out drip set and then catheter,

10/17/99- 8:00 a.m. no fluids for last 9 hours per [REDACTED] pulled catheter gave water

10/18/99 2:00 p.m. **frank blood under kennel**, 10:30 p.m. **vomited 2 times**, once while here per [REDACTED]

10/19/99- new catheter in RR leg at 9:30 p.m., new bag of lac. Ringers

10/22/99 –3:00 p.m.-catheter needle out by fluids, empty, started new bag
5:30 p.m.- changed catheter, **creatinine 8.2**, checked 8:30 p.m., 9:25 p.m.

10/24/99 11:45 a.m. restarted fluids, 1:15 p.m. **throwing up food**,

10/25/99-5:10 p.m. **vomiting/diarrhea**, 11:30 p.m. fluids gone, catheter plugged

10/26/99 8:30 a.m. pulled catheter, 9:00 p.m. **vomited up food**,

10/28/99-2:45 p.m. placed catheter, started back on fluids, only checked again at 6:00 p.m.

10/29/99- 8:30 a.m. pulled off fluid line sometime **480 TMS**, most recent weight 15 kg., 9:45, 3:45 p.m.

10/30/99 6:00 p.m. **250 ml LRS w/dextrose subcutaneous (PAINFUL) weight 18.6 kg on 10/13/99, weight on 10/25/99 15 kg**

10/31/99-9:00 a.m. and 9:00 p.m. -250ml LRS w/dextrose subcutaneous(PAINFUL)

11/1/99-no fluids

11/2/99 12:45 p.m. 250ml LRS subcutaneous

11/3/99-no fluids

11/4/99- 2:00 p.m. Drew blood somewhat dehydrated

11/5/99- 11:45 a.m. doesn't want to eat, 3:00 p.m. only fluids -300 ml LRS subcutaneous

11/6/99-11:00 a.m. only fluids 300 ml LRS subcutaneous

11/7/99 -11:30 a.m. vomited, 12:30 p.m. only fluids 300 ml LRS subcutaneous

11/8/99-4:45 p.m. only fluids 200 ml LRS subcutaneous, started Baytril at 68mg dose

11/9/99-11:00 a.m. only fluids 250 ml LRS subcutaneous

11/11/99- no fluids again until 10:45 a.m. 200 ml LRS subcutaneous

Medical record abruptly stops on 11/14/99, with no record of euthanasia. This dog's deteriorated medical condition was reported to [REDACTED] by veterinary student worker, [REDACTED] who called [REDACTED] to insist both Boots and Bailey be euthanized.

PROTOCOL D00CA-37

Diamond and Spade

Renal transplantation done on 12-6-2000, Diamond and Spade reciprocal transplantation, with both normal kidneys removed, one kidney transplanted to other dog, whole body radiation no bone marrow transplantation, **haploidentical matched**

Records show vomiting/regurgitation for over an entire month before they figured out that there were esophageal strictures; lots of vocalizing; very long time extremely sick; lost weight

Esophageal strictures diagnosed and treated by endoscope not until 1-25-01

Emaciated – couldn't keep anything down

I contacted [REDACTED] after the Christmas holidays about the vomiting/regurgitation problems.

PROTOCOL D00CA-37

Diamond

12/7/00- **weight?** Started vomiting 10:15 a.m., (**PAIN**) and vomited up some of meds, kept down about 25%, 1:50 p.m. vomited, 2:00 p.m. vomited, 4:00 p.m. still vomiting and (**PAIN**), 4:30 p.m. vomiting, whining, standing and not lying down (**PAIN**), 4:45 p.m. gave 10 mg valium, started morphine drip, 5:45 p.m. vomited blood tinged fluid, not active (**PAIN**), 7:30 p.m. moderate vomiting, (**PAIN**), some urine, black 'specks' in vomit, 8:15 p.m. jug catheter plugged, switched to left cephalic, 9:00 p.m. checked, 10:30 p.m.- restless, cries in pain while urinating(**PAIN**), blood in vomit, dog very, very, very restless & fighting attempts to go in cage, becoming slightly aggressive (**PAIN**), jugular catheter restarted; 11:15 p.m. checked

12/8/00 8:00 a.m. small amount of V/D (vomiting/diarrhea), 12:30 p.m. did not give noon dose of valium because there was none, 6:00 p.m.- pulled out cephalic catheter, bleeding from T port, placed fluid line into jugular catheter, jugular catheter blocked

12/9/00- 6:00 a.m. T-97.7, 12:30 p.m., jug catheter flushed but hard, do not give diazepam give buprenex, 1:30 p.m. lines occluded, vomited dark brown, 4:00 p.m. checked, 7:45 p.m. jugular catheter not flush, removed, some vomit, T-98.7, 8:10 p.m. checked, 8:20 checked

12/10/00-12:00 p.m. checked, 12:30 p.m. chewing fluid lines (**PAIN**), 3:30 a.m. checked 6:00 a.m. small amount vomit, rewrapped catheter, shivering (**PAIN**), 10:30 a.m. discontinued fluids per (6) & (b)(7) 11:45 a.m. vomited, noon checked, 4:20 p.m. T-100.2, 12:00 a.m. vomited in cage, gave food, regurgitated, T 101.3, esophagitis secondary to radiation per DMT, last entry by (6) & (b)(7)

12/11/00 8:00 a.m. had thrown up, threw up after drinking water, 9:00 a.m. checked, 10:30 a.m. checked, 1:25 p.m. gave more water bowl dry, 3:30 p.m. checked, 10:00 p.m. checked

12/12/00 8:30 a.m. drinking a lot and vomiting a lot, 4:00 p.m. vomiting, straining to urinate after completion of stream (**PAIN**), drips of blood-tinged urine

12/13/00 8:00 a.m. diarrhea, strained continuously to pee (**PAIN**), 9:00 a.m. checked, 12:20 p.m., checked, 3:00 p.m. 2.5 ml Baytril diluted to 20 ml, started on dextrose, 4:00 p.m. T- 99.1, weight 20.6 kg, started TMS 240 mg, 4:45 p.m. LRS new bag, 7:30 p.m. checked, 10:00 p.m. vomiting small amount

12/14/00 dog checked at 9:00 a.m. dark, loose stool, 4:45 p.m. vomited, 11:00 p.m. stopped fluids per (6) & (b)

12/15/00 dog checked at 8:45 a.m., 10:00 a.m. restarted fluids, dog checked at 10:40 a.m., 12:30 p.m., 4:45 p.m., 10:00 p.m. shivering (**PAIN**), 12:00 a.m. stopped fluids per CL, last entry from (6) & (b) until 1/9/00

12/16/00 8:00 a.m. restarted fluids, **vomit**, checked 4:00 p.m., 10:00 p.m. large amount **loose stool**, watery, stopped fluids per (b) & (b)

12/17/00 8:00 a.m. restart fluids, **loose stool**, checked 4:00 p.m., 4:30 p.m. offered K/D did not eat, 10:00 p.m. ate small amount K/D, **last entry by (b) & (b) until 1/17/01, orders given 1/4/01**

12/18/00 **weight 19.4 kg**; checked 8:30 a.m., 1:30 p.m., 3:30 p.m. 4:30 p.m. defecated **dark and loose**, started on **TMS 240 mg, 19.4 kg**

12/19/00 dog checked 8:00 a.m. **defecated dark, loose**, 2:00 p.m., 3:45 p.m.

12/20/00 dog checked 9:00 a.m. and 4:00 p.m. **threw up food**

12/21/00 dog checked 9:30 a.m. **threw up**, 4:00 p.m., 7:45 p.m. **dark stool**

12/22/00 dog checked 8:00 a.m. **threw up some food**, kept some down, 4:00 p.m. **dark feces**

12/23/00 dog checked 8:00 a.m., 5:00 p.m.

12/24/00 dog checked 8:00 a.m. **threw up** ate again finally kept it down, 4:00 p.m. refilled water heater, she unhooked tube

12/25/00 6:30 a.m. **having trouble keeping food down**, 4:00 p.m. **vomited food after eating, kept re-eating (Yurn!), 5:00 p.m. vomited 3x!!! Repilled 3x!!!!**

12/26/00 dog checked 8:00 a.m. **vomited**, 4:00 p.m., 5:00 p.m. **vomited**, medicated followed by water

12/27/00 dog checked 9:30 a.m. **vomited 3x**; 5:30 p.m. **stopped trying to vomit after 3x**

12/28/00 dog checked 9:30 a.m., 10:30 a.m. made a paste of ½ can K/D and was able to keep it all down, 8:00 p.m. **vomited up pills 2x-kept down K/D**

12/29/00 dog checked 9:00 a.m., 8:00 p.m.

12/30/00 dog checked 8:30 a.m., 9:30 a.m., and 7:30 p.m.

12/31/00 dog checked 9:30 a.m. **vomited 2x**, mostly K/D, 6:00 p.m. **no reglan out**

1/1/01 dog checked 8:00 a.m., 9:30 p.m.

1/2/01 dog checked 8:30 a.m., 9:30 a.m.-**vomited 2x**, 6:00 p.m., 7:00 p.m.

1/3/01 dog checked 9:00 a.m., 10:30 a.m., 12:00 p.m. **weight 40 lbs, 18 kg, vomited 2x, crying and retching before vomiting (PAIN), 3:30 p.m., 4:15 p.m., 5:15 p.m.-vomited 3x and finished food**

1/4/01 7:30 a.m. per [redacted] pulled blood, 8:00 a.m. per [redacted] ultrasound, abdomen and chest radiographs, 1:30 p.m. **had thrown up a small amount mostly food,** 4:40 p.m.

1/5/01 dog checked 8:00 a.m., 9:15 a.m., 11:30 a.m.-**did not feed because they will vomit,** 5:30 p.m., 6:15 p.m., 6:30 p.m. **vomited 2x**

1/6/01 dog checked 6:20 a.m., 7:30 a.m. **vomited up partial meds and food, vomited up food about 4x, first 2x had small amts of blood in it, crying before vomiting has become more prominent (PAIN),** 8:00 p.m., 9:00 p.m. vomited 3x

1/7/01 dog checked 9:30 a.m., 10:30 a.m.-**vomited 4x,** 7:00 p.m., 8:00 p.m. **vomited 4x**

1/8/01 dog checked 10:30 a.m. **threw up 3x;** 12:40 p.m. **weight 18 kg,** 4:00 p.m.

1/9/01 dog checked 9:00 a.m., 10:00 a.m., 2:00 p.m. **some spots vomit per [redacted]** 4:30 p.m.,

1/10/01 dog checked 2:00 p.m., 5:00 p.m.

1/11/01 dog checked 8:30 a.m., 4:30 p.m., and 5:00 p.m.

1/12/01 dog checked 8:30 a.m., 9:30 a.m., 3:30 p.m., 4:00 p.m., and 4:30 p.m.

1/13/01 dog checked 9:00 a.m., 10:00 a.m. **vomited,** 4:00 p.m. **looks like vomited a lot today,** 5:00 p.m.

1/14/01 dog checked 8:30 a.m., other treatment no time

1/15/01 dog checked at 10:30 a.m., 2nd treatment not marked, no time

1/16/01 dog checked 9:30 a.m., other treatment no time, **weight 17.4 kg**

1/17/01 dog checked 8:30 a.m.; 10:17 a.m. took to surgery for abdominal exploratory and possible intestinal biopsies, 1:40 p.m., and 3:45 p.m.

1/18/01 dog checked 8:30 a.m. **threw up 5 times in a 10 min period, foam and little bits of food, painful when vomiting (PAIN),** 10:45 a.m., 2:00 p.m., and 2:15 p.m. on fluids, 10:00 p.m.

1/19/01 dog checked 8:30 a.m., 9:00 a.m., 9:45 a.m. new catheter in L saphenous vein,

9:00 p.m. tried to feed no abdominal press, could be **regurgitation, always completely undigested food, loud vocalizing prior to episodes (PAIN) per** [REDACTED]

1/20/01 dog checked 9:00 a.m. had pulled out T-port, blood everywhere, 4:00 p.m. **vomited**; dog-checked 8:00 p.m. fed A/D w water, **very consistent with esophageal stricture secondary to regurgitating while under anesthesia per** [REDACTED]

1/21/01 dog checked 9:00 a.m. fed 1 can A/D threw it all up, 9:30 a.m., 10:30 a.m.; 11:00 a.m. tried a little more food-**vomited**, 4:00 p.m., 8:00 p.m. **regurgitated some**, 9:00 p.m. **acting hungry**

1/22/01 dog checked 9:00 a.m. moved back into ward 5, 11:00 a.m., 1:00 p.m. **vomited**, 2:30 p.m. **vomited**, 4:00 p.m., 4:45 p.m. removed catheter

1/23/01 dog checked 9:00 a.m., 10:00 a.m., 12:30 p.m. **threw up, weight 17.4 kg**
4:10 p.m. **vomited 4x all food**

1/24/01 dog checked 10:00 a.m. esophagogram long esophageal stricture, 11:45 a.m., 1:30 p.m., and 3:00 p.m.

1/25/01 dog checked 2:00 p.m. **endoscopy, ulcerated, reddened, stricture esoph with dilation proximal, balloon dilated**

1/26/01 dog checked 10:30 a.m. CSA, MMF, TMS **started back, stopped 1/17/01**
10:45 a.m., 3:00 p.m. **vomited**

1/27/01 dog checked apparently once - no time given

1/28/01 dog checked 9:00 a.m. **vomited**, 3:00 p.m. defecated brown strong-smelling fecal

2/1/01 9:30 a.m. still **vomiting food!** had very bad **diarrhea**

2/3/01 **vomited**-am food no time given for afternoon treatment

2/5/01-**regurgitated food**

2/12/01 **weight 18.4 kg**

2/16/01 9:00 a.m. balloon dilated esophagus, looked a lot better from 1st dilation

4/9/01 immunosuppressive drugs stopped in 4/9/01 when she developed warts.

4/11/01 1:20 pm vomited

10/26/01 **dose of TMS 240 mg, Baytril 136 mg weight 19.6kg 3/8/01**

10/30/01 8 a.m. did not eat last night

11/01/01 7:30 a.m. did not eat much of food from last night

Diamond was allowed to go to full term pregnancy before being spayed in 2003. (Puppies were euthanized at the time of surgery by [REDACTED])

The medical records to which I had access ended on 11/14/01; Please check subsequent medical records.

PROTOCOL D00CA-37

Spade

12/6/00 Reciprocal renal transplantation with Diamond, both normal kidneys removed, whole body radiation, no bone marrow given, **haploidentical matched, and weight?** Dog checked 9:10 a.m., 6:30 p.m., 8:00 p.m., and 9:00 p.m.

12/7/00 dog checked at 12:00 a.m., 5:00 a.m. fluids occluded, only received approximately 100 ml of fluid over last 5 hours, **T-port chewed out (PAIN)**, 3 layers of towels saturated with blood, T-96.5, started fluids back; 7:30 a.m., 9:00 a.m., 10:40 a.m., 12:15 p.m., 1:55 p.m., 2:00 p.m., 2:15 p.m. **vomiting**, 4:00 p.m., 5:45 p.m., 7:30 p.m. **moderate vomiting**, black specks, **restless, seems uncomfortable (PAIN)**, 9:00 p.m., 10:30 p.m., 11:15 p.m.

12/8/00 dog checked 8:30 a.m. **fairly uncomfortable, moderate abdominal pain (PAIN)**, TMZ 240 mg, 19 kg on 12/13/00; 12:30 p.m. did not give Valium because there was none, 12:30 a.m.?

12/9/00 7:00 a.m. **nauseated, vomited 1x, digested blood**, T-100.9, 12:30 p.m. **vomit/diarrhea**, fluids stopped, 1:30 p.m. **seemed listless/uncomfortable, shivering (PAIN)** T-100, 4:00 p.m. **shivering (PAIN)**, T-98.8, 8:00 p.m. small amount black feces, face edematous

12/10/00 dog checked 12:00 a.m., 3:30 a.m., 6:00 a.m. small amount **dark stool**, jugular catheter not flushing-removed, removed cephalic catheter kinked-need to replace, removed it, 9:00 a.m. unable to get catheter in will try later; 10:30 a.m., 11:45 a.m., 11:55 a.m. **vomited** a large amount of gray fluid before drinking any water, **subdued (PAIN)**, noon, 4:20 p.m. small amount of vomit

12/11/00 dog checked 12:00 a.m. **vomiting**, diarrhea, **frank blood** in cage suspect GI lower, 8:30 a.m. **vomit, threw up outside cage**, 9:00 a.m. **threw up pills, tried to repill but she threw them up again**, 9:30 a.m., 10:30 a.m., 11:00 a.m. **3 episodes of vomiting-dark brown, subdued, not feeling well (PAIN)**, 1:13 **vomiting** dark foamy, 1:43 p.m., 4:00 p.m., 10:00 p.m.

12/12/00 dog checked 9:00 a.m. **vomit** in cage, 9:30 a.m., 4:30 p.m. brown **diarrhea**

12/13/00 dog checked 8:00 a.m. **vomit, blood in vomit, brown diarrhea**
10:00 a.m. **threw up mucousy**, clear tinge of blood, 12.20 p.m., 3:00 p.m., 4:00 p.m.,
weight 19 kg, 4:45 p.m., 7:30 p.m., 10:00 p.m. **copious vomit/regurgitation blood**
tinged

12/14/00 dog checked 9:45 a.m. **threw up mucousy, small amount**, and 4:30 p.m. small
amount **vomit**, T-99.3, 11:30 p.m. **nauseated**

12/15/00 dogs checked 8:30 a.m. T-99.4, 9:45 a.m. infusion pump would not work, 4:45
p.m. PCV 16.4 given reconstituted RBC, 11:30 p.m. bedding saturated with blood-
probably represents a good deal of the transfusion, needle pulled out, **nauseated, vomit,**
last entry by [REDACTED] until 1-9-01

12/16/00 dog checked 8:00 a.m. restarted fluids, **little vomit**, 12:00 p.m. **watery stool**,
4:00 p.m. **depressed, T-99.4**, 10:00 p.m. small amount clear vomit

12/17/00 dog checked 8:00 a.m.-restarted fluids, **vomited about 8x outside cage (foamy**
white), 4:30 p.m. **nauseated, gagging, eventually vomited a significant amount** mostly
salvia red/orange tinge to it, **cleaned vomit from cage**, 5:00 p.m., 10:00 p.m.-**diarrhea**,
salivating, no vomit

12/18/00 dog checked 8:30 a.m. T-101.4; **weight 18 kg**, 1:30 p.m., 3:45 p.m., 4:45 p.m.
removed catheter

12/19/00 dog checked 8:00 a.m. **vomited outside cage twice** mucousy, not a large
amount, 2:00 p.m., 3:45 p.m., 4:00 p.m. **still vomiting mostly food**

12/20/00 dog checked 9:00 a.m.T-102.5, 4:00 p.m.

12/21/00 dog checked 9:30 a.m.-urinates very dark, with strong odor, 4:00 p.m., 5:00
p.m.-**having trouble urinating, keeps squatting, but nothing happens**

12/22/00 dog checked 8:00 a.m. **threw up all over floor, white foam with a lot of blood**
in it, urinated on floor, very dark, 4:00 p.m.

12/23/00 dog checked 8:00 a.m. **destroyed heating pad (PAIN/ANXIETY)**, 5:00 p.m.

12/24/00 dog checked 8:00 a.m., 4:00 p.m.

12/25/00 dog checked 6:30 a.m., 4:00 p.m.

12/26/00 dog checked 8:00 a.m., 4:00 p.m., and 5:15 p.m.

12/27/00 dog checked 9:30 a.m. **vomited 2x**, 5:30 p.m. **4 attempts to vomit**

12/28/00 dog checked 9:30 a.m., 10:30 a.m., 8:00 p.m. **vomited up pills once**

12/29/00 dog checked 9:00 a.m., 8:00 p.m.

12/30/00 dog checked 8:30 a.m. **vomited up some K/D then vomited up meds 2x, refused to touch food after that,** 7:30 p.m.

12/31/00 dog checked 9:30 a.m., 10:00 a.m., 6:00 p.m., and 6:30 p.m.

1/1/01 dog checked 8:30 a.m., 9:00 a.m., and 8:30 p.m.

