## FACILITY SITES LISTING

Licensee/Registrant Name:	Cornell University Medical College
	21-R-114
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sure to include all requested	that house regulated animals under the above number. Be information. If the line does not apply, please mar n three (3) sites copy this form as many times as needed
Sire No.: 4 Name/Departme	nt: Bourne Laboratories/Psychiatry
Addre	21 Bloomingdale Road
	White Plains, N.Y. 10605
Buildi	Bourne are reporting period.
Floor/Roc	oms lst 6 2nd
Contact Perso	ons 66,67C . Phone No.: 66,67C
Site No.: 5 Name/Departmen	ta Burke Medical Research Institute
Addres	785 Mamaroneck Avenue
•	White Plains, N.Y. 10605
Buildin	g: Sturgis
Floor/Rocc	
Contact Person	n: ble, b1c Phone No.: ble, b1c
ite No.: _6_ Name/Department Address	Research Animal Resource Center 425 East 68th Street
	New York, NY 10021
Building	Rettering Laboratory Building
Floor/Roca	0.2 0.2
Contact Person	La

## Optional Column E Explanation Form

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: 21-R-0114 of animals used in this study. 3. Species (common name) Plasus of animals used in this study. 4. Explain the procedure producing pain and/or distress. SEE ATTACHED 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 question 6 below) SEE ATTACHED 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):