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. REGISTRAZION NO 135

FORM APPROVED OMB NO 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA include Zip Code) in Public Health Research Institute

455 First Avenue 455 First Avenue

New York, NY 10016 Status: Active

NOV 2.9 1999

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

406

See Attached

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)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach admitted an abelia in necessary or use APHIS FORM 7023A.) Number of animals upon which teaching, B. Number of C Number of D. Number of animals upon animals being experiments, research, surgery or tests were animals upon which experiments, bred, which leaching, conducted involving accompanying pain or distress **Animals Covered** teaching, research. to the animals and for which the use of appropriate By The Animal conditioned, or research. TOTAL NO surgery, or tests were conducted involving anesthetic, analgesic, or tranquilizing drugs would held for use in Wellare Regulations experiments, or OF ANIMALS have adversely affected the procedures, results, or interpretation of the teaching, research, teaching, testing, lesis were accompanying pain or experiments. conducted distress to the animals experiments, surgery, or tests. (An explanation of research, or (Cols. C + D + E) and for which appropriate involvina no surgery but not pain, distress, or the procedures producing pain or distress in these anesthetic, analgesic, or animals and the reasons such drugs were not used vet used for such use of paintranquilizing drugs were purposes. must be attached to this report). relieving druas. used 0 0 0 0 0 4. Dogs 0 0 0 0 0 Cats 0 0 0 0 0 6. Guinea Pigs 0 0 0 0 0 7. Hamsters 0 0 0 0 0 Rabbits 0 0 0 0 0 9. Non-human Primates 0 0 0 0 0 10. Sheep 0 0 0 0 0 11. Pigs 0 0 0 0 0 12. Other Farm Animals 0 0 0 0 0 13. Other Animals

ASSURANCE STATEMENTS

- 1) 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.

(6)(6)	(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)				
SIGNAT	UTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)	DATE SIGNED		
		(b)(a) (b)(7)(c)	11/17/99		
POTIC CODE	7000				

ÀPHIS FORM 7023 (AUG 91)

(Replaces VS FORM 18-23 (OCT 88), which is obsolete)

NOV 2 3 See reverse side for additional information.

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Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRAZIPIN NO 137 21RO137

FORM APPROVED OMB NO 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT) include Zip Code) Island Jewish Medical Center 270-05 76th

> New Hyde Park, NY 11042 Status: ACTVE

391

See Attached

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.)

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Dilition care and use			
(h)(h)(h)(h)(r)	(Chief Executive Officer or l	UARTES RESEARCH FACILITY OFFICIAL Legally Responsible Institutional Official) s, 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
			11 8 99
			

APHIS FORM 7023 (AUG 91) (Replaces VS FORM 18-23 (OCT 88), which is obsolete)

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