UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.

22-110 22-R-0110

FORM APPROVED OMB NO. 0579-0036

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

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

Reeves Surgical Laboratory
100 Madison Avenue

- 90T- j

8209

100 Madison Avenue Morristown, New Jersey 07962-1956

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 (Siles)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach adiditional sheets if necessary or use APHIS FORM 7023A) B. Number of C Number of Number of animals upon which teaching, D. Number of animals upon animals being animals upon experiments, research, surgery or tests were which experiments, Animals Oovered By The Animal bred, conducted involving accompanying pain or distress which leaching, teaching, research, conditioned, or to the animals and for which the use of appropriate research. surgery, or tests were conducted involving TOTAL NO. Wellare Regulation held for use in experiments, or anesthetic, analgesic, or tranquilizing drugs would OF ANIMALS teaching, testing, tests were have adversely affected the procedures, results, or accompanying pain or experiments, interpretation of the teaching, research, conducted distress to the animals research, or involving no and for which appropriate experiments, surgery, or tests. (An explanation of (Cols. C + D + E) surgery but not pain, distress, or the procedures producing pain or distress in these anesthetic, analgesic, or used for such animals and the reasons such drugs were not used use of paintranquitizing drugs were purboses. relieving drugs. must be attached to this report). Dogs Cats Guinea Pigs Hamsters Rabbits Non-human Primates Sheep 11. Pigs 12. Other Farm Animals 13. Other Animals

- 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

ASSURANCE STATEMENTS

- 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 animal care and use.

CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL (b)(6), (b)(6), (b)(6), (c)(6), (c)(6), (d)(6), (d)(6)	7/C)
SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type of Parill) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	DATE SIGNED
APHIS FORM 702 (Replaces VS FORM 18-23 (OCT 88), which is obsolete.)	1/4/1/

See Attached

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UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. REGISTRATION NO.

FORM API

2. HEADQUARTERS RESEARCH FACILITY (Name and Address. as registere

unclude Zip Code) Cosomopolitan Safety Evaluation, I

P.O. Box 71 CN 2350

Lafayette, NJ 07848

Status: Active

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Atta sheets if necessary)

FACILITY LOCATIONS (Sites)

B. Number of E. Number of animals upon which teaching, D. Number of animals upon animals being animals upon experiments, research, surgery or tests were which experiments. bred, conducted involving accompanying pain or distress **Animals Covered** which leaching, teaching, research, By The Animal conditioned, or to the animals and for which the use of appropriate research, surgery, or lesis were held for use in Welfare Regulations experiments, or anesthetic, analogsic, or tranquilizing drugs would conducted involving teaching, testing, have adversely affected the procedures, results, or lests were accompanying pain or interpretation of the teaching, research, experiments, conducted distress to the animals research, or involving no experiments, surgery, or tests. (An explanation of

and for which appropriate

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

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0 28 173 15 Rabbits 0 0 0 0 9. Non-human Primates

10. Sheep 0 0 0 0 11. Pigs

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0 0 0 0 12. Other Farm Animals

0 0 0 0 13. Other Animals

ASSURANCE STATEMENTS

- Professionally acceptable standards governing the care, freatment, and use of animals, including approvate use of anesthetic, analgesic, and tranquilizing drugs, pr and following actual research, teaching, festing, surgery, or experimentation were followed by this research facility
- 2). Each principal investigator has considered alternatives to painful procedures

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- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explain principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual 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 af
- 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 oth annual care and use

CERTIFICATION BY HEADQUARTES 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.Q ONAL-OFFICIAL

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

APHIS FORM 7023 (AUG 91)

(Replaces VS FORM 18-23 (OCT 88), which is obsolete)
(b)(6), (b)(7)(c)