it dis colle	splays a valid OMB cont ection is estimated to av	rol number. The valid OMB c	ontrol number for this informati including the time for reviewing	ion collection is	s 0579-0036. The til	me required to co	collection of information unless mplete this information hering and maintaining the data		OMB APPROVED 0579-0036	
This report is required by law (7 U.S.C. 2143 and 9 C.F.R. § 2.36). Failure to report according to the regucease and desist.				egulations can resu	It in an order to	Interagency Report Control No. 0180-DOA-AN	Fis	cal Year:		
	UNITED S		IT OF AGRICULTURE		1. REGISTRATI	ON NUMBER:				
	ANIMAL AN	ND PLANT HEALTH I	NSPECTION SERVICI	E	Customer Num		HEACILITY (Mame and Address	as regi	stered with USDA	
ł	ANNUAL REPORT OF RESEARCH FACILITY				<ol> <li>HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include ZIP Code)</li> </ol>					
		(TYPE OR PRI	NT)							
					Telephone:					
	,	List all locations where anima	als were housed or used in act	ual research, t	esting, teaching, or	experimentation,	or held for these purposes. Attack	additio	nal sheets if	
nece	essary.)		FACILITY L	OCATIONS (S	ites) See Attached	d Listing				
DED			DL OF RESEARCH FACILITY	(Attach additie	anal sheets if neces	sany or use ADH	(S EODM 70224 )			
A.	ORT OF ANIMALS US	B.	C.		er of animals upon	-	of animals upon which teaching,		F.	
	Animals Covered By The Animal Welfare Regulations	Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	teachir surger conduc accom distres and for approp analge	oriate anesthetic,	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 oo these animals and the reasons such drugs were not used must be attached to this report.		e of tion s on	TOTAL NUMBER OF ANIMALS (Cols. C + D + E)	
4. D	ogs									
5. C	ats									
6. G	uinea Pigs									
7. H	amsters									
8. R	abbits									
9. N	on-human Primates									
10.	Sheep									
11. Pigs										
12. (	Other Farm Animals									
13. (	Other Animals									
ASS	URANCE STATEMENT	l TS								
1.)						of anesthetic, ana	Igesic, and tranquilizing drugs, prio	or to, du	ring, and following	
2.)	actual research, teaching, testing, surgery, or experimentation were followed by this research facility. Each principal investigator has considered alternatives to painful procedures.									
3.)										
4.)	4.) The attending veterinarian for this research facility has appropriate authority to ensure the provisions 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.)) Lertify that the above is true, correct, and complete (7 U.S.C. Section 2143).										
						DATE SIGNED				

it displays a valid OMB control	ol number. The valid OMB co rage 2 hours per response, in	ontrol number for this informati including the time for reviewing	on collection i	s 0579-0036. The t	me req	ond to, a collection of information unless uired to complete this information rces, gathering and maintaining the data	OMB APPROVED 0579-0036
This report is required by law (7 U.S.C. 2143 and 9 C.F.R.§2.36). Failure to report according to the regulations can result in an order to Cease and desist.							
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				1. REGISTRATI	ON NU	MBER	
CONTINU REPOR	IATION SHEE T OF RESEAR (TYPE OR PRIM	T FOR ANNUA RCH FACILITY	L	include ZIP Code	<i>;)</i>	RESEARCH FACILITY (Name and Address, a	s registered with USDA,
A.	B.	L OF RESEARCH FACILITY		onal sneets if neces er of animals upon	1	use this form.) Number of animals upon which teaching,	F.
Animals Covered By The Animal Welfare Regulations 12. AND/OR 13. Other ( <i>List by species</i> )	Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	which e teachir surgen conduc accom distres and for approp analge	experiments, ng, research, y, or tests were cted involving panying pain or s to the animals which vriate anesthetic,		Numer of animals upon winch teaching, experiments, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which the use appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanati of the procedures producing pain or distress these animals and the reasons such drugs were not used must be attached to this report	of TOTAL NUMBER OF ANIMALS (Cols. C + D + E)
ASSURANCE STATEMENT	S						

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

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

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

4.) The attending veterinarian for this research facility has appropriate authority to ensure the provisions 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.))

SIGNATURE OF C.E.O. OR I.O.	NAME AND TITLE OF C.E.O. OR I.O. (Type or Print)				

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required collection of information unless it displays a valid OMB control number. The valid OMB control number for this informatic 0570,0000. The time perside the perside the information collection of persons of the persons of	on collection is 0579-0036					
0579-0036. The time required to complete this information collection is estimated to average .5 hours per response, incl reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and collection of information.						
	Fiscal year:					
UNITED STATES DEPARTMENT O ANIMAL AND PLANT HEALTH INSP Annual Report of Resear	PECTION SERVICE					
Column E Explanation (TYPE OR PRINT)						
This information is required by law (7 U.S.C. 2143 and 9 C.F.R. §2.36). Failure to report according to the regulations can result in an order to cease and desist.						
1. REGISTRATION NUMBER       2. Research Facility Headquarters address						
3. Number of animals used in the study.4. Specie the stude	es (common name) of animals used in y.					
5. Explain the procedure producing pain and distress.						
6 Drovido the ecientific justification for not providing th						
6. Provide the scientific justification for not providing the appropriate anesthetics, analgesics, or tranquilizing drugs during procedures where the animal experienced accompanying pain or distress greater than momentary or slight.						
7. 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					