

31R0014

RESEARCH FACILITY SITES LISTING

Registered Facility Name: University Laboratory Animal ResourcesRegistration Number: 31-R-0014

Please list below all sites that house animals under the above registration number. Be sure to include all requested information. Do not leave any spaces blank. If the line does not apply, please mark it N/A. If you have more than three (3) sites, please copy this form as many times as needed before filling in the sites.

Site No.: 10 Name/Department: Veterinary HospitalAddress: 601 Tharp Street (Street Name)Cols., OH 43210 (Town/City)Building: N/AFloor/Room: 0126Contact Person: (b)(6), (b)(7)(C) Phone No.: (b)(6), (b)(7)(C)Site No.: 11 Name/Department: Ohio Agriculture Research and Development CenterAddress: 1680 Madison Ave. (Street Name)Wooster, OH 44691 (Town/City)Building: N/AFloor/Room: N/AContact Person: (b)(6), (b)(7)(C) Phone No.: (b)(6), (b)(7)(C)Site No.: 12 Name/Department: Botany and ZoologyAddress: 1735 Neil Ave. (Street Name)Cols., OH 43210 (Town/City)Building: N/AFloor/Room: 181Contact Person: (b)(6), (b)(7)(C) Phone No.: (b)(6), (b)(7)(C)

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Site No.: 13 Name/Department: Alice L. Finley Memorial Center

Address: 2108 Plain City-Georgesville Rd. (Street Name)

West Jefferson, OH 43216 (Town/City)

Building: N/A

Floor/Room: N/A

Contact Person: [REDACTED] **Phone No:** [REDACTED]

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

Site No.: **Name/Department:**

Address: _____ **(Street Name)**

(Town/City)

Building:

Floor/Room:

Contact Person: _____ **Phone No.:** _____

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