1/2/01 dog checked 8:30 a.m., 9:30 a.m. **vomited 2x before feeding or meds!!!**
6:00 p.m., 7:00 p.m.

1/3/01 dog checked 9:00 a.m., 10:30 a.m., **weight 35.4 lbs., 16 kg,** 12:00 p.m. **vomited up meds and food, could not keep meds or majority of food down,** 3:30 p.m., 4:15 p.m., 5:15 p.m., 5:20 p.m. **vomited once, didn't lick it up and refused to eat anymore**

1/4/01 dog checked 8:00 a.m. **orders per** [redacted] **ultrasound and radiographs of chest and abdomen,** 9:30 a.m. 1:30 p.m. **thrown up mostly food,** 4:40 p.m.

1/5/01 dog checked 8:00 a.m., 9:15 a.m., 11:30 a.m. **did not feed because they will vomit,** 5:30 p.m., 6:15 p.m., 6:30 p.m. **no vomiting**

1/6/01 dog checked 6:30 a.m., 7:30 a.m. **vomited 2x, no interest in food after that,** 8:00 p.m., 9:00 p.m.

1/7/01 dog checked 9:30 a.m., 7:00 p.m., and 8:00 p.m.

1/8/01 dog checked 10:30 a.m., 12:40 p.m. **weight 16 kg,** 4:00 p.m. T-103

1/9/01 dog checked 9:00 a.m., 10:00 a.m., 2:00 p.m. **several spots vomit per** [redacted]
4:30 p.m.

1/10/01 dog checked 2:00 p.m.? 4:00 p.m. T-103.5

1/11/01 dog checked 8:30 a.m., 4:00-4:30-5:00 p.m.

1/12/01 dog checked 8:30 a.m., 9:30 a.m., 3:30 p.m., 4:00 p.m., and 4:30 p.m.

1/13/01 dog checked 9:30 a.m., 5:00 p.m.,

1/14/01 dog checked 9:00 a.m. T-103.2, no time given p.m.

1/15/01 dog checked 10:30 a.m., 9:30 p.m. **weight 16.8 kg**

1/16/01 no entry

1/17/01 dog checked 8:30 a.m., 10:45 a.m. laparotomy, 1:30 p.m., 3:45 p.m., 5:00 p.m. turned off fluids kept occluding, 11:00 p.m.

1/18/01 dog-checked 8:30 a.m. **threw up**, 2:00 p.m., 2:15 p.m., 10:00 p.m. **salivating but no vomit**

1/19/01 dog checked 8:30 a.m., 9:00 a.m., 9:50 a.m., 10:25 a.m., 11:55 a.m., 12:15 p.m. fighting w us to get catheter in, 9:00 p.m. **regurgitated, possible esophageal stricture?**

1/20/01 dog checked 9:00 a.m. catheter blocked, eventually able to flush it, 4:00 p.m., 4:30 p.m., and 8:00 p.m. **consistent with esophageal stricture secondary to regurgitation under anesthesia**

1/21/01 dog checked 9:00 a.m., 10:30 a.m., and 4:00 p.m.

1/22/01 dog checked 9:00 a.m. moved to ward 5, 11:00 a.m., 1:00 p.m., and 2:30 p.m. **vomited 2x**, 4:45 p.m.

1/23/01 dog checked 9:00 a.m., 10:00 a.m., 12:30 p.m. **weight 15.8 kg**, 4:00 p.m.

1/24/01 dog checked 10:40 a.m. esophagogram, **stricture less prominent than Diamond**,
11:05 am, 1:30 p.m., 3:00 p.m. endoscopy, balloon dilated stricture, 4:00 p.m.

1/26/01, no entry 1/27/01, 1/28/01 only a.m. entry,

1/29/01 9:00 a.m. **weight 16.4 kg**

The medical records to which I had access ended on 11/14/01; Please check subsequent medical records.

PROTOCOL D00CA-37

Baby Spice

10/18/00 Reciprocal renal transplantation with Posh both normal kidneys removed, whole body radiation, no bone marrow transplantation, **identical matched**

10/19/00 dog checked 4:30 a.m., 10:30 a.m., 3:00 p.m., 5:45 p.m., 8:30 p.m. decreased morphine rate per [REDACTED], 9:00 p.m. **crazy dog per [REDACTED] (PAIN)**, pulled out both cephalic catheters out, jugular still patent,

10/20/00 dog checked 8:00 a.m. **TMS 240 mg bid**, 11:30 a.m., 1:00 p.m., 2:30 p.m., 6:00 p.m., and 11:30 p.m.

10/21/00 dog checked 6:30 a.m., 8:00 a.m., 3:00 p.m., 6:30 p.m., and 8:00 p.m.

10/22/00 dog checked 8:00 a.m. bag 9, 3:00 p.m., 8:00 p.m. bag 10,

10/23/00 dog checked 1:00 a.m., 7:00 a.m. bag 11, 9:00 a.m., 12:30 p.m. 4:30 p.m., 5:15 p.m. new fluids, 8:00 p.m.

10/24/00 dog checked 8:00 a.m., 10:00 a.m., 11:30 a.m., 2:10 p.m., 5:00 p.m. stopped fluids, 7:00 p.m.

10/25/00 dog checked 8:30 a.m. pulled catheter

1/8/01 **weight 21.2 kg, TMS 240 mg bid**

1/11/2001 ultrasound and renal biopsy, no mention of sedation protocol in medical record, dog not under general anesthesia, injectable only moved during biopsy

12:00 p.m. post biopsy bleeding (blood in cage from urine most likely)

1:00 p.m. placed indwelling 18g catheter in r cephalic, ultrasound recheck blood in bladder; pelvis-ureter ok (not clotted) not free blood in abdomen

1:35 p.m. PCV 46, began LRS drip, **straining to urinate (PAIN)** cleaned cage

6:00 p.m., 8:00 p.m., 9:00 p.m. **straining to urinate (PAIN)**

1/12/01 dog checked 8:00 a.m. **fluids occluded**, restarted 9:00 a.m., 10:30 a.m. 11:30 a.m. changed fluid rate per [REDACTED], 1:30 p.m., 5:45 p.m., **9:00 p.m. no urine**, reduced rate to 100 ml/hr per [REDACTED] **writing only entry since 6:00 p.m. 1/11/01,**

I contacted [REDACTED] to inform about the problem with Baby.

1/13/01 dog checked 9:00 a.m., 10:00 a.m. emergency surgery per [REDACTED], **bladder ruptured and very large clot**, bladder lavaged-uroabdomen, lavaged, 3:00 p.m. urine production 300 ml, 4:00 p.m., **6:00 p.m. 1st entry by [REDACTED] since 1/12/01, 8:00 p.m.**

1/14/01 dog checked 12:00 a.m., 8:00 a.m., 8:30 a.m., 12:00 p.m. no urine, **1:30 p.m. not urine abdomen firm, distended, and painful (PAIN)**, pulled urinary catheter, clot in end, **expressed per [REDACTED]**, 4:00 p.m., 6:45 p.m., 8:00 p.m. had to pull IV catheter, it was almost out

1/15/01 dog checked 1:00 a.m., 8:00 a.m., 12:00 p.m., 1:30 p.m. 4:00 p.m. 7:00 p.m. **still hasn't eaten**

1/16/01 **dog moved back to outside kennel house 3 days after abdominal surgery**
2:45 p.m. **these runs are cleaned with water hose with the dog in the run, weight 18.8 kg**

1/16/01 dog checked 9:00 a.m., 9:45 a.m., and 11:00 a.m.

1/17/01 email in record **Baby Spice** looks clean. The biopsy has gomeruli and cortex as well as medulla. From [REDACTED]

PROTOCOL D00CA-37

Posh Spice

Reciprocal renal transplantation with Baby Spice, removed both normal kidneys, whole body radiation, no bone marrow transplantation, **identical matched**

10/18/00 renal transplantation, dog checked 9:15 a.m., 10:15 a.m., 5:20 p.m. post-op, 6:20 p.m., T-97.4, **left arm swollen (PAIN)**, removed 1 cephalic catheter, 6:38 p.m. **moaning (PAIN)**, 7:10 p.m., 10:00 p.m.

10/19/00 dog checked 4:30 a.m. fluids not attached, quiet but **anxious-painful when handled (PAIN)**, fluids and morphine out, 10:30 a.m., 12:00 p.m., 5:42 p.m., 8:30 p.m., 9:00 p.m. **pulled all catheter out crazy dog per [REDACTED] (PAIN/ANXIETY)**

10/20/00 dog checked 5:00 a.m. **subdued (PAIN)**, vomited, salivating, 11:30 a.m., 2:45 p.m. placed catheter, **she immediately went for the catheter after we put her back (PAIN)**, 4:30 p.m., 6:00 p.m., and 11:30 p.m.

10/21/00 dog checked 6:30 a.m. **vomited or regurgitated 1x** while being handled, 8:00 a.m. started on tribissen 240 mg, weight 20 kg, 3:00 p.m. changed fluid lines, 8:00 p.m.

10/22/00 dog checked 8:00 a.m.; 10:00 a.m. **bloody vomiting**, 3:00 p.m., 8:00 p.m. moderate **severe nausea, ++vomiting**, 11:00 p.m., **severe abdominal pain (PAIN)**, no evidence of obstruction, HCT 29%

10/23/00 dog checked 1:00 a.m., 7:20 a.m., 12:30 p.m. **suspect transient episode of bacteremia last night**, 2:30 p.m. ultrasound increase venous pressure leaving kidney, 3x greater than normal, suspect venous obstruction/blockage could not follow along complete length of vein, 5:20-5:30-5:45 p.m., 8:15 p.m. small amt V/D

10/24/00 dog checked 4:00 a.m. **dog chewed through both fluid lines (PAIN/ANXIETY)**, assuming a couple of hours ago due to blood in line and amount of fluid on pad. 8:00 a.m., 9:55 a.m., 10:00 a.m., 5:00 p.m. **spit out one CSA and then tried to bite me when I attempted to re-pill her**, stopped fluids, 7:00 p.m.

10/25/00 dog checked 10:20 a.m. **vomited blood**, 11:00 a.m. placed new catheter r cephalic, 11:10 a.m. urinated blood tinged, 3:00 p.m., 8:15 p.m.,

10/26/00 dog checked 9:00 a.m. **very tender abd (PAIN)**/wagging tail per [REDACTED] 9:30 a.m. still has **bloody diarrhea**, 11:20 a.m., 12:20 p.m. **vomiting foam of blood, bubbles of blood from nose**, 12:40 p.m., 3:15 p.m. T-103, 2:00 p.m., 3:30 p.m. **increasing respiration (PAIN)**, 4:30 p.m., 5:00 p.m., **moaning some (PAIN)**, 7:10 p.m. **shaking and not active or very alert (PAIN)**, had **diarrhea** in cage

10/27/00 dog checked 12:30 a.m., 6:30 a.m., dark feces, **still seems very sore (PAIN)**, pad also had blood is urinating, 9:00 a.m. emergency exploratory, 11:15 a.m. gave whole

blood, 12:00 p.m., 12:45 p.m., 2:30 p.m., 3:10 p.m., 3:30 p.m., 4:00 p.m., 11:30 p.m.
moderate abd pain (PAIN), rear legs moderate edema

10/28/00 dog checked **no time given** T-104.3, **moderate discomfort (PAIN)**, **11:00 a.m.**
found dead; According to [REDACTED] table 1 summary of renal transplant **Posh died of**
sepsis

PROTOCOL D00CA-37

Heart

Reciprocal renal transplantation with Oreo on 10/25/00, whole body radiation, no bone
marrow transplantation, **related mismatch**

10/25/00 **weight 21.6kg** dog checked post-op 7:15 p.m., 9:10 p.m.

10/26/00 dog checked 12:15 a.m., 6:15 a.m. lungs have some high pitch sounds, but no
crackles, paws slightly swollen, 8:00 a.m. T-97.4, 10:00 a.m., 11:00 a.m. began dopamine
drip, 11:50 a.m., 3:00 p.m. cut tape around neck because **head was swelling (PAIN)**,
4:10 urinated, towels wet bloody, 5:15 p.m., 5:45 p.m., 6:30 p.m., 6:45 p.m. broke out
w/hives after giving buprenex

10/27/00 dog checked 12:20 a.m. small amt of **vomit, she is uncomfortable and**
whining (PAIN), 6:00 a.m. **whining a lot (PAIN)**, tried to **throw up** but did not
produce, head and limbs swollen, T-98.7, 10:00 a.m. **nauseous**, 10:35 a.m. raised
splotchy lesions on skin, 11:45 a.m., 12:00 p.m. urticaria had vanished, 12:12 p.m., 12:30
p.m., 11:30 p.m.

10/28/00 dog checked 6:30 a.m. pulled jugular catheter, 10:30 a.m. **vomited several**
times, lines out of catheter, 12:00 p.m., 1:30 p.m., 4:00 p.m. catheter disconnected when
cleaning cage-reconnected, 6:30 p.m. **vomited** small amount bile after MMF, 8:20 p.m.
line for LRS occluded

10/29/00 dog checked 12:00 a.m., small amt **diarrhea**, 5:15 a.m. small amt bile/vomit,
dopamine line empty, 11:30 a.m. fluid line came unattached from left leg, taped
differently, 11:46 p.m. T-99, **quivering slightly in rear (PAIN)**, 4:15 p.m. bloody stool,
generalized edema, 8:30 p.m., **standing (PAIN)**, 9:00 p.m. **persistent standing won't**
lay down facing back of cage, mild splinting when abdomen palpated (PAIN)

10/30/00 dog checked 9:00 a.m. **vomiting**, 11:30 a.m., 1:30 p.m., 4:30 p.m., 6:00 p.m.,
and 6:30 p.m.

10/31/00 dog checked 8:00 a.m. **very little V/D, left FL swollen at catheter (PAIN)**
other leg normal, CSA almost gone from last night, 1:30 p.m., 12:30 p.m., 1:00 p.m.
stopped new because dog is unable to have Zantac in mixture b/c it reacts w/ CSA, 1:05
p.m., 4:30 p.m.

11/1/00 dog checked 7:30 a.m., 9:30 a.m., 9:35 a.m. **threw up**, blood in it, 10:00 a.m., 10:50 a.m., and 11:40 a.m. changed catheter, and 4:00 p.m. **threw up**, 7:00 p.m., 8:50 p.m.

11/2/00 dog checked 8:00 a.m. line was occluded, 10:45 a.m., 2:45 p.m., 3:30 p.m., 4:30 p.m., and 8:45 p.m.

11/5/00 started on TMS 240 mg bid

1/11/2001 Renal biopsy 8:30a.m sedation only not general anesthesia, dog moved during renal biopsy;

█ writes at 5pm – “didn’t urinate all day; fluid in renal pelvis and moderate fluid in abdomen”; started on fluids at 6pm at 150ml/hr

1/12/01 11:30 a.m. changed fluid rate to 200ml/hr, 6:50 p.m. line occluded due to twisting round and round, 9PM █ writes “still no urine, several small spots yellow mucoid vomit” I contacted █ in the afternoon on 1/12/01 to inform her about Heart and Baby’s condition.

1/13/01 **Surgery** – blood clot occupying $\frac{3}{4}$ of ureter, milked into bladder, cystotomy 4:00 p.m. post-op, 6:00 p.m. line twisted, restarted, standing ataxic, 8:00 p.m

1/14/01 12:00 a.m. **reluctant to lay down (PAIN)**, gave valium, **moderate discomfort (PAIN)**, 8:00 a.m. T-99.7, 10:30 a.m., 12:00 p.m. had to remove catheter, did not flush, had no help to put a new one in., 1:30 p.m. █ says try without catheter, 4:00 p.m. tried to put catheter in but failed, 8:00 p.m.

1/15/01 dog checked 8:00 a.m., 12:00 p.m., 1:30 p.m. **not eaten food yet**, 4:00 p.m., 7:00 p.m. **still hasn’t eaten**

1/16/01 dog checked 8:30 a.m. T-101.6, **threw up** immediately after medicating, 9:45 a.m. 10:00 a.m., 11:00 a.m., 2:45 p.m. **moved back to open outdoor kennel house 3 days after abdominal surgery, these runs are cleaned with water hose with the dog in the run, wt 20.6 kg**

8/31/02 wt 24.6kg, 136 Baytril sid/bid?

6/28/02 wt 28kg, E.coli on urine culture, 375 mg clavamox bid until 7/12/02, restarted clavamox 7/15/02 until 7/25/02, 7/26/02 restarted TMS 240 mg sid

2/25/03 400 mg amoxicillin sid

PROTOCOL D00CA-37

Oreo – greyhound/greyhound cross

Reciprocal renal transplantation on 10-25-00 with Heart, removed both normal kidneys, whole body radiation, no bone marrow transplantation, **related mismatch**

10/25/00 **weight 26.7 kg**, 7:30 a.m., 8:40 a.m., 9:15 a.m. surgery, 7:15 pos-op

10/26/00 dog checked 12:15 a.m., 5:50 a.m., T-94.3, 8:00 a.m., 10:00 a.m. T-94.7, 11:50 a.m., 12:40 p.m. 4:15 p.m. bloody urine, 5:30 p.m., 5:45 p.m. **vomited** clear liquid, 6:15 p.m. **vomiting up brown liquid, very nauseated**, 6:42 p.m. broke out w/severe case of hives

10/27/00 dog checked 12:30 a.m. small amt of urine, 6:00 a.m., and 9:45 a.m. began CSA drip; 10:30-10:50 a.m., 11:45 a.m. **vomiting a lot**, 12:00 p.m., 12:12 p.m., 11:30 p.m. **less abd pain (PAIN)**, small/moderate salivation

10/28/00 dog checked 6:30 a.m. SQ edema not any worse, 10:00 a.m. generally swollen, loose mucoid stool with some blood, IV occluded, 12:00 p.m. **loose stool along with dried vomit**, 1:30 p.m., 4:00 p.m. appears edematous all over, 6:30 p.m. **some urine**, edema somewhat less, 8:30 p.m. **quiet, occasionally whining (PAIN)**, line occluded

10/29/00 12:00 a.m. edema about same, 5:30 a.m. edema about same, 8:00 a.m. new catheter, 10:00 a.m. **profuse vomiting, diarrhea**, CREAT 7.4, BUN 89, euthanized Histopath consistent with hypoxic/ischemic episode, damage likely was reversible

PROTOCOL D00CA-37

Sporty – Dalmatian/greyhound cross

Reciprocal renal transplantation with Ginger, bone marrow transplantation, both normal kidneys removed on 1/8/01, **weight 25 kg**

1/8/01 renal transplantation dog checked 9:15 p.m.

