Interagency Report Control No 0180-DOA-AN

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

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. FERTILITY & REPRODUCTIVE HEALTH INSTITUTE of NO. CALIF. 2516 SAMARITAN DR #A JOSE CA 95124

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 SAME.

FACILITY LOCATIONS (Sites)

SAME

A.	B. Number of	C Number of	D. Number of animals upon	E. Number of animals upon which feaching,	F.
Animals Covered By The Animal Welfare Regulations	animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes.	animals upon which leaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	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.	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).	TOTAL NO. OF ANIMALS  (Cols. C + D + E)
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters		300	;		300
8. Rabbits		<u> </u>	,		
9. Non-human Primates			,		
10. Sheep				·	
11. Pigs					
12. Other Farm Animals		-			
13. Other Animals					

## **ASSURANCE STATEMENTS**

(AUG 91)

- 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
- 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 aspir

## CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official)

Licertify that the above is true, correct, and complete (7 U.S.C. Section 2143) SIGNATURE OF C.E.O. OR INSTITUT NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED 9-29-99

**APHIS FORM 7023** 

(b)(6), (b)(7)(c)

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UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. しじろ

FORM APPROVED OMB NO 0579-0036 11

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

## ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

IDEC Pharmaceuticals Corporation 11011 Torreyana Road San Diego, California 92121

			FA	CILITY LOCATIONS (Siles)	,	
_	PORT OF ANIMALS USED BY O	R UNDER CONTROL OF	RESEARCH FACILITY	f (Altach adiditional sheets if ne	cessury or use APHIS FORM 7023A.)	
Α.	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 teaching, research, experiments, or lests were conducted involving no pain, distress, or use of pain-relieving drugs.	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).	TOTAL NO. OF ANIMALS  (COIS. C + D + E)
4.	Dogs					·
5.	Cats					
6.	Guinea Pigs					
7.	Hamsters					
8.	Rabbits					
9.	Non-human Primates			NO COVERED	ANIMALS	
10	. Sheep					
11	. Pigs					
12	. Other Farm Animals					
					•	·
13	. Other Animals					

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

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- 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 Cure and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In
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## 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)

**ASSURANCE STATEMENTS** 

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

DATE SIGNED

SIGNATURE OF C.E.

(Replaces VS FORM 18-23 (OCT 88), which is obsolete.)