See reverse side for additional information 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

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

YJBioProducts, Inc 11353 Pyrites #14 Rancho Cordova, CA 95670

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

| 3. REPORTING FACILITY | (List all locations where animals were housed or used in | | | | actual research, testing, leaching, or experimentation; or held for these purposes. Attach | | | | | Mach additional | |
|-----------------------|--|--------------|------|-------|--|------|--------|---------|------|-----------------|--|
| sneets it necessary.) | ΥJ | BioProducts, | Inc, | 11353 | Pyrites | #14. | Rancho | Cordova | . CA | 95670 | |

11353 Pyrites #14. Rancho Cordova Inc, FACILITY LOCATIONS (Siles)

same as above

| REPORT OF ANIMALS LISED BY | OR LINDER CONTROL OF | E RESEARCH FACILITY | ((Attach adultional abouted or | ecessary 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 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. | F. TOTAL NO. OF ANIMALS (Cols. C + D + E) |
| 4. Dogs | | | | | |
| 5. Cats | | | · | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | : | | |
| 8. Rabbits | 0 | 0 | 0 | 0 | 0 |
| 9. Non-human Primates | | | . • | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | · | - |
| | - | | | 4 | |
| 13. Other Animals | | | | | |
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| ASSURANCE STATEMENTS | | | | 1111 | |

Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate list offenesticities, analysis, and tranquitizing 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

USDA. APHIS, REAC, AC This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and legible for Se 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)

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 (

DATE SIGNED

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1839

1. REGISTRATION NO. 93-8-04/2

S FORM APPROVED M

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

Zymed Labs, Inc. 458 Carlton Ct., Suite B South San Francisco, CA. 94080

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)

18401 N. Atkins Road, Lodi, CA. 95240

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- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including approviate use of anesthetic, analgesie, and tranquitzing 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.

| • | | |
|--|---|----------------------|
| (Chief Executive Officer or | UARTES RESEARCH FACILITY OFFICIAL Legally Responsible Institutional Official) e, correct, and complete (7 USC Section 2143) | |
| SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL (b)(c) (b)(7)(c) | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) (b)(c) (b)(7)(c) | DATE SIGNED 11-26-99 |