1/9/01 dog checked 12:00 a.m. mucous filled diarrhea, 4:30 a.m. fluids disconnected, cage dirty unsure if urine, small amount stool, **Next Check** 7:30 a.m. T-95.8, fluids out. 10:30 a.m., Sporty got Ginger's kidney which had 2 renal arteries-warm ischemic time ~ 2 hours, 3:00 p.m. some blood in urine, vomited, 3:15 p.m., 5:00 p.m., 5:15 p.m. **removed jugular catheter it was backing out**, 11:30 p.m. changed fluids,

1/10/01 **Next Check** 4:30 a.m. fluid and vomitus in cage, urine, incision swollen and reddened, **Next Check** 8:00 a.m. T-95.8, 12:00 p.m., 12:30 p.m. extension set leaking, 12:40 p.m. line occluded, 1:30 p.m. line occluded, 4:00 p.m., **4:30 p.m. T-96.3, threw up small amt after medications**

1/11/01 **Next Check** 5:00 a.m. fluids not flowing, catheter out line kinked, small amt **watery vomit, vomited 4 times** over ~30 min, 7:30 a.m. **threw up after meds**, small amt., 11:30 a.m. catheter put in rt front leg, restarted fluids, T-99.3, 8:00 p.m. changed fluids, **fair amt of vomit, 9:00 p.m. capped fluids per** [REDACTED]

1/12/01 **Next Check** 8:00 a.m. T-100.4, 8:30 a.m., 11:30 a.m. 5:30 p.m. **9:00 p.m. green vomit**, changed catheter line

1/13/01 **Next Check** 9:30 a.m. placed new catheter R cephalic, **very edematous L leg and chest (PAIN)**, catheter almost out, so I suspect he has had most of his fluids SQ, 10:30 a.m., took food away, 11:30 a.m. black feces all in cage, bloody substance also observed, cleaned fluid tube off, piece of intestinal lining sloughed, 2:00 p.m., 4:00 p.m. **not very responsive (PAIN)**, can tell he is **very uncomfortable (PAIN)**, he would not even attempt to swallow meds, has dazed look (PAIN), 4:40 p.m., 6:00 p.m., 8:00 p.m., 8:30 p.m., 10:00p.m., **10:15 p.m.**,

1/14/01 **Next Check** 12:00 p.m. **L front leg very swollen, penis protruding from sheath (PAIN)**, like he is **uncomfortable (PAIN)**, 1:30 p.m. replaced penis in sheath, **moderate abd. Discomfort (PAIN)**, 4:00 p.m. **left front leg still bothering him a lot! (PAIN)** Black feces observed, 8:00 p.m. **DAR can't seem to get comfortable (PAIN)**

1/15/01 **Next Check** 1:00 a.m. **depressed not comfortable, is using LF limb ~same as last night (PAIN)**, changed fluids and all lines, started morphine, **vomited or regurgitated ~4x** while I was here, 8:00 a.m. fluids were pulled by Sporty, reattached fluids and flushed, 11:00 a.m. T-98.7, 12:00 p.m. **vomited**, morphine occluded, 1:30 p.m. stopped morphine per (b) 4:00 p.m. fluids were turned off, 7:00 p.m., 11:00 p.m. **resting/depressed (PAIN)**, **vomited ~2x**, clear liquid, started up morphine for the night per (b) **vomited a huge amount over ~5 min** after putting him back in cage

1/16/01 **Next Check** 8:00 a.m. **threw up large amt.**, not interested in food, 10:00 a.m. restarted fluids, 8:00 p.m. **profuse and violent vomiting episode**, catheter backing out removed

1/17/01 **Next Check** 8:00 a.m., 8:30 a.m., PVC 22, 3:00 p.m., 3:15 p.m. **Weight 21.4 kg** 5:30 p.m. very dark diarrhea, 11:00 p.m. **very dark watery diarrheax2**, discarded food did not eat

1/18/01 **Next Check** no time given, 1:30 p.m. **vomiting**, mostly fluid and small amt of food, **diarrhea-green**, 1:45 p.m., 4:15 p.m., 10:00 p.m. **1 episode vomit**, dark brown **diarrhea 1x**

1/19/01 **Next Check** 8:00 a.m., 10:00-10:15-10:30-10:45 a.m., 11:30 a.m. put catheter in L cephalic vein, 9:00 p.m. scant diarrhea in cage

1/20/01 **Next Check** 9:00 a.m., 4:00 p.m., and 8:00 p.m. **fed not too interested**,

1/21/01 **Next Check** 9:00 a.m., 4:00 p.m. **fed not interested**,

1/22/01 **Next Check** 9:00 a.m., 10:00 a.m., 4:00 p.m.

1/2301 **Next Check** 9:30 a.m., 10:30 a.m., **weight 18.8 kg**, 4:00 p.m.,

1/24/01 **Next Check** 8:00 a.m., 8:30 a.m., 1:30 p.m., 3:00 **not very interested in food**

1/25/01 **Next Check** 8:00 a.m., 3:30 p.m.

1/26/01 **Next Check** 8:30 a.m., 10:00 a.m., and 3:00 p.m. **did not eat all a/d or k/d**

1/27/01 **Next Check** 10:00 a.m., 5:30 p.m. **had eaten all a/d but not k/d**

1/28/01 **Next Check** 9:00 a.m., 9:30 a.m. **did not attempt to touch any of food, 3:00 p.m. had not eaten any food, tried to give either a/d or k/d or r/d but still didn't like it**

1/29/01 **Next Check** 8:00 a.m. **weight 19.2 kg**

1/30/01 **Next Check** 8:00 a.m., 11:00 a.m., 2:00 p.m.

1/31/01 **Next Check** 8:00 a.m.

2/1/01 **Next Check** 9:00 a.m. **had not eaten k/d, ate some a/d**

2/2/01 **Next Check** 9:00 a.m., 9:15 a.m. **regurgitated food, 3:00 p.m.,**

2/3/01 **Next Check** 8:00 a.m.

2/4/01 **Next Check** 9:00 a.m., **growth on pad of L rear leg**

2/5/01 **Next Check** 8:00 a.m., 4:00 p.m. **did not eat A.M. k/d and water**

2/6/01 **Next Check** 8:00 a.m., 12:00 p.m., 1:00 p.m.

2/7/01 **Next Check** 12:00 p.m.

2/8/01 **Next Check** 8:00 a.m., 3:00 p.m.

2/9/01 **Next Check** 9:00 a.m.

2/10/01 **Next Check** 8:00 a.m.

2/11/01 **Next Check** 9:30 a.m. **Weight 18.8**

2/12/01 **Next Check** 9:00 a.m. **lesion wart-like on left rear foot only btwn p3/p4, but encompasses entire interdigital area on plantar aspect of foot, inflamed, apparently painful (PAIN)**

2/13/01 **Next Check** 8:45 a.m., 9:45 a.m., and 10:00 a.m. **photographed L rear foot; R rear also has a small wart plantar surface, rewrapped L rear, right rear not painful or swollen, 1:45 p.m.,**

2/14/01 **Next Check** 9:00 a.m. **started 240 TMS**

2/15/01 **Next Check** 8:00 a.m.

2/16/01 **Next Check** 9:00 a.m.

2/17/01 **Next Check** 8:00 a.m.

2/18/01 **Next Check** 9:00 a.m.

2/19/01 **Next Check** 9:00 a.m., 10:30 a.m. **weight 19.6 kg**

2/20/01 **Next Check** 8:00 a.m., 8:30 a.m., 9:30 a.m.

2/21/01 **Next Check** 8:00 a.m.

2/22/01 **Next Check** 10:00 a.m., 1:00 p.m.

2/23/01 **Next Check** 8:00 a.m., 3:00 p.m. **biopsy of wart**, took culture, **soaked foot** in domeboro soln, (b)(6) & (b)(7)(c) requested he be put on clavamox 375 bid, stop TMS, **threw up twice**

2/24/01 **Next Check** did not eat this p.m.
next sheet 3/4/01 **foot was very swollen started back on clavamox**

3/5/01 8:00 a.m. **stopped clavamox**, back on **240 TMS**, 100 mg intrconazole, soaked foot

3/6/01 **Next Check** 8:00 a.m., 3:00 p.m.

3/7/01 **Next Check** 8:00 a.m. intraconazole, 3:00 p.m. ketaconazole

3/8/01 **Next Check** 9:00 a.m., **weight 19.6 kg**, 10:00 a.m., 2:00 p.m.

3/9/01 **Next Check** 10:00 a.m.

3/10/01 **Next Check** 8:00 a.m.

3/11/01 **Next Check** 10:30 a.m.

3/12/01 **Next Check** 9:00 a.m., 3:45 **scrubbed w/surgical scrub, wiped clean, applied silvadene oint., added Baytril 68 mg bid**

3/13/01 **Next Check** 9:00 a.m., 3:00 p.m. not eating, yesterday morning and today

3/14/01 **Next Check** 10:00 a.m.

3/15/01 Next Check 8:00 a.m., 12:30 p.m. had not touched a.m. food at all, changed bandage, washed with soap and put cream on it, smelled very bad, no improvement observed

3/16/01 Next Check 8:00 a.m., 1:00 p.m. changed bandage, scrubbed, applied silvadene

3/17/01 Next Check 9:00 a.m. changed bandage

3/18/01 Next Check 9:00 a.m. changed bandage

3/19/01 Next Check 8:00 a.m. weight 19 kg, discontinue ketoconazole, 9:30 a.m. changed bandage, 3:00 p.m. hasn't eaten breakfast, 3:30 p.m. derm consult

3/20/01 Next Check 9:30 a.m.

3/21/01 Next Check 7:00 a.m. has not eaten p.m. food

3/22/01 Next Check 9:00 a.m. 10:30 a.m., 2:50 p.m. only ate ½ of a.m. food

3/23/01 Next Check 8:00 a.m.

3/24/01 Next Check 8:30 a.m.

3/25/01 Next Check

3/26/01 Next Check 8:00 a.m., 2:00 p.m. scrubbed foot with scrub soap, soaked, applied silvadene, 4:00 p.m. did not eat a.m. food

3/27/01 Next Check 8:00 a.m., 9:00 a.m. weight 18.2 kg, 2:00 p.m. scrubbed foot with scrub soap, soaked, applied silvadene, 3:00 p.m. ate half of a.m. food

3/28/01 Next Check 8:00 a.m. 3:30 p.m. scrubbed foot with scrub soap, soaked, applied silvadene

3/29/01 Next Check 9:00 a.m. left front paw wart came off and bled profusely, wrapped it up, 2:00 p.m. scrubbed foot with scrub, soaked, applied silvadene, left rear leg more swollen, edematous,

3/30/01 Next Check 8:30 a.m. wart on R rear, removed and saved for EM evaluation

3/31/01 Next Check 9:00 a.m. quiet, switched to cephalexin 500 mg bid, TMS 240 mg bid, cleaned foot

4/1/01 Next Check 9:00 a.m. quiet, L rear leg very swollen, more and more

4/2/01 Next Check T-103 drew blood per [REDACTED], placed IV catheter, **right forearm seems slightly swollen edematous**, drew blood for blood culture, 11:20 a.m. 2nd blood culture, 1:45 p.m. 3rd blood culture, moved to research ward in SAC per [REDACTED]

4/3/01 consult with [REDACTED] surgeon, specialized in soft tissue trauma, he had not seen anything like this before

I contacted [REDACTED] to let her know that Sporty was getting worse. Sporty was removed from (b)(2)High & (b)(7)f per [REDACTED] for several months. Sporty was septic from infection from foot pads/warts. [REDACTED] took over as the primary care clinician on Sporty. See Medical record.

PROTOCOL D00CA-37

Ginger Spice - Identical matched - Anuric renal failure, warm ischemic time > 1 hour, gross necropsy no obstruction, histopath global ischemia did not appear reversible, at time of surgery Ginger had 2 renal arteries both sides, used left kidney to Sporty
1/5/01 weight 25.8 kg

1/8/01 Reciprocal renal transplantation with Sporty, both normal kidneys removed; bone marrow transplant; renal transplantation dog checked 7:30 p.m., **9:15 p.m.**; 1/9/01 dog checked **12:00 a.m.** threw up bile in cage, 4:30 a.m. vomited, **no urine**, 7:00 a.m., 8:00 a.m. T-97.5, **vomited a small amt**, 10:30 a.m. 2 hour warm ischemia time, 4:00 p.m., **does not appear to be urinating**, edematous, 4:15 p.m., BUN 66, CREAT 3.7, 4:45 p.m. TMS 240 mg, 11:30 p.m. **restless, up and moving around, whining, trying to chew lines (PAIN)**, BUN 69, CREAT 4.2 p.m. check

1/10/01 dog checked 4:30 a.m. **vomits and bloody fluid in cage, no urine**, fluids in neck wrap of jugular catheter, 9:00 a.m. T-97.7, **still not urinating**, CREAT 6.1, BUN 85, 10:00 a.m. abdominocentesis, red tinged fluid, 2:40 p.m. unhooked fluids, **euthanized**, lots of fluids in abdomen

1/17/01 Histopath report: Ginger Spice's kidney is pretty sorry. Many tubules along the outer medulla (area most sensitive to global ischemia) are necrotic. Some are lined by degenerating epithelial cells, some have not epithelial lining at all. Lumens contain cellular debris, granular casts, and protein. There is tubular lipodosis in most cortical tubules. Per [REDACTED] 1-17-01

Protocol D02CA-76 (Exhibit 7)

Clinical Applications of canine renal transplantation, PI [REDACTED]
[REDACTED] **Listed as Co-Investigator [REDACTED] the following 4**
dogs, Coral, Seahorse, Papi, and Sabia, were done on [REDACTED]
project and with his funding. They received no immunosuppression
post-op, which is not part of any IACUC approved renal
transplantation protocol. No humane endpoints were employed. Dr.
[REDACTED], boarded in internal medicine, was supposed to be medically
managing the health care of these dogs.

Protocol D02CA-76

Coral, Seahorse, Papi and Sabia

All done with no IACUC-approved protocol, No humane endpoints

No immune suppression given post-operative on these four following reciprocal renal transplantation, normal kidneys removed, Coral was transplanted with Seahorse, Papi was transplanted with Sabia, whole body radiation +/- bone marrow transplantation
Two of these dogs, Seahorse and Coral, were used in a paper submitted to *Transplantation* and in request for patent of this procedure via Auburn University Technology Disclosure. Paper submitted to *Transplantation* and patent office, "Renal allograft tolerance in DLA-identical and haploidentical dogs after nonmyeloablative conditioning and transient immune suppression with cyclosporine and Mycophenolate Mofetil"

Seahorse

9/5/02 weight 23.5 kg,

9/10/02, renal transplantation with Coral, removal of both normal kidneys, bone marrow transplantation; 4:20 p.m. **whining (PAIN)**, 4:35 p.m. **still whining (PAIN)**, 4:50 p.m. **began whining again (PAIN)**, 5:10 p.m. **increasingly loud whining (PAIN)**, feet more swollen, 5:25 p.m. **whining again (PAIN)**, urine blood tinged, 6:45 p.m. T-98.1, 7:00 p.m., 8:00 p.m. **still whining a lot (PAIN)**, 8:30 p.m., 9:00 p.m., 10:00 p.m., 12:00 a.m.

9/12/02 12:30 a.m., 1:45 a.m., 2:00 a.m., 2:40 a.m., 2:45 a.m. **whining periodically (PAIN)**, 3:05, 3:15 a.m. **whining almost constantly (PAIN)**, 3:20 a.m. **whining loud constant (PAIN)**, 4:05 a.m., 4:30 a.m. trying to start new fluids, 4:45 a.m. finally fluids are going, **whining (PAIN)**; 5:20 a.m. **whining (PAIN)**, 5:40 a.m. **whining more (PAIN)**, 5:50 stopped whining, 6:20 a.m. **still whining some (PAIN)**, 6:30 a.m., 6:45 a.m., 7:10 a.m. **threw up**, 7:20 a.m. threw up again, 7:50 a.m. **whining a lot (PAIN)**, 8:15, 9:00 a.m., 10:30 a.m. **chewed hole in water blanket (PAIN)**, 11:00 a.m. appears swollen, **seems nauseated, some small gagging/swallowing**; 12:45 p.m. **whining (PAIN)**, **mini-retching motions then swallows**, 1:30 p.m. **retching/reflux but not**

productive, whining (PAIN); 3:40 p.m., 5:30 p.m., 8:30 p.m. pulled both catheter lines out, stopped IV fluids last check per [REDACTED] 11:30 p.m. last check per [REDACTED] for night

9/13/02 dog checked 7:45 a.m. **threw up**, 8:30 a.m., 9:00 a.m., 10:00 a.m. blood pulled for BUN-36, CREAT-2.2, CBC, panel, serum, plasma, 1:00 p.m., 3:00 p.m., 4:30 p.m., 5:00 p.m.

9/14/02 dog checked 8:00 a.m., 9:00 a.m. blood pulled for BUN, CREAT, 1:00 p.m., 3:00 p.m. submitted urine, removed one of catheter, 5:00 p.m., 7:00 p.m., 8:00 p.m.

9/15/02 dog checked 8:00 a.m., 11:00 a.m. checked BUN, CREAT, 11:15 a.m., 1:30 **threw up small amount, clear with foam, small pieces of food in it, 3:00 p.m. threw up what looked like all of her food, it did not look digested at all, 6:00 p.m., 7:00 p.m.**

9/16/02 dog checked 7:30 a.m. **vomiting bile**, 8:00 a.m., 8:30 a.m. **heaving but did not actually vomit**, 9:00 a.m. blood pulled for BUN-20.6, CREAT-1.8, 12:30 p.m., 1:00 p.m. **threw up small amt., while out of cage, foam and chewed up food**, 2:10 p.m., removed jugular catheter, 2:30 p.m. blood pulled for serum, plasma, CBC, **vomited again**, foamy, 4:30 p.m.

9/17/02 dog checked 8:00 a.m., 9:00 a.m., 10:30 a.m., and 4:00 p.m.

9/18/02 dog checked 10:00 blood pulled for BUN-12.2, CREAT-1.6 (a.m. or p.m.?), **no longer mention cage in daily log, returned to ward housed on in run with paper, no longer intensive observation in "post-op" care area**

9/19/02 dog checked 9:00 (a.m. or p.m.),

9/20/02 dog checked 4:00 (a.m. or p.m.), 11:30 a.m. 5 ml blood pulled BUN-11.5, CREAT 1.5

9/21/02 dog checked 12:00 (a.m. or p.m.?)

9/22/02 dog checked 12:00 (a.m. or p.m.?)

9/23/02 dog checked 10:00 a.m. blood pulled for CBC, BUN-6.7, CREAT-1.4, 12:00 p.m., and 6:15 p.m.

9/24/02 dog checked 5:30 (a.m. or p.m.?)

9/25/02 dog-checked 10:30 (a.m. or p.m.?) blood pulled for **BUN, CREAT-2.0? from article, Transplantation, report missing**, and 12:00 p.m.?

9/26/02 dog checked 6:30 (a.m. or p.m.?), 2:00 p.m.? **Unable to get urine (Dehydrated/renal failure), 5:30 p.m. not interested in food, threw up partially**

digested food, very depressed (UREMIC), no blood work checked, literature states 10-14 days for rejection-no blood work done today

9/27/02 dog checked 8:00 blood pulled for BUN-104.6, CREAT-9.6
10:00 a.m. vomiting, 11:00 a.m. euthanized, enlarged hemorrhagic kidney

Protocol D02CA-76

Coral

9/5/02 weight 20.8 kg

9/11/02 renal transplantation, reciprocal transplantation with Seahorse, removal of both normal kidneys, dog checked 8:00 a.m., 9:30 a.m., 3:00 p.m. sponge left inside, 3:30 p.m. reopened and removed, 4:00 p.m. 5:45 p.m. hay and grass in feces, 5:50 p.m., 6:45 p.m. T-95.2, 8:00 p.m., 8:45 p.m., 9:15 p.m. T-00.3, 10:15 p.m. **she was uncomfortable, whining (PAIN)**

9/12/02 dog checked 12:00 a.m., 12:30 a.m. diarrhea, 2:30 a.m., **whining some (PAIN)**, 2:40 a.m. **still whining (PAIN)**, 3:05 a.m., 3:15 a.m., 4:15 a.m. T-98.9, **whining some (PAIN)**, 4:50 a.m. **whining some (PAIN)**, 5:00 a.m. **breathing seems more rapid (PAIN)**, 5:15 a.m., 6:35 a.m. **whining some (PAIN)**, 7:00 a.m., 7:25 a.m. **has been whining almost nonstop for last 10 mins (PAIN)**, pulled out needle drip ext, 8:15 a.m., 10:20 T-97.2, 11:00 appears swollen, 12:45 p.m. **whining (PAIN)**, 1:00 p.m. **somewhat rapid breathing (PAIN)**, 1:30 p.m., 3:40 p.m., 4:10 p.m. twisted lines off, 4:40 p.m., 5:30 p.m., 8:30 p.m. **hyperexcitable to touch (PAIN)**, stopped dopamine and fluids? per [REDACTED] 11:20 p.m. flushed catheters per [REDACTED]

9/13/02 dog checked flushed all 3 catheter no notation about restarting fluids, 9:15 a.m., 10:00 a.m. pulled blood for BUN, CEAT, CBC, and panel, serum, plasma, 1:00 p.m., 3:00 p.m., 4:30 p.m., 4:45 p.m., 5:00 p.m.

9/14/02 dog checked 8:00 a.m. pulled left cephalic because **she chewed it to pieces (PAIN)**, 9:00 a.m., 1:00 p.m., 3:00 p.m. removed cephalic catheter 2nd?, 5:00 p.m., 7:00 p.m., 8:00 p.m. spilled water

9/15/02 dog checked 8:00 a.m. replaced water, 11:00 a.m., BUN, CREAT results, 11:15 a.m., 1:00 p.m. redness around incision, T-103.3, 3:15 p.m., 6:00 p.m., 7:00 p.m.,

9/16/02 dog checked 7:30 a.m., 8:00 a.m., 8:30 a.m., 9:00 a.m., 12:30 p.m., 2:00 p.m. pulled blood for CBC, plasma, serum, removed jugular catheter, 4:30 p.m.

