See reverse side for additional information.

Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION NO.54

14R0054

FORM APPROVED OMB NO. 0579-0036

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

10 10

P.O. Box 58

58 S. Royalston Road Royalston, MA 01368

Status: Active

41

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.)

See Attached

FACILITY LOCATIONS (Siles)

ITE 1 — 1 BUILDING (2 ROOMS)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional 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 Covered** bred. which leaching, conducted involving accompanying pain or distress teaching, research, surgery, or tests were By The Animal conditioned, or research, to the animals and for which the use of appropriate Wellare Regulations held for use in TOTAL NO. experiments, or anesthetic, analgesic, or tranquilizing drugs would conducted involving teaching, testing, OF ANIMALS lesis were have adversely affected the procedures, results, or accompanying pain or experiments, conducted interpretation of the teaching, research, distress to the animals research, or experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these involving no and for which appropriate (Cols. C + D + E) 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 purposes. relieving drugs. must be attached to this report). used Dogs Cats Guinea Pigs 7. Hamsters 8. Rabbits Non-human Primates 10. Sheep 11. Pigs 12. Other Farm Animals 13. Other Animals ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including approxiate 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
CA	THARA.	(Chief Executive Officer or Legally Responsible Institutional Official)
$\mathcal{J}(f_{\bullet})$.	(h)(7)(r	I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

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

DATE SIGNED

11/11/99

APHIS FORM 7023 (AUG 91)

(Replaces VS FORM 18-23 (OCT 88), which is obsolete)

(b)(6)(b) 7 C

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. REGISTRATION NO. 4 R

FORM APPROVED OMB NO. 0579-0036

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

CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

			/AM - b - wigiting of shoots of sac	rassary or use this form)	
A Animals Covered By The Animal Wellare Regulations 12 &/OR 13 Other (List by species)	UNDER CONTROL OF 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.	RESEARCH FACILITY C Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	(Attach adictitional sheets if nec D. 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 tranquitizing drugs were used.	E. Number of animals upon which leaching, 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 leaching, 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 effected to this report).	TOTAL NO OF ANIMALS (Cols. C + D + E)
				OV 1 5 1999	

- 1). Professionally acceptable standards governing the care, treatment, and use of animals, including approriate use of anesthetic, analysis, 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 alternatives to painful procedures
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- 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

aniwal care and use			
(A)(A)(7)(C)	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 INSTITUTIONAL OFFICIAL

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

DATE SIGNED

APHIS FORM 7023A (AUG 91)

PART I HEADQUARTERS