CULTURE UNITED STATES DEPARTMENT OF . ANIMAL AND PLANT HEALTH INSPECTION SERVICE

CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION NO

FORM APPRIORES OMB NO 0579 0575

14-R-0036 2. HEADQUARTERS RESEARCH FACILITY (Name and Address as registered with 1151)A include Zip Code)

University of Massachusetts at Amherst Animal Care Office, Grad. Sch.

512 Goodell Building Amherst, MA 01003

	THE UR FRING	,	Amherst, Status:	Active	
-		The same of the sa	Anach adultional sheets if no	cossary or use this form t	
A Animals Covered By The Animal Welfare Regulations	B Number of animals being bred, conditioned, or held for use in leaching, lesting, experiments, research, or surgery but not	C Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or	D Number of animals upon which experimentals:— teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analysesic, or	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, analysistic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An axplanation 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 (COIs. C + D + E)
12 &OR 13 Other (List by species)	yet used for such purposes.	use of pain- relieving drugs	tranquilizing drugs were used	must be anached to this top	1
Meadow voles	Ø	1	Ø	4	100
Prairie voles	Ø	100	300	0	5
Pine voles	Ø	5	Ø	Ø	1
White footed mice	Ø	2136	Ø	0	2136
Red backed vole	Ø	297	Ø	0	104
N. Short tailed shr	ew Ø	104	Ø	0	78
E. Chipmunk	Ø	78	Ø	0	10
Masked shrew	Ø	10	Ø	0	2
Woodland jump. mous	e Ø	2		Ø	2
Long tailed weasel	Ø	2 .	Ø	V	
					+

## ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the cure, treatment, and use of animals, including appropriate use of aniesthetic analgesic and tranquilizing drugs, prior to during and following actual research, leaching, testing, surgery, or experimentation were followed by this research facility
- 2) Each principal investigator has considered atternatives to paintiff 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 histiational Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report addition to identifying the IACUC approved exceptions. This summary includes a tirief explanation of the exceptions, is well as the Species and number of unimals after the
- 4) The attending votermarian for this research facility has appropriate authority to ensure the provision of udequale veterinary, are and to oversee the adequacy of other aspects

عجا ليسم عبرة المسمر CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official) Ecertify that the above is true, correct, and complete (7 U.S.C. Section 2143)

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

DATE SIGNED

, UMass-Amherst

12/1/99

## Optional Column E Explanation Form

This form is intended as an aid to completing the Column E explanation. It is not an official form

not required as part of an expl	les, addresses, protocols, yeterinary care programs, and the lanation. A Column E explanation must be written so as to	be
understood by lay persons as	well as scientists.	· · · · · · · · · · · · · · · · · · ·
•		
1. Registration Number:	14-R-0036	
2. Number	of animals used in this study.	
3. Species (common name)	of animals used in this study.	
4. Explain the procedure pr	oducing pain and/or distress.	
Please refer to attac	hed sheet.	
	·	
relieved. State methods or m	ation why pain and/or distress could not be neans used to determine that pain and/or distress st results. (For Federally mandated testing, see	
queenes e como y		
Please refer to attach	hed sheet.	
6. What, if any, federal regula the Code of Federal Regulatio number (e.g., APHIS, 9 CFR	ations require this procedure? Cite the agency, ons (CFR) title number and the specific section 113.102):	
Адепсу	CFR	

Please refer to attached sheet.