9/17/02 dog checked 8:00 a.m., 9:00 a.m., 11:00 a.m., and 4:00 p.m., **no longer mention cage in daily log, returned to ward housed on in run with paper, no longer intensive observation in "post-op" care area**

9/18/02 dog checked 10:00 (a.m. or p.m.?) pulled blood fro BUN, CREAT

9/19/02 dog checked 9:00 (a.m. or p.m.?)

9/20/02 dog checked 11:30 (a.m. or p.m.), 5 ml blood, 4:00 p.m.?

9/21/02 dog checked 12:00 (a.m. or p.m.?)

9/22/02 dog checked 12:00 (a.m. or p.m.?)

9/23/02 dog checked 10:00 (a.m. or p.m.?) blood for CBC, BUN, and CREAT
12:00 p.m.?

9/24/02 dog checked 5:30 (a.m. or p.m.?)

9/25/02 dog checked 10:45 (a.m. or p.m.?) 5 ml blood for BUN, CREAT, 12:00 p.m.?

9/26/02 dog checked 6:30, 2:00, 5:30 (a.m. or p.m.?)

9/27/02 dog checked 8:00 blood for BUN, CREAT, 1:00 p.m., 1:30 p.m. placed catheter,
2:45 p.m. urinated small amount, 3:20 p.m. vomited food, 3:30 p.m. return to kennel,
restart fluids in a.m. per (6) & (b) 3:40 p.m. squatting to urinate no urine
(DEHYDRATION/renal failure), weight 19.4 kg; 4:20 p.m. blood for BUN, CREAT 4.0,
4:45 p.m., 4:50 p.m., 5:30 p.m. per (6) & (b) (check fluids 8:00 p.m., 10:00 p.m., 12:00 a.m.,

9/28/02 dog checked 2:00 a.m. **no urine (dehydration/renal failure)**, 6:00 a.m. replaced
extension, reconnected fluids, kidney very large and palpable, 8:00 a.m., 10:00 a.m.,
10:30 a.m. ultrasound confirmed increase in renal size, **euthanized**, very enlarged
hemorrhagic kidney

Blood work not in medical record

Protocol D02CA-76

Papi

9/24/02 **weight 24.4 kg,**

9/25/02 Renal transplantation reciprocal with Sabia, both normal kidneys removed,
surgery 8:45 a.m., 2:30 p.m. vocalization, 3:10 p.m. T-93.9, 3:30 p.m., 4:30 p.m., 5:00
p.m. bubbling from right nostril, 5:25 p.m., 5:45 p.m. **beginning to whine (PAIN)**, 5:46
p.m. **vomited (PAIN)**, 6:15 p.m., 7:30 p.m. T-100.6, 9:30 p.m., 11:30 p.m. **crying when
checking for urine (PAIN)**

9/26/02 dog checked 2:00 a.m. urinated small amt. of blood in it, **urinated what looked
like pure blood**, 4:30 a.m. T-98.3, 6:30 a.m., 9:40 a.m. **vomiting**, 11:00 a.m. **vomited
again-contains clotted blood**, 11:30 **vomited with blood clots**, 12:05 p.m., 12:15 p.m.,
12:45 p.m., 4:30 p.m., 8:00 p.m., 11:00 p.m., BUN-47, CREAT-3.4

9/27/02 dog checked 5:20 a.m., **no urine**, 6:20 a.m. **no urine**, 8:00 a.m. blood for BUN-
58.9, CREAT-3.5, 9:30 a.m., 1:30 p.m., 1:40 p.m. **abdomen seems distended-biting at**

incision/prepuce (PAIN), 2:45 p.m., 3:30 p.m., 4:05 p.m., 6:15 p.m., 8:00 p.m., 10:00 p.m.

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

9/28/02 dog checked 12:00 a.m. patient had disconnected fluid line-redressed IV, patient **seems nauseated and regurgitating, 2:00 a.m., 6:00 a.m. appeared nauseated (salivating), straining to defecate (PAIN), circling (PAIN), fluids not running when arrived, 8:30 a.m. abdomen distended with edema along incision line, 10:00 a.m., 10:20 a.m. abdominal fluid, acting more painful and depressed (PAIN), euthanized, BUN-36.2, CREAT-3.3; in [REDACTED] hand writing kidney not enlarged renal artery vein patent**

Even though it appears that this dog was euthanized appropriately, I had to insist that Papi be put to sleep on a Saturday when [REDACTED] was out of town after I did an emergency ultrasound that morning. Papi was very painful and vomiting. This procedure should never have been done, as there was no protocol.

Protocol D02CA-76

Sabia

9/24/02, weight 15 kg, BUN-10.1, CREAT-1.2

9/25/02 renal transplantation reciprocal with Papi, both normal kidneys removed, 9:50 a.m. surgery, 3:00 p.m., 3:15 p.m. gave cells prepared by [REDACTED] retrieved from Papi, 3:30 p.m., 4:30 p.m., 5:15 p.m., 5:35 p.m., 6:30 p.m., 7:30 p.m., 8:00 p.m. **whining (PAIN), 8:30 p.m. whining, 9:30 p.m., 10:30 p.m. breathing rapid, raspy, 12:00 p.m. raspy breathing (PAIN), still no urine**

9/26/02 dog checked 1:00 a.m. **panting a lot (PAIN), tongue swollen, 2:00 a.m., 2:30 a.m. still breathing fast (PAIN), 4:30 a.m. tongue swollen, no urine yet, respiration harsh (PAIN), 6:00 a.m., 6:45 a.m., 7:20 a.m. still no urine, vomited 3x, 8:00 a.m., 11:15 a.m. vomited, damp towel urine! (**NOT URINE, PROBABLY ABDOMINAL EFFUSION), 11:25 a.m. vomited, 11:30 a.m., 11:35 a.m. vomited, 12:05 vomited with blood flecks, small amt diarrhea, 2:50 p.m. vomited, 3:20 p.m. blood tinged urine on towels (**NOT URINE, PROBABLY ABDOMINAL EFFUSION), 3:35 p.m. walking in circles (PAIN), crouching as though to urinate/defecate small amt diarrhea/urine expelled (PAIN), 3:40 p.m. **blood tinged fluid dripping from ventral cranial abdomen near xiphoid, 4:25 p.m., 5:00 p.m. vomited, **leak blood tinged fluid from bleb at cranioventral abdomen-fluid actually squirting out, 5:15 p.m. finished 1st bag today, 5:45 p.m. abdomen ultrasound indicated free abdominal fluid(lots), bladder small w/small amt urine, 5:55 p.m., 10:00 p.m. catheter disconnected, **increase respiratory effort (PAIN), no urine, abdomen painful when palpated (PAIN), 10:25 p.m. I did ultrasound large free abdominal fluid, pelvis mild dilated, ureter seen entering bladder, small amount fluid in bladder, vomited 5x, BUN-43.7, CREAT-4.7****

9/27/02 dog checked 3:20 a.m. **straining (PAIN), 5:20 a.m. no urine, 6:20 a.m. no urine, 8:00 a.m. pulled blood for BUN, CREAT, 9:30 a.m. no urine, 11:30 a.m.**

euthanized lots of abdomen fluid, ureter patent, renal artery/vein patent, kidney not enlarged per (b) & (b); BUN-75.2, CREAT-7.1

This dog should never have been allowed to live three days without making any urine.

Clinical Applications of canine renal transplantation, MAF project number D02CA-76, (Exhibit 7) PI [REDACTED] Co-Investigator [REDACTED] no humane endpoints until 2/9/04 and then only at my request. IACUC did not approved protocol with "rescue therapy" until August 2004 and officially removed listing of Dr. [REDACTED] from the renal transplantation protocols. IACUC subcommittee removed [REDACTED] from the renal transplantation projects in May 2004.

These dogs were supposed to be **unrelated mismatch**, meaning not related (sibling or cousin) in any way.

Milkweed- Unrelated Mismatch

Lhasa/basenji cross, **weight 6.0 kg**, whole body radiation,

Reciprocal renal transplantation with Rebecca on 1/6/02

Milkweed was found dead in cage on 1/14/02

Vessels hooked up incorrectly – crisscrossed the vein and artery per [REDACTED]

1/7/02 4:00 p.m. post-op T-94, other checks 9:00 p.m., **no urine yet**, 11:00 p.m. **no urine**, 1/8/02 12:15 a.m. several small **vocalizing (PAIN)**, but only minor discomfort,

1/8/02 6:00 a.m. dopamine was not running, crimp in the line, catheter in L front would not flush anyway, my guess is that it's been off for hours, 6:15 a.m. may have peed a (very) little, 10:00a.m. Restarted LRS and dopamine drip, 11:45 lying sternally, 12:00 p.m. T-98.4, 1:30 p.m. small urine on towels, 1:50 p.m. decreased dopamine, 3:30 p.m., 4:30 p.m., 7:30 p.m small amt vomit foam (white), 7:40 p.m., 7:45 p.m., **8:30 p.m.** several small spot of mucoid **diarrhea**, **last check until 7:45 a.m. 1/9/02**

1/9/02 –dog checked 7:45 a.m. dopamine drip had stopped, LRS drip was pulled out, T-99.1, 10:45 a.m. **vomited** yellow liquid, 12:30 p.m. T-98.7, 1:00 p.m. **threw up yellow foam**, 4:30-4:45 p.m. T-99.8, 6:15 p.m., 7:30 p.m. several urine spots or bilious vomit, **one medical record sheet 1/8/02, next entry by [REDACTED] 1/9/02 7:00 a.m.? T-96.7** restarted dopamine drip, **no urine in cage, date back to 1/8/02 T-97.9 no urine in cage, PCV 18, TS 3.8, 8:30 a.m.?, 10:00;**

1/10/02 8:00 a.m. T-99.5, 10:00 a.m. **PCV 15, TP 4.2**, 10:50 a.m., 11:50 a.m., 1:00 p.m. 4:30 p.m. T-99.2, 120 mls whole blood, **PCV 13.9**, 5:45 p.m., 6:20 p.m., 8:00 p.m. **very difficult to pill (PAIN/ANXIETY)**, had to use pill gun for MMF per [REDACTED]

1/11/02 dog checked 7:00 a.m. T-99.6, **loose stool**, dark; small amount of **vomit, blood in urine**, and **con't to try to urinate although cannot, cannot pill even "piller" (PAIN)**; 8:00 a.m. fluid line had stopped, restarted, 8:30 a.m. urinated small amt, seemed tinged with blood, but only a very small amt. 9:30 a.m., 10:00 a.m., 10:30 a.m. **12:30**

p.m. T-97.6 seizing, 2 times, first one lasted a couple of minutes, second one about the same, called [REDACTED] not checked again until **5:30 p.m., T-97.7**, small amt. **tarry stool**, 8:30 p.m. **tarry stool**, looks like blood in them, possible urine spot but may be diarrhea, T-99.8

1/12/02 **NEXT CHECK not until 8:00 a.m.** T-100.2, several spots of **tarry stool**, could not tell if any spots were urine or just diarrhea, several yellow spots, **small red spots on left gums**, she may have done this while seizing yesterday, 11:00 a.m. blood work from A.M. looks bad, BUN increased 73.3 to 122, CREAT 1.8 to 3.7, HCT decreased from 28, mm still light pink, **CK is extremely high (FROM SEIZURING)**, ALT is higher today, **not very responsive, shivering (PAIN)**; 12:00 p.m., 1:00 p.m. T-100.3, small amt **tarry stool**, 6:00 p.m. T-99.6 no stool or urine, 10:30 p.m. no bladder visualized, mild/moderate ascites

1/13/02 dog checked 8:15 a.m. increase ascites/clot no urine in bladder, renal artery clot between anastomosis and renal pelvis, T-97, 1:10 p.m., 5:00 p.m. **T-97.7**

1/14/03 **10:00 a.m. dead in cage**, abscess in pancreas, renal vein cross-stitched walls together, clot in renal artery, moderate ascites, petechia,

[REDACTED] **tried to do this surgery without [REDACTED] then convinced her to come back to the project after these surgeries did not go well.**

Rebecca- Unrelated Mismatch

Reciprocal renal transplantation with the donor Milkweed on 1/6/02, euthanized on surgery table. [REDACTED] could not connect renal vasculature. [REDACTED] **attempted to do surgery without [REDACTED] and his only help was a second year surgical resident, [REDACTED] (now [REDACTED]**

Protocol D02CA-76

Will- Unrelated Mismatch. Will is Grace's brother from the same litter. The bitch is a dog from [REDACTED] who is allowed to roam at large. [REDACTED] brought the bitch (who he claimed was his pet) into [REDACTED] at the end of her pregnancy and the puppies were used for research. The bitch is a carrier of a genetic problem.

Reciprocal renal transplantation with Chipmunk, no bone marrow transplantation from Chipmunk, bone marrow taken from Will to give to Chipmunk, both normal kidneys removed, whole body radiation

4/8/03 **weight 19.2 kg, started on 480 TMS, 300 CSA, 190 MMF**

4/9/03 renal transplantation 9:00 a.m., 5:50 p.m., 6:05 p.m. **still vocalizing (PAIN)**, 6:25 p.m. more sedation, 6:43 p.m. T-99.6, 7:15 p.m., 8:00 p.m., 8:30 p.m. T-98.9, 9:00 p.m., 9:30 p.m., 10:15 p.m., no urine, 11:50 p.m., T-99,

4/10/03 dog checked 12:53 a.m., 1:35 a.m., 1:50 a.m., 3:10 a.m., 4:15 a.m., no urine, 5:00 a.m., 5:10 a.m., 5:20 a.m. **very restless and vocal (PAIN)**, 6:30 a.m., 7:00 a.m. very active, had to reattach line in L cephalic, 8:00 a.m., 8:30 a.m., 10:00 a.m., **11:30 a.m. extremely agitated, chewing at catheters, biting at cage door, changed fluid lines to direct hook-up (PAIN)**, 11:45 a.m., 12:00 p.m., 12:30 p.m., 2:40 p.m. starting to get up and be **restless in cage-tangling fluid lines (PAIN)**, 3:00 p.m., 4:00 p.m., 5:20 p.m. **twisted lines, trying to bolt out of cage (PAIN)**, 5:30 p.m. T-96.4, 6:00 p.m., 6:45 p.m. T-97.8, 8:30 p.m. R paw swollen distal to IV cath, **pt vomited** small amount of green fluid, T-95, HR-62, limb cool distally, 9:45 p.m. T-96.8, HR-56, **10:45 p.m. QAR**, mucoid diarrhea, **regurgitating** green fluid not vomiting, HR-96, R cephalic catheter no longer patent-removed,

4/11/03 (NEXT CHECK) 1:00 a.m. QAR, **very active turning in kennel (PAIN)**, **regurgitating**, 1:40 a.m., 2:00 a.m., 3:00 a.m., **pt became restless and vocal (PAIN)**, 4:00 a.m., 5:00 a.m., T-99.1, pulse 88, RR-24, 6:00 a.m. **regurgitating**, 6:40 a.m. **regurgitating**, 6:50 a.m. **regurgitating**, 7:00 a.m. became very **agitated (spinning/pawing) (PAIN)**, **regurgitated**, 10:20 a.m. T-99.5, very **agitated (PAIN)**, vomiting, blood tinged, 10:30 a.m. vomiting again, still going crazy-digging at cage liner (PAIN), 10:35 a.m. *****buprenex has not been working today suggest maintaining hydro for another day per (a) & (b)**, 1:00 p.m., vomited brown fluid again, 1:10 p.m. now **extremely active again (PAIN)**, 1:20 p.m., 2:00 p.m. vomited again, dark tarry stool, 2:15 p.m. vomited large amt. dark liquid, very active, whining (PAIN), 3:15 threw up dark liquid, blood clot in it, 3:30 p.m., 3:50 p.m., (Next Check) 6:30 p.m. QAR, noted blood and melena in cage, pt leaking combo of blood and serous fluid, pt had more melena and frank blood, **pt regurgitated copious amount of digested blood**, T-98.2, HR-108, RR-36, pt to remain NPO including meds until vomiting/regurgitation ceases, 7:15 p.m., 8:30 p.m. **pt vomiting uncontrollably (digested blood)**, hematuria, removed L cephalic catheter as there was a kink in the catheter, T-99.2, 9:30 p.m., 10:00 p.m., 10:25 p.m., 11:20 p.m. T-97.9, HR=78 melena persists, **pt vomitus** now contains large % of frank blood, PCV-22%

4/12/03 12:00 a.m., 12:35 a.m., 1:30 a.m., 2:30 a.m. **pt restless, doesn't seem to be able to get comfortable, circling in kennel (PAIN)**, 3:30 a.m., 4:30 a.m. **restless (PAIN)**, **regurgitated frank blood**, 5:00 a.m., 5:50 a.m., 7:30 a.m., T-98.2, pulse 80, RR-24, mm pale pink/tacky, 8:00 a.m. still V/D (vomit/diarrhea) black green mucoid material, gave all oral meds, vomited up undigested per CL (Next Check) 10:25 a.m. reconnected fluids and dopamine, 10:40 a.m. vomited quite a bit, 11:20 a.m., 1:00 p.m., 2:00 p.m., 3:30 p.m. T-99, bloody urine, blood clot in it, dark diarrhea, vomited small amt before meds given, (Next Check) 4:30 p.m. vomited several small amounts, BUN79, CREAT 4.6, clot in urinary bladder breaking up per DMT, (Next Check) 7:00 p.m. QAR, T-100.2, diarrhea, melena, scrotal edema noted, pt did not urinate, 8:30 p.m. QAR, still straining to defecate (PAIN), mucoid component to melena, hematuria with large clot, 8:55 p.m., 10:00 a.m. increase in submandibular edema, 11:20 p.m. hematuria, melena persists, pt hypersalivating, anus very irritated and painful (PAIN)

4/13/04 12:30 a.m., 1:30 a.m., 2:03 a.m. submandibular edema increased, T-99.8, HR-124, 3:30 a.m. hematuria, **diarrhea** w/frank blood, 4:30 a.m., 6:00 a.m., 7:00 a.m., 7:15 a.m., 7:30-7:45 a.m., 10:00 a.m., 12:00 p.m., 1:00 p.m. BUN 91.6, CREAT 6.7, RI>.8, clots in bladder, renal pelvis distended, 1:30 p.m., 2:00 p.m., 3:30 p.m. urinated large amt in cage, quarter size blood clot and 2 smaller blood clots, T-100.7, 3:45 p.m. defecated loose, (**Next Check**) 6:40 p.m. **QAR**, increase facial edema, increase scrotal edema, peripheral edema primarily in rear limbs, 7:30 p.m., 8:25 p.m., 9:35 p.m. mucoid **diarrhea**, increase scrotal edema, 10:45 p.m., 11:30 p.m. **vomited** immediately after administration (pills recovered)

4/14/03 1:00 a.m., 1:30 a.m., 2:00 a.m., 2:30 a.m., 3:00 a.m., 4:00 a.m. **diarrhea**, 5:00 a.m., 6:00 a.m., 7:00 a.m. **hypersalivating**, (**Next Check**) 9:15 a.m. defecated loose **stool, threw up small amt of foam**, 10:00 a.m. **still vomiting**, tissue clot still present at ureteroneocystomy site, thickened ureter, slight pelvic dilation, **tissue wrap causing constriction at vascular anastomosis, rear limb edema both rear legs, decrease CP in LR only per** [REDACTED] 11:00 a.m., 11:45 a.m., 12:15 p.m. BUN 77.9, CREAT 6.2, 12:30 p.m., 1:30 p.m. **threw up, threw up 2 large amts of lt brown, mucousy foam over 2 minute period, loose stool**, 4:10 p.m. **threw up 2 large amts of lt brown mucousy foam over 2 minute period, 4:20 p.m. threw up 2 large amts of lt brown mucousy foam** 4:30 p.m., 5:00 p.m., (**Next Check**) 7:15 p.m. **pt duller (PAIN)** than yesterday, **diarrhea, L rear limb more edematous than R (PAIN)**, petechiae, scrotal edema unchanged, ecchymosis noted on ventral thorax, 8:30 p.m., 9:30 p.m., **10:00 p.m., 10:03 Just missed you**, stop fluids, 10:15-10:40, 11:30 p.m. fluids disconnected

4/15/03 (**Next Check**) 8:00 a.m. **loose stool**, 9:00 a.m., 10:00 a.m. **appetite poor, still nauseous**, 10:30 a.m. started fluids, 12:00 p.m. **diarrhea, threw up with lots of blood clots** in it, 2:30 p.m. BUN 72.9, CREAT 4.2, 5:45 p.m., 7:15 p.m., 8:45 p.m. stopped fluids, 9:00 p.m.

