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See reverse side for additional information.

Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION NO. 57-R-0103

FORM APPROVED OMB NO. 0579-0036

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

Advanced Laparoscopy Training Center, Inc. 790 Church Street, Suite 550 Marietta, GA 30060

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

FACILITY LOCATIONS (Sites)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A.) B. Number of C Number of E. Number of animals upon which teaching, D. Number of animals upon animals upon animals being experiments, research, surgery or tests were which experiments, teaching, research, Animals Covered bred, ... which teaching, conducted involving accompanying pain or distress By The Animal conditioned, or to the animals and for which the use of appropriate research, surgery, or tests were TOTAL NO Welfare Regulations. held for use in experiments, or anesthetic, analgesic, or tranquilizing drugs would conducted involving OF ANIMALS feaching, testing, 4.53 lests were conducted have adversely affected the procedures, results, or 33 accompanying pain or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of experiments, distress to the animals invalving no research, or and for which appropriate (Cols. C + D + E) surgery but not pain, distress, or the procedures producing pain or distress in these anesthetic, analgesic, or yet used for such 2 10 43 use of painrelieving drugs. 🗦 tranquilizing drugs were. animals and the reasons such drugs were not used purposes. must be attached to this report). Dogs Cats Guinea Pigs 7. Hamsters Rabbits 9. Non-human Primates 10. Sheep 11. Pigs 12. Other Farm Animals Goats - 0 -- 0 -24 24 13. Other Animals NOTE: Facility closed effective 11/1/98. THIS IS THE FINAL REPORT **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 .

CER CAGO, CAORO (CO)	Chief Executive Officer o	QUARTES RESEARCH FACILITY OFFICIAL r Legally Responsible Institutional Official) rue, correct, and complete (7 U.S.C. Section 2143).	L	1
SIGNATURES CONTROL OFF	ICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (7	ype or Print)	DATE SIGNED
(Replaces VS F (AUG 91)	ORM 18-23 (OCT 88), which is	s obsolete.) (b)(b) (b)(7)(c)	PART 1 - HEAL	QUARTERS

See reverse side for additional information

Interagency Report Control No 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION NO 104

57R010

FORM APPROVED OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA ^{include Zip Code)}lb Medical Center

2701 N. Decatur Road

Suite 550

Decatur, GA 30033

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 admittional sheets if necessary or use APHIS FORM 7023A) B. Number of Number of animals upon which leaching, C Number of D. Number of animals upon animals being animals upon experiments, research, surgery or tests were which experiments, conducted involving accompanying pain or distress to the animals and for which the use of appropriate Animals Covered 📑 bred. which leaching, teaching, research, conditioned, or By The Animal research TOTAL NO. surgery, or tests were held for use in anesthetic, analgesic, or tranquilizing drugs would Welfare Regulations experiments, or conducted involving OF ANIMALS have adversely affected the procedures, results, or interpretation of the teaching, research. teaching, testing, tests were accompanying pain or experiments, conducted distress to the animals research, or involving no experiments, surgery, or lests. (An explanation of (Cols. C + D + E) and for which appropriate surgery but not yet used for such pain, distress, or the procedures producing pain or distress in these anesthetic, analgesic, or animals and the reasons such drugs were not used use of paintranquilizing drugs were purposes. relievina druas. must be attached to this report). used 4. Dogs Cats Guinea Pigs Hamsters Rabbits 8. Non-human Primates 10. Sheep 11. Pigs 12. Other Farm Animals 13. Other Animals **ASSURANCE STATEMENTS**

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CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICE	Αł.
(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 (Type or Print)

DATE SIGNED

HIS FORM 7023

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

(AUG 91)