UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION 19032 31R 0036

FORM APPROVED OMB NO 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA include Zip Code) Hipple Cancer Research Center, Inc

4100 S. Kettering Boulevard

1335 Terrance Hall

Dayton, OH 45439-2092 Status: Active

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 (Siles)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A) Number of animals upon which teaching, Number of C. Number of D. Number of animals upon experiments, research, surgery or tests were animals being animals upon which experiments, conducted involving accompanying pain or distress bred, which leaching, Animals Covered teaching, research, to the animals and for which the use of appropriate TOTAL NO. research. By The Animal conditioned, or surgery, or tests were anesthetic, analgesic, or tranquilizing drugs would held for use in experiments, or OF ANIMALS Welfare Regulations conducted involving have adversely affected the procedures, results, or teaching, testing, accompanying pain or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of experiments, conducted distress to the animals (Cols. C + D + E) research, or on pnivlovni and for which appropriate the procedures producing pain or distress in these surgery but not yet used for such pain, distress, or anesthetic, analgesic, or animals and the reasons such drugs were not used use of paintranquilizing drugs were must be attached to this report). purposes. relieving drugs. Dogs Cats Guinea Pigs Hamsters 8. Rabbits Non-human Primates 10. Sheep 11. Pigs 12. Other Farm Animals 13. Other Animals

- 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 HEADQUARTES RESEARCH FACILITY OFFICIAL.  (Chief Executive Officer or Legally Responsible Institutional Official)  (Chief Executive Officer or Legally Responsible Institutional Official)  (Chief Executive Officer or Legally Responsible Institutional Official)		
SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL (6)(6) (b)(7)(C)	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or PIIII).  (A) (A)  (C)	DATÉ SIGNED

**ASSURANCE STATEMENTS** 

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.33 31R0032

FORM APPROVED OMB NO. 0579-0036

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

AKTON City Hospital Campus

Research Administration 5

525 E. Market Street Akron, OH 44304 Status: Active

DEC 0 1 1999

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

See Attached

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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

(b)(6) (b)(7)(c) NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Pyright)

DATE SIGNED

11/24/99