4/16/03 8:30 a.m. **vomit**, 10:00 a.m. **threw up large amt of clear foamy with blood clots**, 10:15 a.m. started fluids, 2:00 p.m., 2:30 p.m. BUN 76.5, CREAT 3.0, 5:00 p.m., 6:15 p.m. stopped fluids, 7:00 p.m.,

4/17/03 (**Next Check**) 9:00 a.m., 11:00 a.m., 11:15 **PCV-HCT 13%**, 2:00 p.m., **3:00 p.m.** slow drip of infusion of RBC reconstituted with 200cc 0.9% saline, **stopped infusion at 4:00 p.m., jugular catheter won't flush**, 5:40 p.m. **tarry black stool** and some loose, placed new catheter in L cephalic, 6:00 p.m. pulled jugular catheter, 7:30 p.m.

4/18/03 (**Next Check**) 8:00 a.m., 9:00 a.m. free abdominal fluid, still has plug on tip of ureter, lots of urine in bladder, kidney looks better, 9:30 a.m., 10:30 a.m., **PCV still low, hook back up to remaining blood transfusion**, 11:30 a.m., 2:20 p.m., 2:25 p.m., 4:45 p.m. sample fluid taken to rule out sepsis, 7:00 p.m., 7:30 p.m. hard to pill, 8:00 p.m.,

4/19/03 12:00 a.m. **QAR**, HR 156, arrhythmia, (**Next Check**) 8:00 a.m., 11:00 a.m. **stool was dark**, no MMF, (**Next Check**) 8:30 p.m. **shivering a little (Next Check)**, T-100.6

11:50 pt destroyed cage (PAIN/AXIETY), HR-144, scrotum still appears painful (blisters present) (PAIN)

4/20/03 (Next Check) 10:00 a.m. black/tar BM, catheter seems to be leaking, 11:00 a.m. removed catheter-not working anymore, 3:00 p.m. 7:30 p.m., 8:30 p.m. black tarry BM

4/21/03 12:15 a.m. QAR, transient murmur, tachyarrhythmia HR 200-210, (PAIN), T-99.9, skin from scrotum sloughing (PAIN), (Next Check), PCV-17%, 8:00 a.m., 9:00 a.m., 10:00 a.m., 1:00 p.m. BUN 20.1, CREAT 1.7, 2:30 p.m., 5:30 p.m., 6:00 p.m., 6:45 p.m. defecated, very dark, but not black

4/22/03 (Next Check) 9:00 a.m., 9:30 a.m. regurgitated, added water to it-done for esophageal strictures, e.g. Diamond and Spade both get water added to food since diagnosed with stricture, weight 17.2 kg, 9:15 a.m. PCV-17, TS 4.6, 10:30 a.m., 12:30 p.m., 3:00 p.m., 6:00 p.m.

4/23/03 (Next Check) 8:30 a.m., 9:45 a.m., 1:30 p.m., placed cephalic catheter, started whole blood, BUN 16.6, CREAT 2.0, HCT-12.8, 5:00 p.m. 450 ml whole blood, 5:45 p.m., 6:15 p.m.

4/24/03 (Next Check) 9:00 a.m., 8:00 a.m., 11:00 a.m., 12:00 quivering (PAIN), 1:10 p.m., 2:00 p.m., 4:30 p.m., 4:50 p.m. regurgitated it (I forgot to mix it w/water), 5:20 p.m. had regurgitated some food, frank blood in vomitous, 6:15 p.m., 6:45 p.m.

4/25/03 (Next Check) 8:30 a.m. dark stool in cage, moistened food regurgitated back up, ***probable esophageal stricture per [REDACTED] 4:30 p.m. food mixed w/warm water**

4/26/03 (Next Check) 8:30 a.m., 10:00 a.m., 6:30 p.m.

4/27/03 (Next Check) 8:00 a.m., 11:15 a.m., 8:00 p.m., 9:00 p.m.

4/28/03 (Next Check) 7:30 a.m., 9:15 a.m. weight 15.8 kg, 11:30 a.m., 5:00 p.m.,

4/29/03 (Next Check) 7:00 a.m., 7:15 a.m. threw up small amt foam, some pills in it, repilled, 7:45 a.m. K/D & water, 12:00 moved to ward, housed on paper, threw up foam, moved back to isolation cage, 5:00 p.m., 5:30 p.m., 6:15 p.m.

4/30/03 (Next Check) 7:30 a.m., weight 16.2 kg, 8:00 a.m. threw up foam and pill 3x, repilled, and 4:00 p.m. offered K/D without water immediately regurgitated it, 6:00 p.m.

5/1/03 (Next Check) 7:30 a.m. did not eat last night's food; 10:00 a.m. ate some dry K/D, but regurgitated it, 5:00 p.m., and 6:00 p.m.

5/2/03 (Next Check) 10:00 a.m., 5:45 p.m.

5/3/03 (Next Check) 8:30 a.m., no p.m. time given

5/4/03 (Next Check) 12:00 p.m., no p.m. time given

5/5/03 (Next Check) 8:30 a.m., **threw up pills twice, refilled**, 9:00 a.m. **weight 16.4 kg**
6:00 p.m. threw up pills 3 times, 6:15 p.m. ate all of food, **regurgitated** small amt.

5/6/03 (Next Check) 8:00 a.m. threw cyclosporine pills up, tried liquid cyclosporine,
threw that up, regurgitated first bit eaten, ate it again, kept it down, eating small amts
and keeping it down, probably got about half of his cyclosporine this morning, 9:30 a.m.,
5:30 p.m.

5/7/03 (Next Check) 8:00 a.m. **weight 16.2 kg, threw up pills, it was foam & 2**
flattened cyclosporine capsules, I don't know how much of the meds he actually got,
3:30 p.m., 6:30 p.m.

5/8/03 (Next Check) 2:30 p.m. **endoscopy with balloon dilation of strictures**,
3:30 p.m., 4:00 p.m., 6:00 p.m.

5/9/03 (Next Check) 8:00 a.m., **weight 16.0 kg**, 8:15 a.m., 10:30 a.m., 5:00 p.m. positive
urine culture, **Baytril 68 mg bid**, 6:00 p.m.

5/10/03 (Next Check) 9:30 a.m. **no mention of cage cleaning**, no p.m. time given

5/11/03 (Next Check) 1:30 p.m. no p.m. time given

5/12/03 (Next Check) 6:00 a.m., 10:30 a.m., 6:00 p.m.

5/13/03 (Next Check) 8:45 a.m., 10:15 a.m., 5:45 p.m.

5/14/03 (Next Check) 8:15 a.m., 9:00 a.m., 9:15 a.m., 5:30 p.m.

5/15/03 (Next Check) 10:45 a.m. **regurgitated/vomited up food**, 11:30 a.m. **did not eat**
much of his food, seeking (b)(6) & (b)(7)c for another "bongie" appt., 5:15 p.m., 6:00-6:10-
6:40 p.m.

5/16/03 (Next Check) 9:15 a.m., 10:15 a.m., 11:45 a.m., 12:15 p.m. **endoscopy severe**
esophagitis with blisters (PAIN), balloon dilated strictured areas, 3:00 p.m. **back to**
kennel 3:05 p.m., 6:00 p.m., 6:30 p.m., and 6:45 p.m.

5/17/03 (Next Check) 10:00 a.m., 7:00 p.m.

5/18/03 (Next Check) 10:30 a.m. **did not eat p.m. food**,

5/19/03 (Next Check) 8:30 a.m. weight 16.4 kg, 9:30 a.m.; 6:00 p.m. ate only a small amt. of morning food,

5/20/03 (Next Check) 9:00 a.m., 5:15 p.m.

5/21/03 (Next Check) 9:00 a.m., 3:30 did not eat maint. food, 3:45 p.m.,

5/22/03 (Next Check) 8:45 a.m., 6:00 p.m. regurgitated A/D

5/23/04 (Next Check) 9:00 a.m., 5:15 p.m.

5/24/03 (Next Check) 10:00 a.m., no p.m. time given

5/25/03 (Next Check) 10:00 a.m., no p.m. time given

5/26/03 (Next Check) 9:00 a.m., no p.m. time given

5/27/03 (Next Check) 8:30 a.m., 9:30 a.m., 3:30 p.m., 6:45 p.m. weight 17 kg, 7:00 p.m. regurgitated meds, also regurgitated them this morning, refilled

5/28/03 (Next Check) 9:00 a.m., regurgitated pills, refilled, 9:15 a.m. regurgitated food, no p.m. time given, 11:00 a.m. took to Atlanta, placed peg tube
When I asked [redacted] why Will had been taken to Atlanta, she told me that Will had not been able to keep any food down for the last 3 days. The medical record does not reflect this observation.

5/29/03 (Next Check) 9:30 a.m., 1 can A/d, 3:15 p.m. 1 can A/D, 4:30 p.m., 5:00 p.m.

5/30/03 (Next Check) 8:00 a.m. 1 can A/D, 9:30 a.m., 12:45 p.m. 1/2 can A/D, 2:00 p.m., 2:30 p.m., 4:00 p.m., 5:00 p.m. 1/2 can of A/D

SEE MEDICAL RECORD this amount of food (small A/D cans) persisted until...

I discussed with [redacted] that I did not think Will was receiving proper diet/caloric intake via the peg tube. [redacted] calculated calories needed per day

1. $RER = (30 * bw_{kg} + 70) * 2$
 $30(16) + 70 = 550 * 2 = 1100$ Kcal per day
2. Was receiving 1/2 to 1 can A/D 2-3 times per day
 - a. A/d = 197 kcal/can
 - b. $197 * 3 = 591$ kcal/day = weight reduction diet
 - c. Dog attempted to eat bedding, bedding material regurgitated
3. [redacted] increased feeding to 6-9 cans of A/D per day when co-investigator mentioned excessively low caloric intake to animal handler [redacted]

Will's immunosuppressive drugs were reduced over time; the cyclosporine and MMF levels were both reduced. Will had an episode of rejection based on elevation in BUN

and CREATININE; biopsy was not done at time of elevation. Both cyclosporine and MMF were put back to full doses with the addition of steroids. **I will call this treatment rescue therapy.** This was done at least twice during the first 6 months after the transplantation. This was not included in the approved protocol. **SEE MEDICAL RECORDS FOR DATES AND NUMBER OF TIMES OF RESCUE THERAPY GIVEN TO WILL**

Late in April, early May 2004, I noted on one of the last ultrasound examinations, changes in Will's spleen, HCT was in low 20's indicating anemia, most likely due to chronic renal failure.

1/25/05 Will's color was noted to be pale, HCT 12.9, Will's HCT level had **not been checked since 10/19/04. The only other HCT checks were on 2/17/04 and 8/3/04.**

1/26/05 Will was euthanized due to anemia secondary to chronic renal failure +/- chronic rejection? Severe hypertrophic cardiac changes were likely from hypertension from chronic renal failure. His BUN was 79.5 and creatinine 4.2 on 1/25 but had already risen to 75.8 and 4.3 respectively by January 6, 2005.

Protocol D02CA-76

Chipmunk

Reciprocal renal transplantation with Will, bone marrow from Will, whole body radiation, transplantation done 4/9/03

Chipmunk was killed during her second rejection episode. She was treated twice with **rescue protocol**. She developed a painful wound above her left shoulder, wart on rear digit, pus around the nail bed of right front foot during first rejection episode, which Dr. [REDACTED] thought was a host versus graft reaction. This wound was present for weeks to months, I don't think it was entered into the medical record.

Weight 4/8/03 27.6 kg

4/9/03 8:30 a.m. vomiting "small bite", food pellets, 5:00 p.m. bone marrow transplantation following renal transplantation, 5:45 p.m., 6:45 p.m. T-99.8, panting (PAIN), diarrhea, 7:50 p.m. T-99.9, diarrhea, no urine, bilateral nasal discharge, (NEXT CHECK) 9:00 p.m., 9:40 p.m. mucoid nasal discharge, 10:40 p.m., RR effort mildly increase (due to whining) (PAIN), (NEXT CHECK) 11:57 p.m. HR-96, T-99.8,

4/10/03 (NEXT CHECK) 12:55 a.m., 1:23 a.m., 1:30 a.m., 3:15 a.m. diarrhea, **pt more alert and restless (PAIN)**, 4:00 a.m. **pt very restless and vocal (PAIN)**, diarrhea, 4:15 p.m., 5:15 a.m., 6:30 a.m., 7:15 a.m. **pt very alert and vocal (PAIN)**, 8:00 a.m. T-99.5, **panting (PAIN)**, 8:30 a.m., 9:30 a.m., 10:00 a.m., 12:00 p.m., 12:10 p.m., 12:30 p.m. BUN 52.9, CREAT 3.2, 4:00 p.m., 4:30 p.m. T-99.6, diarrhea, flipped over to rt. Side, 6:00 p.m., (NEXT CHECK) 6:45-7:30 p.m. facial and inguinal edema, T-98, HR-50, some ventral edema, ventral bruising noted, removed R cephalic venipuncture site was very irritated and leaky, did not administer pt's hydromorphone due to HR and degree of

sedation, (NEXT CHECK) 9:00 p.m. T-97.9, HR-92, diarrhea, (NEXT CHECK) 10:30 p.m. diarrhea now has frank blood as well, T-99.8, **anus raw and irritated,**

4/11/03 (NEXT CHECK) 1:30 a.m. **pt became restless (PAIN),** vomiting copious amounts of yellowish fluids, (NEXT CHECK) 2:00 a.m., 4:30 a.m. mucoid feces present, 6:00 a.m., 7:00 a.m., 9:00 a.m. **standing persistently-will not lie down, abdomen tense (PAIN),** 8:30 a.m., 9:00 a.m., 1:00 p.m. BUN 59.5, CREAT 3.0, 2:00 p.m., 4:30 p.m. T-99.4, 5:30 p.m. **standing whining (PAIN), (NEXT CHECK) 7:00 p.m. T-99.3,** melena around rectum, mucoid component to feces, rear limbs edema increased and more distal than yesterday, cleaned rectum, very raw, **irritated and painful (PAIN),** ventral edema unchanged but increased bruising, increase severity of facial edema, (NEXT CHECK) 8:15-9:00 p.m. **straining to defecate (PAIN),** 9:30 p.m. **pt was very anxious (PAIN),** removed cephalic catheter, 10:00-10:25 p.m., (NEXT CHECK) 11:05 p.m. T-98.6, HR-50, **inguinal region moist concerned about potential urine scald (PAIN),**

4/12/03 (NEXT CHECK) 12:00 a.m., 12:30 a.m. **restless (PAIN),** 1:15 a.m., 2:00 a.m., 2:40 a.m., 3:30 a.m., 4:30 a.m. **moving around, can't get comfortable (PAIN),** 5:00 a.m., 5:55 a.m., 9:00 a.m., 10:30 a.m. **reconnected fluids and dopamine,** 11:00 a.m. **vomiting on and off since started fluids,** 11:20 a.m., 11:45 a.m., 1:00 p.m. **small amt of whining (PAIN),** 2:00 p.m. T-99.4, **somewhat restless, whining a little bit (PAIN),** 4:00 p.m., 4:30 p.m. dark tarry stool, 4:45 p.m. BUN 44.6, CREAT 2.5, (NEXT CHECK) 6:15 p.m. **limbs markedly more edematous (PAIN),** T-99.3, pt appears nauseated "licking chops and some regurgitation-very small amt.", diarrhea, (NEXT CHECK) 8:30 p.m., (NEXT CHECK) 10:10-10:30 p.m. **pt anxious in cage, vomited enormous amount of yellow vomitus, diarrhea contains frank blood, d/c hydromorphone, (NEXT CHECK) 11:20 p.m. pt vomited copious volume of yellow fluid, tenesmus w/mucoid diarrhea,**

4/13/03 (NEXT CHECK) 12:30 a.m., 1:30 a.m., **vomited large volume yellow fluid,** small amount of frank blood present, 2:00 a.m., 4:00 a.m., 5:30 a.m., (NEXT CHECK) 7:15 a.m., 7:40 a.m. **P 160 (PAIN),** 12:00 p.m. threw up a small amount, 12:30 p.m. trying give a.m. pills, **layed down and began whining some, appears to be having a small seizure, head trembling, stretching legs, eyes did not appear to roll back, cannot find pulse, (NEXT CHECK) 12:50 p.m. pulse 94, some discomfort when lifted and on sharp abdominal palpation (PAIN),** BUN 42.2, CREAT 2.5, (NEXT CHECK) 1:00 p.m. fluids out, (NEXT CHECK) 2:00 p.m. diarrhea, 4:00 p.m., 5:30 p.m. **head bobbing up and down, does not look like a full blown seizure, diarrhea, (NEXT CHECK) 5:55 pm. QAR, diarrhea, noted heart murmur, petechiae, pt would not allow examination of vulva (PAIN), rear end area still irritated and painful (PAIN),** scuffing R rear limb when walking, (NEXT CHECK) 7:10 p.m. **projectile watery diarrhea, favoring R rear limb and vocalizing excessively (pain?) (PAIN),** 8:30 p.m. **panting after being manipulated (PAIN), (NEXT CHECK) 8:55 p.m. pt. Became anxious, diarrhea, panting after manipulation, arrhythmia ectopic beat (PAIN), (NEXT CHECK) 9:15 p.m. pt became anxious and vocal in cage (PAIN), vomited enormous amount and had another 'episode' excessive vocalization, extending R rear**

limb, panting, pacing, screaming when trying to sit down, (NEXT CHECK) 10:30 p.m., 11:45 p.m.

4/14/03 (NEXT CHECK) 12:10 a.m., HR-108, 1:00 a.m., whining and licking R rear leg medial aspect (PAIN), 2:00 a.m., 2:30 a.m., 3:15 a.m. pt seemed uncomfortable moving around a lot (PAIN), diarrhea, 5:30 a.m. projectile diarrhea, HR-92 7:00 a.m., 7:25 a.m. uncomfortable (PAIN), 8:45 a.m., 9:45 a.m., 10:00 a.m. very sedate (PAIN), weak in R legs, both rear legs edematous, incontinence urine dripping urine, 10:30 a.m., 11:00-11:45-11:50 a.m., 12:15 p.m. walked around ~ 1 minute, then back legs stiffened and she lay down, diarrhea continued to lay on floor, BUN 36.8, CREAT 2.7 1:00 p.m. jug catheter occluded, 2:00 p.m. diarrhea, 5:15 p.m. diarrhea, 6:05 p.m. QAR, 6:45 p.m. QAR, peripheral edema, wheezy, perineal area raw and irritated very painful, urine scald noted in inguinal region, pt to painful to adequately clean (PAIN), 7:15 p.m., 8:45 p.m., (NEXT CHECK) 9:30-9:45 p.m., not interested in food, (NEXT CHECK) 10:45 p.m. QAR although duller (PAIN), more reluctant to get out of cage (PAIN), (NEXT CHECK) 11:15 p.m. disconnected from fluids, (NEXT CHECK) 11:25 p.m. pt vomited enormous amount of yellow fluid with clotted blood, uncontrollable vomiting and dry heaving (PAIN/AXIETY),

4/15/03 (NEXT CHECK) 8:30 a.m., 9:30 a.m. not interested in food at this time, 10:00 a.m. poor appetite, 11:00 a.m. pilled immediately threw them up, small blood clots in yellow mucousy, foam, repilled and she kept them down, 12:00 p.m. started fluids, 2:30 p.m., BUN 28.6, CREAT 2.5, 3:30 p.m. diarrhea, threw up few blood clots, 6:15 p.m., kept pushing towels into the corner so I left them (PAIN/AXIETY), 7:15 p.m., 8:30 weight 25.2 kg, 8:45 p.m., 9:00 p.m.

