

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

REGISTRATION NO.
21-R-0053

FORM APPROVED
OMB NO 0579-0036

UCI 25 1999

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT) BY: _____

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

State University of New York
College of Technology
2 ~~15~~ Main Street → 2 Main Street
Delhi, NY 13753
Status: Active

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)

See Attached

Farnsworth Hall Vivarium Site 1

College Farm Ladd Veterinary Science Vivarium Site 2

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

A. Animals Covered By The Animal Welfare 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 tests were conducted involving no pain, distress, or use of pain- relieving drugs.	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 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).	F. TOTAL NO. OF ANIMALS (Cols. C + D + E)
4. Dogs	0	0	115	0	115
5. Cats	0	0	81	0	81
6. Guinea Pigs	0	0	40	0	40
7. Hamsters	0	0	100	0	100
8. Rabbits	0	0	35	0	35
9. Non-human Primates	0	0	10	0	10
10. Sheep	0	0	76	0	76
11. Pigs	0	0	19	0	19
12. Other Farm Animals Horses	0	0	5	0	5
Cattle	0	0	36	0	36
13. Other Animals Goats	0	0	3	0	3

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate 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 HEADQUARTERS RESEARCH FACILITY OFFICIAL.
(Chief Executive Officer or Legally Responsible Institutional Official)

I 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
10/14/99

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.

21-R-056

FORM APPROVED
OMB NO. 0579-0036

NOV 19 1999

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

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

State College of New York
College at Old Westbury
Old Westbury, NY 11568

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)

SUNY College at Old Westbury Nat Sci Bldg 5121

Bldg A 002

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

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4. Dogs	0	0			0
5. Cats	0	0			0
6. Guinea Pigs	0	0			0
7. Hamsters	0	0			0
8. Rabbits	0	0			0
9. Non-human Primates	0	0			0
10. Sheep	0	0			0
11. Pigs	0	0			0
12. Other Farm Animals	0	0			0
13. Other Animals mice	0	40	0	0	40
gerbils	0--	100	0		100

ASSURANCE STATEMENTS

- 1). Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate 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.
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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 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.

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(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.O. OR INSTITUTIONAL OFFICIAL

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

Dr

DATE SIGNED

11/17/99