UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION NO. 23R0069

FORM APPROVED OMB NO. 0579-0036

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

Eighth & Race Streets 526 Brodhead Avenue #23B Philadelphia, PA 19107

Status: Cancelled

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)

Lower Level, Room 021 (animal colony)at the Temple University School of Podiatric Medicine 6661 T 0 330

	B. Number of	C Number of		cessary or use APHIS FORM 7023A.) E. Number of animals upon which teaching.	I -
A. Animals Covered By The Animal Wellare Regulations	animals being bred, conditioned, or held for use in leaching, lesting, experiments, research, or surgery but not yet used for such purposes.	Number of animals upon which leaching, research, experiments, or lests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. Number of animals upon which experiments, leaching, research, surgery, or lests 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 lests 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 lests. (An explanation of	F. TOTAL NO. OF ANIMALS (Cols. C + D + E)
4. Dogs	0	0	0	0	0
5. Cats	0	0	0	0	0
6. Guinea Pigs	. 0	0	0	0	0
7. Hamsters	U	0	0	0	0
8. Rabbits	0	0	0	0	0
9. Non-human Primates	0	0	0	0	0
10. Sheep	00	0	0	0	.0
11. Pigs	0	0	0	0	0
12. Other Farm Animals	0	0	0	0	0 -
13. Other Animals	0	0	0	0	0

- 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 animal care and use.

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)

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

DATE SIGNED

11/2/99

APHIS FORM 7023 (AUG 91)

(Replaces VS FORM 18-23 (OCT 88), which is obsolete)

Interagency Report Control 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

See Attached

FORM APPROVED OMB NO 0579-0036

2. HEADOUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)
Median School of Allied Health Car

125 Seventh Street

Cedar Crest & 1-78 PO Box 689

Pittsburgh, PA 15222

Status: Active

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

FACILITY LOCATIONS (Sites)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach adiditional sheets it necessary or use APHIS FORM 7023A) B. Number of C Number of E. Number of animals upon which teaching D. Number of animals upon experiments, research, surgery or tests were animals being animals upon which experiments. conducted involving accompanying pain or distress which leaching, **Animals Covered** bred. leaching, research, conditioned, or research, to the animals and for which the use of appropriate TOTAL NO. By The Animal surgery, or tests were anesthetic, analgesic, or tranquilizing drugs would held for use in experiments, or OF ANIMALS Welfare Regulations conducted involving have adversely affected the procedures, results, or teaching, testing, tests were accompanying pain or experiments, interpretation of the leaching, research, conducted distress to the animals experiments, surgery, or tests. (An explanation of (Cols. C + D + E) research, or involving no and for which appropriate the procedures producing pain or distress in these surgery but not pain, distress, or anesthetic, analgesic, or yet used for such use of painanimals and the reasons such drugs were not used tranquilizing drugs were must be attached to this report). purposes. relieving drugs. used. 3 10 O O Dogs 0 Cats Guinea Pigs Hamsters Rabbits Non-human Primates Sheep Pigs 12. Other Farm Animals 13. Other Animals ASSURANCE STATEMENTS

- Professionally acceptable standards governing the care, freatment, 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.
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CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official) 1 certify that the above is true, correct, and complete (7 USC Section 2143)						
SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)	DATE SIGNED				
	(b)(b)(b)(q)(c)					

APHIS FORM 7023

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