4/16/03 (NEXT CHECK) 8:30 a.m., 9:00 a.m. threw up large amt of yellow foam, small clot in it, 10:30 a.m., 10:35 a.m. restarted fluids, 12:00 p.m. ate some k/d, 2:30 p.m. BUN 29.9, CREAT 2.8, 5:30 p.m. stopped fluids, 6:45 p.m. threw up food

4/17/03 (NEXT CHECK) 9:00 a.m., 11:00 a.m., 11:15 a.m., 2:00 p.m., 5:40 p.m., 6:10 p.m., 7:30 p.m. vomited sucralfate

4/18/03 (NEXT CHECK) 8:00 a.m., 9:40 a.m. vomited large amount of very yellow mucous, 10:15 a.m., 11:15 a.m., restarted fluids, 2:30-2:35 p.m., 3:30 p.m. turned off fluids, 7:00 p.m., scratching at jug cath, 8:30 p.m. vomited minimally digested food, urinated concentrated appearance

4/19/03 (NEXT CHECK) 12:00 a.m. no urine in cage, HR-156 (PAIN), 8:00 a.m., 9:30 a.m., 10:30 a.m., 12:00 p.m. urinated dark yellow, (NEXT CHECK) 8:00 p.m. ran fluids 2:00-8:00 p.m. 100 mls/h, tried pill balls but no success, (NEXT CHECK) 11:30 p.m. pt panting (PAIN), HR-96, not interested in k/d,

4/20/03 (NEXT CHECK) diarrhea again, not a lot of urine, not interested in food, seems to feel sick, gagging but no regurgitated, 2:00 p.m. started fluids, 7:00 p.m. ~100-200

mls before she pulled the jugular catheter out, fluid in cage, peed very yellow almost neon

4/21/03 (NEXT CHECK) 12:00 a.m. HR-96, 7:30 a.m., 8:00 a.m., 9:00 a.m. placed catheter R cephalic, 12:00 p.m. BUN 30.4, CREAT 2.9, 2:30 pm., 5:30 p.m. stopped fluids for the day, received 765 .m, 6:00 p.m. **chewing at catheter (PAIN/AXIETY)**, removed it,

4/22/03 (NEXT CHECK) 8:00 a.m., 10:00 a.m., 10:30 a.m., 12:30 p.m., 2:45 p.m., 5:30 p.m. **Weight 23.6 kg**

4/28/03 **weight 23 kg**

4/30/03 **weight 22.6 kg**

5/5/03 **weight 24.8 kg**

5/12/03 **weight 24.6 kg**

5/19/03 **weight 24.6 kg**

5/28/03 **weight 25.4 kg**

6/3/03 **weight 26.4 kg**

6/11/03 **weight 26.4 kg**

Chipmunk was killed during next rejection episode need to see medical record.

Protocol D02CA-76

Badger – Unrelated Mismatch dog

Reciprocal renal transplantation with Grace, both normal kidneys removed, one kidney from Grace, no bone marrow, whole body radiation, on 5/7/03

Discontinued pain meds when dog was vocalizing and attacking cage

5/7/03 dog checked 6:30 p.m. post-op T99.2, 8:00 p.m., no urine noted, 9:15 p.m. **vocalizing and panting (PAIN)**, 10:00 p.m., 10:50 p.m. **pt became very aggressive, grabbing cage and grinding teeth (painful) unable to fully assess pt. Due to behavior (PAIN)**, discontinued hydromorphine per [REDACTED], butorphanol 1.5 ml., 11:30 p.m. **no longer aggressive**

5/8/03 12:10 a.m. no urine, 1:30 a.m. **pt became aggressive, chewing cage, vocalizing (PAIN)**, 1.5 butorphanol, 2:00 a.m. **lacerated tongue during last aggressive spell, bleeding slightly (PAIN)**, no urine, 3:00 a.m., 4:00 a.m. no urine, 4:40 a.m. no urine, 5:00 a.m., 6:00 a.m. **started vocalizing, became very agitated, chewed extension on T-port on central line (PAIN)**, urinated small amount, greenish tinged diarrhea, **punctured water blanket (PAIN)**, 7:10 a.m., 8:00 a.m., 8:30 a.m. **thrashing around, biting at fluid line to jugular catheter (PAIN)**, 1.5 ml torb IV, 9:00 a.m., **painful when manipulated to move (PAIN)**, T-99.9, 11:10 a.m., 12:00 p.m., 12:45 p.m., 3:00 p.m. **painful, possibly due to urinating but also was standing to urinate, so it could be something else. (PAIN)**, 5:00 p.m., 5:30 p.m. **whining (PAIN)**, 6:45 p.m. facial edema present, mucoid diarrhea, 7:15 p.m. R cephalic IV no longer patent, L cephalic IV bandage soaked in urine, 8:00 p.m., 9:15 p.m. projectile **diarrhea** (small amount

Melena), mild increase in facial edema, 10:00 p.m. **pt was mildly vocal (PAIN)** 10:30 p.m., 11:00 p.m.

5/9/03 dog checked 12:30 a.m., dark brown watery **diarrhea, vocalizing as replaced in kennel (PAIN)**, 1:30 a.m., 2:40 a.m. **pt became restless (PAIN)**, 4:00 a.m., 5:00 a.m., 5:30 a.m. **started vocalizing, became restless (PAIN)**, 6:30 a.m. **began vocalizing and moving about kennel (PAIN)**, no urine, **R front leg and carpus swollen (PAIN)**, 8:00 a.m., 8:30 a.m., 10:00 a.m., 11:20 a.m. **vomited**, 11:30 a.m., 11:45 a.m., 1:25 p.m., 4:00 p.m. **diarrhea**, 6:15 p.m. **looked a little nauseated**, diarrhea, 7:30 p.m. **marked facial edema**, T-99.8, slightly tacky mm, 8:00 p.m. HR 44-48 bpm, 8:50 p.m. **straining to defecate (PAIN), diarrhea**, 11:00 p.m.

5/10/03 dog checked 12:30 a.m. **is gagging but not thrown up**, defecation was dark brown almost black, 1:00 a.m. **HR 40bpm**, skipping butorphanol per [REDACTED]
Next check 3:10 p.m. **comes in and out of consciousness (PAIN)**, is gagging again, 4:00 a.m., 4:05 a.m. tried to defecate, 5:00 a.m., 5:30 a.m. changed fluids would have run out by 7:00 a.m., 6:40 a.m. 8:35 a.m. **vomit, inspiratory sounds harsher (PAIN)**, 9:15 a.m., 10:30 a.m., 11:00 a.m. **QAR (PAIN)**, mucoid diarrhea, 11:30 a.m. notified Dr. [REDACTED] **CREAT 7.0, BUN 68.9**, no change in therapy at this time, 12:40 p.m., 1:00 p.m. **pt regurgitated small to moderate amount of yellow fluid, edema redistributing**, 2:15 p.m., 3:00 p.m. **QAR, pt more nauseated vomited/regurgitated 2x**, 5:30 p.m. **pt has vomited 2x (yellow fluid), appears nauseated, uremic breath noted**, 6:00 p.m., 8:30 p.m. **QAR cage full of mucoid diarrhea, pt still nauseated**, mm slightly tacky, 9:15 p.m., 10:30 p.m.

5/11/03 **12:30 a.m. found pt lying in frank blood vomitus and diarrhea**, change in mentation duller (PAIN), increase RR and effort (PAIN), mm blanched (PAIN), and vomited again. Not checked again until 7:15 a.m., abdomen more tense (PAIN), 9:15 a.m. HR-98 (PAIN), pt in L lat recumb. lung sounds increased, slight abdominal component, 10:00 p.m., 10:30 **vomited large volume (contained frank blood)**, **CREAT 7.5, BUN 85**, 11:00 a.m., 11:30 a.m., 12:15 p.m. **QAR**, 1:40 p.m. **pt vomit copious amount with blood, Melena also noted**, RR 36 deep, **lung sounds harsher than last assessment**, pt urinated small amount-slightly hematuric, 2:50 p.m. **whining (PAIN)**, urinated small volume, produced more **Melena**, 3:40 p.m. pt urinated small amount <100 ml 'off colored' urine, **Melena**, 4:30 p.m., 6:45 p.m., 7:20 p.m. some **Melena, L rear limb edema>>>R rear (PAIN)**, 8:00 p.m., 10:00 p.m. had vomited moderate amount small flecks of blood present, 11:00 p.m. increased **RR 84 (PAIN)**, 11:30 p.m.

5/12/03 1:00 a.m. PCV ok, mm color returning (pink), **abdomen was slightly tense (PAIN), HR 100 (PAIN)**, 2:15 a.m., 3:45 p.m. **tenesmus (PAIN)** with more mucoid/bloody stool, 4:15 a.m., 6:10 a.m., 7:15 a.m. some **vomit** cage, large amount when out walking; **blood in vomitus** on different medical record sheet dated 5/12/03 12:00 a.m., 1:30 a.m., **mucoid diarrhea**, no urine, copious amount inside kennel, 2:45 a.m., 3:50 a.m., **pt vocalizing (PAIN)**, 5:15 a.m. **vocalizing (PAIN)**, 6:00 a.m., 6:30 a.m. **seems uncomfortable (PAIN)**, copious amounts of urine in kennel, small **diarrhea**,

both rear limbs contain swelling as well as R front limb (PAIN), 7:30 a.m., 8:00 a.m., 9:15 a.m., 10:15 a.m., 12:30 p.m., 1:00 p.m. started whole blood drip, 2:10-2:15-2:45, 3:30 p.m. whining (PAIN), 3:45 p.m., 4:15 p.m., 4:30 p.m., I checked on Badger and noted whining and abdominal component to his increased respiratory effort. I contacted [REDACTED] 1st and asked him to check on Badger. Approximately 20 minutes later, he told me that Badger was fine. I then found [REDACTED] to have her check on Badger; she administered Torbugesic at 4:45 p.m. Badger was euthanized less than 4 hours later. 4:45 p.m. whining (PAIN), 5:25 p.m. still whining (PAIN) 6:30 p.m. tachypenic RR=129, HR=132, T-103 (PAIN), bloody diarrhea, harsh lung sounds bilaterally, arrhythmia with pulse deficits, rear limb edema still present relatively unchanged R>>L, 7:30 p.m., 8:00 p.m. pt became vocal prior to urinating (PAIN), increase dypnea began to cough, intermittently cyanotic, coughing blood, vomited large amount (primarily frank blood), HR 144 (PAIN), Euthanized 8:15 p.m.

Necropsy: SQ edema, abdominal fluid, bowel w/petechia, kidney grossly normal, pancreas was hemorrhagic and swollen @ both limbs, central portion mildly edematous

Badger was the last dog [REDACTED] worked on because of lack of post-op care. [REDACTED] removed herself from the renal transplantation group.

Protocol D02CA-76

Grace, whose brother is Will, (from the same litter), was born to a bitch from Dr. [REDACTED] home, who is allowed to roam at large. She was allegedly [REDACTED]'s pet who was brought into (b)(2)High & (b)(7)f at end of her pregnancy. Her puppies were used for research. The bitch is a carrier of a genetic problem.

Reciprocal renal transplantation with Badger, bone marrow transplantation from Badger, done on 5/7/03

5/7/03 Dog checked 6:15 p.m. T-96.4, dopamine IV catheter no longer patent, 6:30 p.m. pt wretched after hydromorphone administration, 7:00 p.m. T-96.7, 8:00 p.m. T-97.9, 9:00 p.m. pt became excessively vocal and agitated (PAIN), 10:00 p.m. T-99.6

5/8/03 12:20 a.m., 2:00 a.m. T-97.4, 3:00 a.m., 4:00 a.m., 4:30 a.m., T-96.5, 4:30 p.m. T-96, 6:00 a.m. spooks easily (PAIN), coughed and she jumped, became nervous (PAIN), 7:00 a.m., 8:00 a.m., 9:30 a.m., 12:15 p.m., 12:45 p.m., 2:50 p.m., 4:00 p.m. T-99.3, 5:22 p.m. leaking fluid from cranial incision, 6:00 p.m. marked facial edema, peripheral edema also present but not as severe as facial, 7:45 p.m. mildly nauseated, 8:00 p.m., 8:45 p.m. profuse diarrhea, pt more nauseated than earlier, hypersalivating, gagging; 9:30 p.m. facial edema redistributing, 11:00 p.m., 11:45 p.m. diarrhea

5/9/03 NEXT CHECK 12:30 a.m. circling in kennel (PAIN), 1:40 a.m. seemed very uncomfortable (PAIN), T-99.9, diarrhea, 2:55 a.m., 3:30 a.m. pt moving/circling continuously in kennel (PAIN), no change in edema, 4:30 a.m., 6:00 a.m. pt restless (PAIN), diarrhea, 8:00 a.m., 8:30 a.m. restless (PAIN), 9:30 a.m., 12:00 p.m. diarrhea, 1:20 p.m. diarrhea, twisted line (PAIN), 1:40 p.m. up again turning around (PAIN),

diarrhea, 1:55 p.m., 3:00 p.m. **diarrhea**, 4:15 p.m., 4:30 p.m. ureter still dilated, 4:30 p.m., **NEXT CHECK** facial and peripheral edema unchanged, **diarrhea**, mm slightly tacky, T-99.5, vulva swollen, 8:00 p.m., 8:50 p.m. changed fluid lines due to fecal contamination, 10:00 p.m., 11:00 p.m., 11:20 p.m.,

5/10/03 **NEXT CHECK** 1:15 a.m. **straining to defecate, but nothing (PAIN)**, 1:20 a.m., 2:45 a.m. **woke up excited (PAIN)**, **wanted out of cage badly (PAIN)**, **strained to defecate (PAIN)**-a musousy liquid was all that was produced, 3:00 a.m. was straining to defecate for 10-15 mins (PAIN), 4:00 a.m., 4:15 a.m. **is straining to defecate (PAIN)** mostly liquid w/mucous, a dark brown color, **her straining seems painful b/c she's whining as she does it (PAIN)**, 5:00 a.m., 5:30 a.m., 6:50 a.m. **NEXT CHECK** 8:15 a.m. **QAR**, T-100, lung sounds increased, facial and peripheral edema slowly resolving, 10:20 a.m., 11:15 a.m., 12:00 p.m., 1:15 p.m. **QAR**, **tenesmus (PAIN)**, 2:10 p.m., 3:30 p.m. **QAR**, **tenesmus (PAIN)**, **NEXT CHECK** 5:45 p.m. **QAR**, **tenesmus (PAIN)**, vulva more irritated, **NEXT CHECK** 9:15 p.m. vomitus, T-99.8, **NEXT CHECK** 10:30 p.m.,

5/11/03 **NEXT CHECK** 1:10 a.m., **tenesmus**, **QAR**, **d/c fluids and dopamine for the night**, **NEXT CHECK** 2:15 a.m., **NEXT CHECK** 3:30 a.m., **strain (PAIN)** **NEXT CHECK** 4:15 a.m., **NEXT CHECK** 6:10 a.m., **NEXT CHECK** 7:45 a.m. **NEXT CHECK** 8:30 a.m. **QAR**, restarted fluids and dopamine, 9:00 a.m. **noted straining (PAIN)**, edema improved, **480 TMS**, **NEXT CHECK** 11:00 a.m., 11:30 a.m., 12:15 p.m. **vomitus** in cage, **diarrhea** **NEXT CHECK** 2:00 p.m. **NEXT CHECK** 3:00 p.m. urinated large blood clot noted, **diarrhea** **NEXT CHECK** 4:30 p.m., **NEXT CHECK** 6:45 p.m., 7:20 p.m. **diarrhea**, 8:00 p.m., **NEXT CHECK** 10:00 p.m.,

5/12/03 12:00 a.m., **diarrhea**, 12:30 a.m., 1:15 a.m. pt produced multiple spots of urine, copious amount of **watery stool**, blood present, 2:45 a.m., 4:15 a.m., 6:00 a.m., 6:15 a.m. **diarrhea**, **tender around vulva (PAIN)**, 7:30 a.m., 8:30 a.m., 9:00 a.m. **straining to urinate some clots at end (PAIN)**, 10:00 a.m. fluids back up, discontinue dopamine, no edema in legs or neck, 12:00 p.m. **diarrhea**, 12:30 p.m. pulled her jug catheter per CL, 2:00 p.m., 4:30 p.m. **diarrhea**, 6:20 p.m., **NEXT CHECK** 8:15 pm. **Strained (PAIN)** and produced minimal amount of hematuria, no interest in water, 9:00 p.m. 40ml via syringe

5/13/03 **NEXT CHECK** 12:00 a.m. **diarrhea**, **NEXT CHECK** 8:00 a.m. **diarrhea**, weight **18.4 kg**, 10:45 a.m., 2:45 p.m. **diarrhea**, 5:30 p.m., 6:00 p.m.,

5/14/03 dog checked 8:15 a.m., **thrown up overnight, mostly like food**, 9:00 a.m., 10:00 a.m., and 5:15 p.m.

5/15/03 dog checked 9:00 a.m., 3:45 p.m., 4:00 p.m., and 6:00 p.m.

5/16/03 dog checked 2:30 p.m. **moved to kennel**, 6:00 p.m.

5/17/03 dog checked 10:00 a.m., 7:00 p.m.

5/18/03 dog checked 10:30 a.m. metoclopramide discontinued

5/19/03 dog checked 8:00 a.m. **weight 17.8**
9:30 a.m., 6:00 p.m.

5/23/03 8:45 a.m. **weight 18.4 kg** started feeding her without water as long as she doesn't start regurgitating it

**Killed 11-11-04, I emailed [REDACTED]
[REDACTED] to insist on euthanasia, exceeded creatinine of 7 on blood work run on 11-9-04. She appeared severely anemic, no color in her sclera. She had severe hypertrophic changes in her heart secondary from chronic renal failure +/- chronic rejection.**

Protocol D02CA-76

Shiraz-Unrelated Mismatch

Renal transplant done 6-17-03, both normal kidneys removed, donor dog was Shep.

6/16/03 3:00 p.m. vomit in cage, partially digested food

6/17/03 **weight 8.0 kg**, whole body radiation, bilateral native nephrectomy, donor 1 kidney from Shep, 3:05 bone marrow transplantation, 6:10 p.m. T-98.2, slight facial edema, no urine, 6:40 p.m. **some tenesmus (PAIN)**, 7:00 p.m. **pt still not resting (PAIN)**, 8:00 p.m. **still no urine**, capped and flushed peripheral IV, pt still exhibiting **tenesmus (PAIN)**, 9:00 p.m., 9:40 p.m. moderate volume of **Melena**, **still no urine**, small bladder on U/S, 11:00 p.m. **no urine**, 11:30 p.m. small to moderate amount of **hematuria** in cage,

6/18/03 dog checked 12:00 a.m., 12:30 a.m., moderate amount of mucoid **diarrhea**, **no urine**, 1:00 a.m. **no urine**, T-99.2, 1:30 a.m. moderate amount of mucoid **diarrhea**, 1:50 a.m. QAR, **2:30 a.m.** not checked again until **5:40 a.m. straining to urinate (PAIN)**, small amt urine, **no vocalization (UNLIKE SHEP!!)** per ^(b) & (b) 8:00 a.m., 9:00 a.m., 10:10 a.m., 10:40 a.m. T-99.6, 10:50 a.m., **straining to defecate (PAIN)**, 11:45 a.m., 1:00 p.m. 2:55 p.m. **straining to urinate, small drops of urine, straining to defecate (PAIN)**, 4:15 p.m. **vomited**, 4:20 p.m., 5:55 p.m., 6:20 p.m., 6:50 p.m. pt received 2mg/kg acepromazine instead of 0.02 mg/kg, 7:40 p.m. **exhibited tenesmus (PAIN)**, urinated small volume, 8:50 p.m., 9:15 p.m. **pt straining to defecate (PAIN)**, small to moderate amount of urine, 9:30 p.m. **pt vocalized/exhibit discomfort when cath was being flushed (PAIN)**, urinated moderate amount with **minimal straining noted (PAIN)**, 10:30 p.m., 11:00 p.m.

