Summary of Exceptions
Annual Report of Research Facility
G. D. Searle & CO., Inc.
4901 Searle Parkway, Skokie, IL 60077
USDA Registration Number: 33-R-0028

radioactive compounds that were subsequently excreted in the urine and feces. This exemption was granted to prevent contamination of animal room, research and husbandry personnel as well as exposing animals of different dosing groups to metabolic waste from Fourteen dogs were exempted from exercise for ten days while being used on an IACUC-approved protocol permitting dosing of other dose group animals.

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See reverse side for additional information. Interagency Report Control No

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. REGISTRATION NO 31 5 1R 003

FORM APPROVED OMB NO 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA

unclude Zip Code ington Biotechnology, Inc.

PO Box 211 College Park Campus

Simpsonville, MD 21150-0211

Status: Active

ATMUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

. . . .

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 it necessary.)

**FACILITY LOCATIONS (Siles)** 

6200 Freeport Centre

See Attached

Baltimore Maryland 21224-6506

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, feaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic; analgesic, or franquilizing drugs were used.	E. Number of animals upon which feaching, experiments, research, surgery or fests 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 affached to this report).	F.  TOTAL NO OF ANIMALS  (Cols. C + D + E)
4. Dogs					
5. Cats					
6. Guinea Pigs		908	498	1079	2485
7. Hamsters					
8. Rabbits		53	24	A -1,444	77
9. Non-human Primates					
10. Sheep					
11. Pigs	·				· · · · · · · · · · · · · · · · · · ·
12. Other Farm Animals					
13. Other Animals					
				·	

- 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

CERTIFICATION BY HEAT	QUARTES RESEARCH FACILITY OFFICIAL.
(Chief Executive Officer	or Legally Responsible Institutional Official)
	2 142)

I certify 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)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

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