| result in an order to cease and design | st and to be sui | pject to penalties as provided | e r. gulations can for in Section " | 51RC | 020 | | | |
|--|----------------------------------|--|--|--|---|--|--|--|
| UNITED STATES DEP ANIMAL AND PLANT VETERIN | | ECTION SERVICE | 1. DATE OF . RT | FORM APPROVED OMB NO. 0579-003 | | | | |
| | | | 2. HEADQUARTERS F tered with USDA, inc | RESEARCH FACILITY ING | me & Address, as reg | | | |
| | | DEC_0.6_1999 | CCBC- | The Essen (2m | 1/05 | | | |
| ANNUAL REPORT | OF RESEA | RCHFACILITY | (Escar from man. 12 dollage) | | | | | |
| (Required For Each Report | | | (Essex lom mon. 17 lollege) 720, Rossulle Blug | | | | | |
| And An Attending Vo | etermarian H | is Responsibility) | 0/4 | | | | | |
| 90 | | | Balto, MA 21237 51-R-003 | | | | | |
| | TRUCTIONS | | 3. REGISTRATION NO. 5/-R -02> 4. REPORTING FACILITY (Name and Address, include Zip Code) | | | | | |
| Reporting Facility - complete items | | | & CCBC - The Esser Company | | | | | |
| Headquarters Facility. Attach addi | | | (CBC - The Essex Campus CEssex Community College) 7201, Rosser He Islug | | | | | |
| Headquarters Facility - complete ite | _ | | 7201 6 | 7201 Plossy, the 15 lug | | | | |
| December 1 of each year for the pro- September 30) to the Veterinarian i | - | • • | BA / to, MA 21237 | | | | | |
| facility headquarters is registered. | | The section of the section | | , , , | | | | |
| REPORT OF ANIMALS USED IN priate use of anesthetics, analgesics, these drugs must be reported and a | and tranquillz | ing drugs during research, test | ERIMENTATION - Section ting, or experimentation. E | 2.28 of Animal Welfare Reg xperiments involving pain or | ulations requires api distress without use | | | |
| Α. | в. | c | D. | E. | F. | | | |
| | , | | Number of animals used in research, experiments, | Number of animals used in research, experiments, | | | | |
| Animals Covered | New Animals | Number of animals used in research, experiments, | or tests where appropriate | or tests involving pain or distress without adminis- | TOTAL NO. | | | |
| By Act | Added this Year | or tests involving no pain | anesthetic, analgesic, or tranquilizer drugs were | tration of appropriate anesthetic, analgesic, or | Of Animals (Cols. C+D | | | |
| | V Car | or distress. | administered to avoid pain or distress. | tranquilizer drugs. | 1 | | | |
| | ļ | | | (Atlach brief explanation | / | | | |
| 5. Dogs | 0 | 5 | 0 | 0 | 5 | | | |
| 6. Cats | 0 | 3 | 0 | 0 | 3 | | | |
| 7. Guinea Pigs | 0 | 0 | 0 | 0 | 9 | | | |
| 8. Hamsters | 0 | | 0 | 0 | · O . | | | |
| 9. Rabbits | 0 | | 0 | 0 | 0 | | | |
| 10. Primates | 0 | O | 0 | O | 0 | | | |
| 11. Rats | 0 | 0 | 0 | 0 | 0 | | | |
| 12. Mice | 0 | 0 | O | 0 | 0 | | | |
| 3. Wild Animals (specify) | 0 | Ō | 6 | 6 | D | | | |
| 14. | | | | | | | | |
| 5. | | | | | | | | |
| | | VETERINARIAN FOR R | | | | | | |
| (We) hereby certify that the type are tation including post-operative and p | nd amount of a ost-procedural | nalgesic, anesthetic, and tran- care was deemed appropriate | quilizing drugs used on anim to relieve pain and distress | hals during actual research, to for the subject animal. | esting or experimen- | | | |
| | VETERINARL | | IA-TILL | | 18. DATE SIGNES | | | |
| | | | | | 11/20/9 | | | |
| ONMITTEL | MEMBER | and the solutions of th | 20. TITLE | | 21. DATE SIGNE | | | |
| 2. SIGNATURE OF COMMITTEE N | MEMPER | | C13/16/1/10/11 | 24. DATE SIGNED | | | | |
| - SIGNATURE OF COMMITTEE | MEMBER | | 23. TITLE | | Z4. DATE SIGNEL | | | |
| | | ON BY HEADQUARTER | | | | | | |
| certify that the above is true, correct ppropriate use of anesthetic, analyses are are being followed by the propriate transfer are transf | ic, and tranquil | izing drugs, during actual reci | earch testion or experimen | the care, treatment, and use tation including post-operati | or animals including ve and post-procedu | | | |
| are are being followed by the above of the above of the second of the se | research faciliti | es or sites 13 115.C. Section : | 2143). 26. TREL | | 27. DATE SIGNED | | | |
| | | | | | 1/30/99 | | | |
| S FORM 18-23 Previous edition | Obsulete | | MAMA | (a) | <u> </u> | | | |

See reverse side for additional information Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. REGISTRATION NOO21 5 (RODA)

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) American Red Cross

15601 Crabbs Branch Way

MSTF Bldg, UMAB Rockville, MD 20855 Status: Active

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 American Red Cross 15601 Crabbs Branch Way Rockville, MD 20855

| REPORT OF ANIMALS USED BY | OR UNDER CONTROL OF | RESEARCH FACILITY | (Altach adiditional sheets if ne | cessary or use APHIS FORM 7023A) | |
|---|---|--|---|---|--|
| A. Animals Covered By The Animal Wellare 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 leaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report). | F. TOTAL NO OF ANIMALS (Cols. C + D + E) |
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | 40 | 63 | 1067 | | 1170 |
| 9. Non-human Primates | | | | | · |
| 10. Sheep | | · | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| | | | | | |
| 13. Other Animals | | 1 | | | |
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ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including approriate 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 provision of adequate veterinary care and to oversee the adequacy of other aspects of

| Dilla Contille | ERTIFICATION BY HEADQUARTES RESEARCH FACILITY O (Chief Executive Officer or Legally Responsible Institutional Of t certify that the above is true, correct, and complete (7 USC Section 2143) | |
|-------------------------------------|---|------------|
| IGNATURE OF C.E.O. OF MISTITUTIONAL | NAME & TITLE OF C.E.O. OR INSTITUTIONAL C | FEICIAL AV |

DATE SIGNED