6/19/03 dog checked 12:00 a.m., 1:00 a.m., 1:45 a.m. continues to **strain while defecating (PAIN)**, HR 96, **2:00 a.m. last check until 6:30 a.m.**, 6:30 a.m. several small spots, mucoid **diarrhea**/several spots urine, urinating small amt, **straining to defecate**

(PAIN) nonproductive (PAIN), flushed catheter, restarted fluids, 8:30 a.m. urinated small amt, 9:15 a.m. urinated small amt, 9:25 a.m., 10:00 a.m., 11:10, 11:30 a.m. vomited a lot, 11:50 a.m., 1:15 p.m. threw up small amt, small amt. mucousy diarrhea, 2:30 p.m., 5:10 p.m., 5:45 p.m., 6:00 p.m. mm slightly tacky, facial/submandibular edema, rear limbs slightly edematous, 6:30 p.m., 7:15 p.m. mucoid diarrhea with some frank blood, 8:10 p.m., 9:00 p.m., 10:00 p.m. aroused pt, strained some to urinate, still straining to defecate-non-productive (PAIN), pt proceeded to vomit shortly after administration of MMF, vomitus some frank blood accompanying mucoid diarrhea, pt appears more uncomfortable than previous assessment (PAIN), mm slightly tacky, T-99; 10:30-10:50 p.m. butorphanol dose not palliating pts pain, pt vocalizing while straining to defecate-producing bloody (frank) mucoid stool (PAIN), 11:20 p.m., 11:50 p.m.

6/20/03 1:00 a.m. **pt vocalizing (PAIN), continues to strain to defecate, minimal amounts of mucoid diarrhea with frank blood (PAIN), T-99, anus is raw and painful (PAIN), 1:40 a.m. last check until 6:30 a.m., 6:30 a.m. diarrhea in perineal area, not any significant mild facial or R leg edema, no urine (U), 9:00 a.m. marked increase respiratory sound all lung fields, marked to severe generalized interstitial pattern, apparent generalized cardiomegaly, moderate pleural effusion, lasix, abdo U/S Dr. [REDACTED] 10:45 a.m., 1:30 p.m. abdominal breathing, more pleural effusion, called Dr. [REDACTED] in Atlanta, OK thoracic tap, lasix, bloody diarrhea, vomit, 2:15 p.m., 2:25 p.m. RR-48 abdominal component, 3:00 p.m., 3:15 found [REDACTED] between surgery to tap thoracic fluid, 460 ml, better respiratory less abdominal breathing, 5:00 p.m., 5:45 p.m., 6:00 p.m. deep respiratory effort, T-98.7, increased lung sounds (R>L), slight increase submandibular edema, 6:30 -7:15 p.m. urinated some clots present, mucoid diarrhea, with frank blood (more blood than yesterday), pt walked around but fatigued easily (PAIN), vocalized, 8:00 p.m. vocalizing, appears uncomfortable (PAIN), 8:30 p.m., 9:00 p.m. vocalizing, appears very uncomfortable (PAIN), urinated clots present, unable to isolate specific origin of pain (PAIN), T-98.7, increase in facial edema, lung sounds increased and wheezy, difficult fully assessing due to whining whenever manipulated (PAIN), tenesmus-frank blood diarrhea, defecating appears to be exquisitely painful for pt (PAIN), 9:30 p.m., 9:45 p.m. vocalizing again, increase resp effort due to continual whining (PAIN), 10:15 p.m. decreased lung sounds R side, increase SQ edema/fluid, urine<10 ml, no stool but straining (PAIN), 11:20 p.m.**

6/21/03 dog checked 12:00 a.m. enormous amount of hemorrhagic diarrhea and vomit in cage, vomitus blood clots, 1-1:45 a.m. T-98.8, stranguria- producing very minimal amount urine, crying while trying to urinate (PAIN), lung sounds harsh (L>>R), inspiratory crackles on L side, lasix, 2:00-2:30 a.m. no check again until 5:20 a.m.; dog checked 5:20 a.m. facial edema, Melena, small amount urination; 7:00 a.m. diarrhea, small amt urine, RR increased slightly, decreased loudness on R side, 8:30 a.m. tapped chest 180 ml, radiographs still pleural fluid but urinated small amount, R>L, 9:30 a.m., 11:05 a.m. T-99.6 melena, lung sounds wheezy bilaterally, RR effort slightly increased, SQ edema present, 11:45 a.m., 12:00 p.m., 2:30-3:15 p.m. Melena, fair amount of vomit, T-98.7, fatigued quicker than "usual" (PAIN), PCV-16%, overall more lethargic (PAIN) than earlier, wheezing lung sounds on L>R; 3:30-3:40-3:50-4:00-4:15-

4:30-5:00 p.m., 5:20 p.m. **seizure**, lasted about a minute, **threw up, small amt of foam, breathing hard**, 6:35 p.m., 7:15-7:30 p.m. **QAR appears uncomfortable (PAIN)**, T-

98.9, RR-32 **effort more labored, Melena, pt vocalizing excessively (PAIN)**, 8:10 p.m. aspirated thoracic cavity 350 ml, muffled cranial, 8:30 p.m., next check **9:10 p.m. generalized seizure, couldn't control** until after 2nd 5 mg diazepam, RR-60, relatively shallow, next check 10:00 p.m., next check 11:00 p.m. arrhythmia, anisocoria (R>L), next check 12:00 a.m. T-97.8, **pt whining (PAIN)**, Melena, pupils constricted,

6/22/03 dog check **12:30 a.m., next check 2:50-3:20 a.m.** large amount of vomit (digested blood), edema more severe, **pt vocalizing once back in cage, unable to get comfortable (PAIN)**, small amount of urine, **Melena, pt still appearing nauseated (Uncomfortable)**, 5:30 a.m. small amt urine-20 ml dark, **walks around tires easily**, small amt mucoid/bloody **diarrhea** and urine, 7:00 a.m. flushed catheter, restarted IV, 8:30 a.m., 9:45 a.m. **threw up blood clots in it**, small amt **bloody diarrhea**, next check 11:45-12:15 p.m. HR-160, fair to poor distal pulses, **diarrhea now just frank blood and mucosa**, no urine, **fatigued easily**, 1:00 p.m. **enormous amount of vomitus with blood clots**, T-98.9, HR 156, **dull mentation (PAIN)**, **semi-nauseated**, fluids and plasma still running, 3:30-4:15 p.m. hematuria, hematochezia, lung sounds harsh/wheezy, HR-156-176(PAIN), poor distal pulses, **pt began vocalizing (PAIN)**, next check 7:45 p.m. very dyspneic, muffled exhalation, decreased lung sounds overall, **unable to stand, knuckles over in front (PAIN)**, tapped ~240 ml on R side, ~ 5ml on L, HR~180, conjunctival edema, **Melena**, next check 9:00 p.m. **eutanasia** and necropsy, moderate free fluid in abd and thorax, pancreas hemorrhagic, lesions very firm, entire SI/colon very gray to blk, many peticeal like hemorrhages

Protocol D02CA-76

Tuna – unrelated mismatched

Renal transplantation with Tristin, both normal kidneys removed, bone marrow to from Tristin, whole body radiation, 7/29/03, 2nd bone marrow transplantation done months after original transplantation

7/29/03 Renal transplantation **weight 22 kg**, 2:30 p.m. back from surgery, 4:15 p.m., 5:50 p.m. **vocalizing**, 6:30 p.m. HR-176 (PAIN), suspect pt's uncomfortable, tachycardia and arrhythmia (PAIN), **HR-84**, 7:00 p.m., diarrhea, 8:00 p.m. no urine, low grade heart murmur, CVP=9.5, 8:50 p.m. vocalizing, HR-144, 9:30 p.m., 10:00 p.m. QAR, intermittent murmur, HR-136, chemosis, 10:00 p.m., no urine, 10:30 p.m. large clot in urine, HR-96, 11:30-11:45 p.m., administering buthorphanol SQ to hold pt over.

7/30/03 dog checked 12:15 a.m., 1:15 a.m., (NEXT CHECK) **8:30 a.m.** T-99.9, sore around abdomen (PAIN), 9:00 a.m. very sensitive with mouth (PAIN) **reduced MMF**, 11:30 a.m., 3:30 p.m. T-100.3, 6:00 p.m., 6:30 p.m. QAR, T-100.9, HR-96, R distal limb swollen, removed catheter, mm slightly tacky, CVP-5, 9:00 p.m. **pt appears semi-painful, difficulty getting comfortable (PAIN)**, 10:15 p.m., 11:00 p.m.

7/31/03 (NEXT CHECK) 12:00 a.m., 1:15 a.m., (NEXT CHECK) 4:00 a.m. HR-92, 5:10 a.m. no urine, 7:30 a.m., 8:30 a.m., 9:00 a.m., 9:15 a.m., 10:15 a.m. growled at Chipmunk, **abd slightly tender (PAIN)**, 12:00 p.m., 12:45 p.m., 2:15 p.m. diarrhea, 4:00 p.m., 6:15 p.m. **pt anxious (PAIN)**, diarrhea, very aggressive towards K9 visiting room, HR-84, 7:45 p.m. pt very affectionate and **needy (PAIN/ANXIETY)**, 8:40 p.m. QAR, **diarrhea w/frank blood**, 9:15 p.m., 10:00 p.m., 10:45 p.m. 11:30 p.m. QAR, per-incisional edema, 11:55 p.m. pt bled from administration site-small hematoma formation on L scruff,

8/1/03 (NEXT CHECK) 4:00 a.m. **diarrhea**, urinated appeared concentrated, reconnected fluids, (NEXT CHECK) 5:15 a.m., (NEXT CHECK) 7:20 a.m., 8:30 a.m. T-100.7, 9:00 a.m. tried to pill her, threw up lots of green bile looking **vomit** over a 2-3 minute period. Weight 21.2 kg, 9:30 a.m. threw up more yellow vomit, 11:00 a.m., 12:30 p.m. only small amt pain on deep palpation of abd (PAIN), 1:00 p.m., 2:30 p.m. diarrhea, 3:30 p.m. diarrhea, 4:00 p.m., 5:30 p.m., 6:15 p.m., 7:40 p.m., 8:00 p.m., 9:00 p.m. QAR, 10:00 p.m., 11:00 p.m., 11:15 p.m., 11:45 p.m. straining to urinate with minimal production, tenesmus (PAIN), HR-96

8/2/03 (NEXT CHECK) 8:00 a.m. restarted fluids, 8:40 a.m. diarrhea, w/small amount blood, 9:20 a.m. completed dopamine/butorphanol CRI, (NEXT CHECK) 10:30 a.m., (NEXT CHECK) 11:30 a.m., (NEXT CHECK) 11:30-11:45-12:50 p.m. QAR, (NEXT CHECK) 2:30 p.m. diarrhea and urine present in cage, (NEXT CHECK) 3:40 p.m. (NEXT CHECK) 4:30-5:00 p.m. destroyed all diapers in her cage (PAIN/AXIETY), chewed through fluid line multiple times (PAIN/AXIETY), 5:45 p.m., 6:45 p.m., (NEXT CHECK) 8:45 p.m. diarrhea, very fluid, (NEXT CHECK) 10:35 p.m., vomitus

8/3/03 (NEXT CHECK) 12:00 a.m. disconnected fluids, mucoid diarrhea small amount of frank blood, (NEXT CHECK) 7:00 a.m. diarrhea, restarted fluids, **straining to urinate (PAIN)** (looks like inflamed bladder) per 6) & (b), (NEXT CHECK) 9:00 a.m., (NEXT CHECK) 9:35-10:05 a.m., (NEXT CHECK) 12:00 p.m. QAR, (NEXT CHECK) 1:00 p.m. QAR, (NEXT CHECK) 3:00 p.m. fluids running, (NEXT CHECK) 4:00 p.m., (NEXT CHECK) 7:00 p.m. QAR, diarrhea, (NEXT CHECK) 9:00 p.m. (NEXT CHECK) 11:00 p.m. QAR, 11:30-11:45 p.m. QAR, disconnected fluids,

8/4/03 (NEXT CHECK) 7:30 a.m. restart fluids, 9:00 a.m., **480 mg TMS**, 10:00 a.m., 12:00 p.m., 1:45 p.m., 3:30 p.m., 4:15 p.m., 5:15 p.m. stopped fluids, 10:15 p.m.

8/5/03 (NEXT CHECK) 8:00 a.m. urinated outside cage, dk yellow, seemed concentrated, 8:45 a.m., 1:30 p.m., 4:30 p.m., 5:30 p.m. raised MMF from 125 mg to 250 mg, 6:30 p.m., 8:15 p.m. T-103, HR 100, RR-20, removed central line, (NEXT CHECK) 10:30 p.m., 11:40 p.m. **some straining-produced very minimal amounts of urine (PAIN)**, small amount of soft stool w/mucoid component

8/6/03 (NEXT CHECK) 2:20 a.m., (NEXT CHECK) 4:00 a.m., (NEXT CHECK) 5:15 a.m., 8:00 a.m., 9:00 a.m., 10:30 a.m., 12:30 p.m., 4:30 p.m., (NEXT CHECK) 6:50 p.m., (NEXT CHECK) 10:30 p.m. not drinking

8/7/03 (NEXT CHECK) 1:00 a.m., (NEXT CHECK) 4:00 a.m. not interested in coming out of cage (PAIN/AXIETY), (NEXT CHECK) 5:10 a.m., (NEXT CHECK) 7:30 a.m., (NEXT CHECK) 8:30 a.m., 10:30 a.m., 11:00 a.m. diarrhea, 12:30 p.m. still hadn't eaten all of food yet, 2:00 p.m. weight 19 kg, reduced MMF to 180 mg, 4:15 p.m., 5:30 p.m. has not eaten A/D from this afternoon, (NEXT CHECK) not much interest in food, (NEXT CHECK) 9:10 p.m. some food left, (NEXT CHECK) 10:30 p.m.

8/8/03 (NEXT CHECK) 4:00 a.m., 8:00 a.m., 8:15 a.m., 9:00 a.m., 10:00 a.m., 12:30 p.m., 1:00 p.m., 4:00 p.m., 6:00 p.m., 6:30 p.m., (NEXT CHECK) 8:40 p.m., urinated outside cage-appeared concentrated

8/9/03 (NEXT CHECK) 12:00 a.m. offered opportunity to leave cage not interested (ANXIETY) (NEXT CHECK) 6:30 a.m., (NEXT CHECK) 7:20 a.m., 10:30 a.m., 12:00 p.m., and 3:00 p.m., 3:15 p.m. 3:30 p.m., 5:15 p.m., 6:30 p.m., and 7:45 p.m

Please see my July 18, 2004 memorandum to [REDACTED] AU General Counsel which recounts Tuna's situation. (Exhibit 8)

On June 7, 2004, [REDACTED] emailed [REDACTED] to ask that he check on Tuna and Puck. [REDACTED] explained that Tuna had been in intensive care since May 30 and that Puck had been sick since January 2004!

[REDACTED] also gave me a copy of his August 2, 2004 letter to the IACUC raising the same concern about the multiple rescue therapy without an approved protocol.

Tuna was treated 4 times with rescue therapy, which was not in the approved IACUC protocol.

Tuna's first episode was March 26, 2004 – BUN 199 and creatinine was 7.8

May 6, 2004 BUN 61; Creatinine 5.5

June 25, 2004 BUN 86; Creatinine 5

July 16, 2004 BUN 75; Creatinine 6.9

Killed 11-11-04, I emailed [REDACTED] to insist on euthanasia, exceeded creatinine of 7.0 on 11-9-04.

Protocol D02CA-76

Tristin-unrelated mismatch

Renal transplantation donor, bone marrow donor for Tuna on 7/29/03

Currently serves as blood donor for client renal transplantation patients.

Bone marrow donor for 2nd transplantation done months after original transplantation

Protocol D02CA-76

Princess Dot - unrelated mismatch

on July 2003 about Patient care –

After that [REDACTED] went and looked at dogs for 2 wks and wrote a report saying there was no problem with patient care, Protocol does not state use of the same animal for renal transplantation donor, SHEP

8-5-03 Princess Dot's transplant, both normal kidneys removed, no bone marrow transplantation; Renal transplantation with Shep's second kidney, he was euthanized on the surgery table, 2:30 p.m. back from surgery, 3:45 p.m. T-92.2, 4:45 p.m. T-93.5 domitor, 5:45 p.m. T-95.4 no urine, some whining (PAIN), 6:10 p.m. 7:00 p.m. T-96, vocalizing (PAIN), unable to assess heart and lung sounds due to vocalization and upper airway sounds (PAIN), hematuria, 7:15 p.m. vocalize and thrash (PAIN), domitor, hematuria, 8:00 p.m., 8:30 p.m. began vocalizing and thrashing in cage (PAIN), urinated hematuria, 9:00 p.m. 9:40 p.m. pt began to vocalized and thrash (PAIN), 10:15 p.m. pt vocalizing, and thrashing (PAIN), 11:00 p.m., 11:20 vocalizing (PAIN), 11:40 p.m.,

8/6/03 dog checked 12:00 a.m. pt excessively vocal (PAIN), T-99, 1:00 a.m. vocalizing and thrashing (PAIN), 1:30 a.m., 1:45 a.m. pt vocalizing and restless (PAIN), 2:20 a.m. pt vocal and restless (PAIN), 2:40-2:50 a.m. pt remains vocal and restless, twisting lines (PAIN), NEXT CHECK 4:00 a.m. T-100.5, fluids disconnected, 4:20 a.m. still crying, tangling lines (PAIN), NEXT CHECK 5:20 a.m., NEXT CHECK 6:30 a.m. twisted fluid lines (PAIN/AXIETY), fluids disconnected, tenesmus (PAIN), 6:30 reconnected fluids, NEXT CHECK 7:40 a.m., NEXT CHECK 8:30 a.m., NEXT CHECK 9:30 a.m., vocalizing (PAIN), 11:15 a.m., 12:00 p.m. blood from incision, 1:30 p.m. chewed hole in T-port, chewed line in two (PAIN), 3:00 p.m., 4:30 p.m., 5:15 p.m. crying (PAIN), diarrhea, 6:00 p.m., 6:20 p.m., 7:10 p.m., 7:30-8:00-8:30-9:00-9:15-9:45-10:30-11:30p.m., 11:55 p.m.

8/7/03 dog checked 1:00 a.m. elected to disconnect pt. from fluids until 4:00 a.m. check to prevent a catheter catastrophe! 4:00 a.m. pale pink petechiae, tenesmus (PAIN), NEXT CHECK 5:10 a.m., NEXT CHECK 7:30 a.m., 9:00 a.m. diarrhea, 9:30 a.m., 9:45 a.m., 10:10 a.m., 10:30 a.m., 11:00 a.m., 11:30 a.m. untwisted lines, 12:30 p.m., 1:30 p.m. 4:45 p.m. T-100.5, weight 8.4 kg; 6:00 p.m., 9:10 p.m. bilious vomit, mucoid stool, making licking sounds-maybe beginning of GI signs, 10:10 p.m., NEXT CHECK 11:45 p.m. am going to D/C fluids for the rest of the night, licking chops like she is nauseated

8/8/03 NEXT CHECK 3:30 a.m., 4:00 a.m. no urine, restarted fluids, NEXT CHECK 5:10 a.m., NEXT CHECK 7:30 a.m., 8:45 a.m. restarted fluids, 10:15 a.m. diarrhea, pulled fluid line out at t-port connection, 11:30 a.m. diarrhea, 11:45 a.m., 12:15, 1:30

p.m., 1:45 p.m. 3:00 p.m., 5:00 p.m. **diarrhea**, red at end of her urinating, 5:00 p.m., 6:00 p.m., 8:30 p.m. cage has **diarrhea** and urine inside, **Dot** is "**denning**" under the cages (**PAIN/ANXIETY**)

8/9/03 **NEXT CHECK** 12:00 a.m. **diarrhea**, discontinued fluids, **hid under cage after treatment (PAIN/ANXIETY)**, **NEXT CHECK** 6:30 a.m. **edema beneath jaw, tenesmus (PAIN)**, restarted fluids, replaced t-port, 8:20 a.m., 10:00 a.m. restarted fluids, 12:00 p.m., 1:30 p.m. **diarrhea**, 2:45 p.m. **lots of diarrhea**, 4:00 p.m., 6:00 p.m., **diarrhea**, 6:30 p.m, 8:00 p.m. moderate submandibular/facial edema, **diarrhea**, stopped fluids, **8:40 p.m. diarrhea**, fluids D/C from earlier, facial edema similar to a.m., albumin and protein are low, started fluids,

8/10/03 **NEXT CHECK** 1:00 a.m. **facial edema worse on R than left, urinated small amt, small amt of diarrhea, straining (PAIN)**, D/C fluids, 8:00 a.m. **NEXT CHECK** restarted fluids, **D/C rantidine/sucralfate per [REDACTED]**, no blood work today, 12:30 p.m. **NEXT CHECK diarrhea, twisted IV line in circles (PAIN)**, untangled, 2:30 p.m. **NEXT CHECK**, 3:30 p.m. **NEXT CHECK** fluids occluded from her twisting "**line not clipped**" (**PAIN**), restarted fluids, **diarrhea**, 6:30 p.m. **NEXT CHECK** diarrhea, 8:00 p.m. **NEXT CHECK** fluids completely stopped, unhooked, discontinued fluids until tomorrow per CL, 8:30 p.m.

8/11/03 **NEXT CHECK** 8:00 a.m., 8:45 a.m., 9:00 a.m., 9:30 a.m. **mucooid stool, straining to defecate (PAIN)**, raise MMF back to 10 mg/kg bid per [REDACTED], 12:30 p.m. discontinue TMS, start Baytril 22.7 mg bid per [REDACTED], 4:00 p.m. T-99.7, **weight 9 kg**, flushed catheter, 5:30 p.m.

8/12/03 **NEXT CHECK** 7:45 a.m., 8:00 a.m., 8:45 a.m. decrease MMF to 80 gm bid per [REDACTED], 9:45 a.m., 2:30 p.m., 3:30 p.m. **diarrhea**, 4:00 p.m., 4:30 p.m. hasn't eaten from A.M., 5:00 p.m. **vomit up food she was fed**, 5:45 p.m., 6:00 p.m.

8/13/03 **NEXT CHECK** 9:00 a.m. **vomit in cage-food**, 9:30 a.m. **diarrhea, seems agitated (PAIN)**, **NEXT CHECK** 2:30 p.m. **tearing up her cage, paper into small pieces (PAIN/AXIETY)**, 5:30 p.m. does not appear to have eaten much at this point, **last check by [REDACTED]** 9:30 p.m. not eating well

8/14/03 8:00 a.m. **diarrhea** in cage, **vomit** dried, U/S small amount fluid in abdomen, echogenic fluid in renal pelvis, mild dilated, urinary bladder emptied, less active for ultrasound-**depressed? (PAIN)**, need to rule out pyelonephritis, **weight 7.3 kg** 9:20 a.m. 1 spot of **vomit**, pulling jugular catheter, eating dry food, **lots of urine-bladder emptied at 8:00 a.m.**, 3:00 p.m. hadn't eaten much, 4:15 p.m., 4:45 p.m., 5:00 p.m. **vomited up 4:45 food**

8/15/03 **NEXT CHECK** 8:00 a.m., 8:30 a.m., 9:00 a.m., **very nervous (PAIN)**, **pacing to right, circling to right (PAIN)**, vision decreased in right eye per [REDACTED], **weight 15 lbs.**, 10:30 a.m. **toe nail on LF foot, wrapped with pressure bandage as moderate bleeding (PAIN)**, 11:30 a.m. moved to ward 5, still agitated, trying to pace (**PAIN/AXIETY**)

per [redacted] 1:30 p.m. T-98.7, 4:00 p.m., 4:30 p.m. weight 7.2kg, T-100.4, 5:00 p.m., still pretty groggy, sleeping mostly

8/16/03 dog checked in ward 5 housed on paper, 11:00 a.m., 12:00 p.m., 6:00 p.m., and 7:30 p.m.

8/17/03 dog checked in ward 5 housed on paper, 10:30 a.m., 12:00 p.m., 6:00 p.m., and 8:00 p.m.

8/18/03 dog checked in ward 5 housed on paper, 8:30 a.m., 9:30 a.m., 10:00 a.m., 11:00 a.m., 3:00 p.m., 5:00 p.m.

8/19/03 dog checked in ward 5 housed on paper, 10:00 a.m., 9:00 a.m. weight 7.4 kg, T-100.5, 12:00 p.m., 3:00 p.m., 4:45 p.m.

8/20/03 dog checked in ward 5 housed on paper, 9:00 a.m., 10:00 a.m.

8/21/03 dog checked in ward 5 housed on paper 10:00 a.m., no p.m. time

8/22/03 9:00 a.m. T-100.6, slight oozing of blood from nipple, swollen red (PAIN), urinated 15 ml, 9:30 a.m., 10:30 HCT-12.7 placed cephalic catheter, started red cells with saline about 11:00 a.m., 1:30 p.m. chewed at catheter guard (PAIN), 3:00 p.m. stopped red cells, received 160 mls, T-100.9, leg above catheter swollen as if blood had leaked out. It was about 2 inches around, it happened within the last 30 minutes because I had checked her before. (PAIN) The catheter seemed intact, removed catheter since Dot would probably chew it out, wt 7.2 kg, very thirsty, 6:45 p.m. 7:00 p.m.

8/23/03 9:00 a.m. not as active as usual, she is very hot-took temp-104.5, called Dr. [redacted] spoke to him, does not want to give steroids, etc at this time because afraid of masking problems. She's scratching at R swollen teat (PAIN), advised to apply carrovit after speaking w/him, was that area all around teat is swollen (PAIN), called back & left message. In previous call advise him urinated once, normal w/a tinge of blood at end. Tried to urinate multiple times after w/no luck (PAIN), only small amt tinge of bloody urine, checked incision; defecated with some fresh blood, 9:30 a.m. Dr. [redacted] returned call, says will come by and check her on put on another antibiotic, 9:40 a.m., 11:55 a.m. not using right fore limb (PAIN), very weak, very pale mm color, limb still swollen from yesterday, not eating, dry mm, I called [redacted] in order to contact [redacted], when he did [redacted] said [redacted] was over reacting again, I called [redacted] she did go check Dot at 3:00 p.m.; 3:00 p.m. See medical record, T-105, teat has consolidated base, heat to teat seemed inhumane, she holds up her right forelimb (PAIN), swelling of axillary region of other (PAIN), wait for your opinion, diarrhea too no blood, 3:15 p.m. Difficulty standing (PAIN), holds up left forelimb (PAIN), swelling right axillary flank (PAIN), will walk but reluctant (PAIN), right teat inflamed (PAIN), petechiatia, ecchymosis surrounding. Gums pale (PAIN), tacky(SHOCK/Dehydration/sepsis/renal failure), diarrhea, 4:30 p.m. still sleeping, 6:30 p.m. depressed, weak, trouble standing (PAIN), increase resp. (PAIN) mm pale

pink (PAIN), left arm swollen from shoulder to elbow (PAIN), left front teat blk swollen very tender (PAIN), 75 ml SC fluids, ½ gm cefoxitin SC, Next Check 7:50 p.m found dead, still warm.

8/25/03 necropsy: blood clots in lumen of bladder, hemorrhagic areas on serosal surface of kidney, took culture, necrotic teat, E coli cultured

██████████ was out of town.

HCT 8/4/03 45.2
8/6/03 33.8
8/7/03 25.5
8/8/03 26.8
8/9/03 21.5
8/11/03 20.9
8/13/03 26
8/15/03 25.8
8/18/03 21.9
8/18/03 17.2
8/20/03 14.3
8/21/03 12.7, no transfusion until this point, **Severe neutropenia**
8/23/03 dead

██████████ told me that she recognized that Princess Dot was in septic shock but didn't give treatment because ██████████ not available to get permission. ██████████ called me at home that night to tell me that Dot was dead.

Protocol D02CA-76

Barracuda-may be related, their mother may have one or both parents the same Renal transplantation from Corona, both normal kidneys removed, bone marrow from Corona, done on 1/13/04, got 2nd bone marrow transplantation months after original bone marrow transplantation. Barracuda developed nasal herpes; she was isolated in the post-op area for several months. I could not take her to ultrasound in the small animal clinic. I used the small ultrasound machine in the area to do monthly ultrasound examinations and collection of urine. She developed a wart on her right front foot. **The foot swelled to 3x normal size and it was painful for her to walk for months.** The foot would bleed as she walked around the room. **I don't think this is recorded in her medical record.** She later developed warts on her left front foot; this would be around April/May of 2004. The last time I saw her she had warts on both front feet, with swelling of both front feet 2-3x normal size, the right front leg was swollen to the level of the elbow. The warts did not resolve until her cyclosporine dose was reduced.

Protocol D02CA-76

Corona-may be related, their mother may have one or both parents the same

Renal transplantation donor, bone marrow donor, done 1/13/04

Currently serves as blood donor for client renal transplantation cases.

Served as bone marrow donor for 2nd bone marrow transplantation months after original transplantation

Protocol D02CA-76

Mink-Related Mismatch, her brother is Muskrat, from the same litter. Freckles, the dog from [REDACTED] home, was allowed to roam at large and was brought into [REDACTED] at end of her pregnancy. Her "normal" puppies were used for research. Freckles was a carrier for hemophilia, 4 out of the litter were hemophiliac, 2 still survive in ward 6 in [REDACTED]

Mink should not have been used on [REDACTED] project because she was a **related mismatch**; she got a kidney and bone marrow from her brother, Muskrat. The renal transplant was done on 1-20-04

As early as 9-19-03, I went to [REDACTED], DVM, with my concerns about using Mink and Muskrat (siblings) but he said that the protocol did not require that dogs had to be unrelated; This is not true as [REDACTED] protocol called for unrelated mismatches.

In an email dated December 18, 2004, (Exhibit 5) which I forwarded to the head of research, [REDACTED], I expressed my concern about Mink's rising BUN and creatinine after she had been placed on once a day, prednisolone 25mg. I asked that a urinalysis and culture be done to rule out pyelonephritis, cystitis. I explained that she was a related dog and the BUN and creatinine should not be going up. [REDACTED] said that sometimes things just don't work out the way it should go, that was just research. **I had been told by Dr. [REDACTED] could decide based on an increase in the BUN and creatinine when a urinalysis and culture and sensitivity would need to be obtained to rule out pyelonephritis. According to [REDACTED] ultrasound was no longer in the health maintenance of these animals.**

On December 21, 2004, [REDACTED] put Mink on twice a day prednisolone. Over the holiday, Mink's BUN and creatinine continued to climb. On December 31, 2004, Mink could not get up. Mink normally would stand on her hind limbs to be petted. [REDACTED] did not check on Mink until January 1, 2005. On that day, her creatinine was 7.0 reaching the humane endpoint. In addition, multiple joints were swollen and hot, the joint taps supported sepsis. Mink should have been euthanized at this point. The joints and legs continued to swell; she was not able to walk. She was kept alive until January 4, 2005.

Protocol D02CA-76

Muskkrat-Related Mismatch. Muskkrat was Mink's brother (same litter) and their mother was Freckles, a dog from [REDACTED] home who was allowed to roam in the neighborhood. Freckles was brought into [REDACTED] at end of her pregnancy and her "normal" puppies were used for research. Four out of her litter were hemophiliac.

Used as renal transplantation donor for Mink, bone marrow taken given to Mink 1/20/04
2nd bone marrow transplantation done months after original transplantation.

The following animals: Ice, Puck, Larry, Beetle, Otter, Tadpole, BB, Kukla, and Freckles are not renal transplantation patients but were/are under the direct care of

[REDACTED] The project veterinarian is [REDACTED] the wife of [REDACTED]
[REDACTED]

Ice- Medical records need to be reviewed

Cyclic neutropenic – gray dogs – susceptible to infection

Diagnosed with peritonitis on Jan 5 2001, large volume of echogenic fluid in abdomen, sample taken for cytology and C&S by [REDACTED]

Given fluids and antibiotics (oral but she vomited), put on injectable

[REDACTED] called me at home over weekend, not taken to surgery, [REDACTED] did not check on her over the weekend

[REDACTED] now veterinarian, and [REDACTED] now in meat inspection, tried to get permission to put her to sleep on Monday morning via [REDACTED] since [REDACTED] late arriving to work.

Puck - Medical records need to be reviewed

Cyclic Neutropenic-gray dog- susceptible to infection

Leukemia diagnosis in Jan. 2004

Wasn't euthanized until June 2004

Only two doses of chemotherapy given during that time

No protocol to study leukemia

Larry –puppy

Full body irradiation + bone marrow

1/25/02 total body irradiation 750g, dog checked 12:25 p.m., 4:00 p.m., 5:25 p.m.
delivered treated 6A9, T-98.2, 5:46 p.m.,

1/26/02 dog checked 8:00 a.m. pulled out L cephalic catheter, 1:00 p.m., and 4:30 p.m.
other catheter is out

1/27/02 dog checked 9:00 a.m., 10:00 a.m. place catheter L cephalic, 4:00 p.m., 6:05
shivering (PAIN) T-101.4, 6:30 p.m. biting bars of cage, tearing up sign, screaming
to get out (PAIN), 6:40 p.m. still shivering (PAIN)

1/28/02 dog checked 8:00 a.m. **chewed line to water heating pad (PAIN)**, mucousy brown stool; 9:00 a.m. started fluids, 10:00 a.m. stopped fluids, 1:45 p.m. T-100.4 **weight 2.3 kg**; 3:20 p.m. catheter is flowing very slowly, 4:50 p.m. catheter is no longer patent, removed, 5:00 p.m.

1/29/02 dog checked 9:40 a.m. placed catheter R cephalic, tribrissen .15 ml IM (**burned (PAIN)**); 2:00 p.m. line twisted, stopped fluids, 4:30 p.m. offered small amt water did not want it

1/30/02 dog checked 9:00 a.m. offered water did not want it, catheter unpatent after treatments, 10:00 a.m., 10:35 a.m. ate small amt food approximately 1 TBSP
11:50 a.m., 12:55 p.m., 1:12 p.m. removed catheter blocked weight 2.2 kg
2:07 p.m., 4:20 p.m.

1/31/02 dog checked 8:00 a.m., 11:00 a.m., and 4:00 p.m.

2/1/02 dog checked 10:00 a.m. stop SQ fluids and cimetidine per CL; 3:30 p.m., 4:30 p.m.

2/2/02 dog checked 9:00 a.m. **doesn't seem to feel as good as yesterday, more quiet (PAIN)**, 4:45 p.m.

2/3/02 dog checked 10:30 a.m., 1:15 p.m. **limping, lethargic, left front left seems to be hurting, sat with him (PAIN)**, 5:30 p.m. **lethargic (PAIN), gums tacky, tinting slightly, gums pale pink w/>2 sec CRT**

2/4/02 dog checked 8:00 a.m. alert, **still limping on left front a little (PAIN)**, 8:30 a.m., 9:15 a.m. **both carpi slightly swollen, shaking, not as active as yesterday morning (PAIN)**, blood in urine, gave **Baytril 22.7 mg**, 1:40 p.m., 4:00 p.m. placed catheter R cephalic, 5:30 p.m.

2/5/02 dog checked 7:30 a.m. blood in urine, 2:00 p.m. T-103, blood clot in urine, 5:30 p.m. urinated small blood clot in it, 7:00 p.m. .15 Naxel SQ

2/6/02 8:00 a.m. urinated in cage, still blood tinges but not as much, offered growth, ate a small amt. of it, 8:30 a.m., 8:45 a.m., 9:00 a.m. 2:30 p.m. blood transfusion, 50 ml, 2:50 p.m., 5:30 p.m.

2/7/02 dog checked 8:00 a.m., 10:00 a.m., 2:30 p.m. placed new catheter (**FINALLY!**), in left lateral saphenous v., 3:00 p.m.

2/8/02 dog checked 6:00 a.m., 8:00 a.m. **weight 2.2 kg**, 9:00 a.m., 9:30 a.m., 3:30 p.m. 4:10 p.m.

2/9/02 dog checked 9:30 a.m., 5:00 p.m. T-104.9, catheter failed to work afterwards, removed, did not eat a.m. food

2/10/02 dog checked 8:00 a.m. T-92.7, lump on R hip, 11:00 a.m. acting "normal" thought subdued (PAIN), MM WHITE, could not get a peripheral vein W/ enough pressure to put in a catheter, PCV 9, whole blood 75 ml, 12:15 p.m. T-95, 6:30 p.m. seems to feel a little better, gums still pink, did not eat a.m. food, T-101

2/11/02 dog checked 8:00 a.m., 8:30 a.m., 8:45 a.m. 10:00 a.m. huge lump R shoulder (PAIN), MM pale again suspect hematoma, set up blood, maybe 30 ml blood delivered, MM pink again, 4:00 p.m.

2/12/02 dog checked 8:00 a.m. had eaten small amt, 9:30 a.m. wt 2.2 kg
PCV 16.5, 3:00 p.m. blood gave approximately 50 ml?, ate small amt of morning food

2/13/02 8:00 a.m. seems a little more depressed (PAIN); gums still pinkish, and ate small amt of food overnight, 9:45 a.m., 10:00 a.m., and 4:00 p.m.

2/14/02 dog checked 8:00 a.m. T-99.5, ate 1/5 of food from overnight, 3:00 p.m.
Wt. 2.0 kg, T- 97.5 3:40 p.m. PCV 30, placed catheter, ate 1/4 a.m. food (1/3 can growth)

2/15/02 dog checked 8:00 a.m. T-94.8, labored shallow rapid breathing, 9:45 a.m., 4:00 p.m. catheter would not flush, 6:45 p.m., 8:30 p.m. **found dead**

I saw Larry days before he died, he was laterally recumbent and unable to stand. It was reported to me that he was unable to hold food down although the medical record does not reflect this observation given to me by [REDACTED]

Beetle- Medical records need to be reviewed

Beetle had the same procedure as Larry – he is found dead in cage – didn't eat anything for 5 days post irradiation and bone marrow transplantation; never used his right front leg normally and remained swollen (PAIN) but that's **not in medical records**; site of bone marrow aspiration?

April 15, 2004 Beetle had full body radiation and bone marrow transplant; **hematocrit on 22nd had dropped 12% before any packed red blood cells were given**, according to [REDACTED] at necropsy discussion Beetle needed massive doses of plasma in order to survive; on 26th MH emailed [REDACTED] again about Beetle had eaten only a few bites over weekend and he hadn't eaten normally since the 15th; Beetle **found dead in cage** on May 13, 2004 – [REDACTED] notes that he had a painful day before he died; unable to use right front leg normally which remained swollen during entire time

Otter - Medical records need to be reviewed

Hemophilic

Had a bleed into his leg on Wed or Thursday 10-13-04 or 10-14-04, given plasma; on Saturday 10-9-04 of the same week got no treatment, [REDACTED] the student worker called [REDACTED] to look at Otter because of limping (PAIN) – [REDACTED] told [REDACTED] the leg was not swollen enough to treat

10-11-04 dog was very swollen and was given plasma 2x day
10-12-04, twice a day plasma treatment
10-13-04 Leg worse and trouble breathing; euthanized
[REDACTED] has not had a funded protocol for hemophilia for years

Tadpole- Medical records need to be reviewed

Hemophiliac

10-10-03 bled into spinal cord, [REDACTED] unavailable to treat animal. **Please see copy of memo to [REDACTED] dated 10-25-03. (Exhibit 9)**

Kukla, the bitch is a dog from [REDACTED] home, allowed to roam in the neighborhood, this dog was his pet brought into (b)(2)High & (b)(7)f at end of pregnancy, puppies used for research. Kukla is a carrier of hemophilia. Two of the puppies from the 2003 litter were hemophiliacs, now housed in ward 6. All but one of the "normal" puppies in the litter born in 2003 in (b)(2)High & (b)(7)f was later for terminal student surgery laboratory. The last litter born at [REDACTED] house in 2004, 4 dogs of the litter used as kidney donors for client renal transplantation. **Kukla's most recent litter, born in April 2005, at [REDACTED] house, has been brought into Auburn University College of Veterinary Medicine in May 2005, for testing for future experimentation.**

Freckles, the bitch is a dog from [REDACTED] home, allowed to roam in the neighborhood, this dog was his pet brought into (b)(2)High, (b)(7)f at the end of pregnancy, puppies used for research. Freckles was a carrier of hemophilia. Four of her puppies were hemophiliacs, 2 puppies from the 2003 litter are still housed in ward 6. Two of her "normal" puppies, Mink and Muskrat were used in the "mismatch" renal transplantation protocol, D02CA-76. Freckles was hit by a car near [REDACTED] home and killed.