## FACILITY SITES LISTING

23 R 0064

Licensee/Registrant Name: Lel	high University, Central Animal Facility
License/Registration Number: 23-	-R-0064
sure to include all requested in	house regulated animals under the above number. B formation. If the line does not apply, please mar ree (3) sites copy this form as many times as neede
Site No.: 1 Name/Department:	Lehigh University Central Animal Facility
Address:	526 Brodhead Ave. #23B
	Bethlehem, PA 18015
Building:	Chandler Ullman #17
Floor/Room:	3rd Floor
Contact Person:	b)(6), (b)(7)(c)  Phone No.: (b)(6), (b)(7)(c)
Site No.: Name/Department:Address:	
Address:	
Building: _	
Floor/Room: _	
Contact Person: _	NOV 9 9 1999
Site No.: Name/Department:	
Address:	-
Building:	
	<del>-</del>
Contact Person:	Phone No.:

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MUR - J BOW

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. REGISTRATION NO.99

23R COCH ITY (Name

FORM APPROVED OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA include Zip Code) Argus Research Laboratories, Inc. ANNUAL REPORT OF RESEARCH FACILITY

905 Sheehy Drive P.O. Box 265

Horsham, PA 19044 Status: Active

(TYPE OR PRINT)

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.) Argus Research Laboratories, Inc. 905 Sheehy Drive Horsham, PA 19044 FACILITY LOCATIONS (Siles)

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 Number of animals upon which teaching, D. Number of aminals upon animals being animals upon experiments, research, surgery or lests were which experiments, Animals Covered bred which leaching, conducted involving accompunying pain or distress leaching, research. By The Animal conditioned, or research, to the animals and for which the use of appropriate Welfare Regulations held for use in SU/Qery, or lesis were TOTAL NO experiments, o conducted invulving anesthetic, analgesic, or tranquilizing drugs would leaching, lesting, OF ANIMALS lesis were have adversely affected the procedures, results, or accompanying pain or experiments. conducted interpretation of the teaching, research, distress to the animals research, or mvolving no experiments, surgery, or lesis. (An explanation of and for which appropriate surgery but not (Cols. C + D + E) Dain, distress, or the procedures producing pain or distress in these anesthetic, analgesic, or yel used for such use of painanimals and the reasons such drugs were not used tranquilizing drugs were purposes. relieving drugs. must be attached to this report). Dogs 0 0 0 0 0 Cats 0 0 0 Ω 0 **Guinea Pigs** 58 0 0 58 Hamsters 0 203 4 0 207 Rabbits 58 2,316 207 114 2,637 Non-human Primates 0 0 0 0 0 10. Sheep 0 0 0 0 0 11. Pias 0 0 0 0 12. Other Farm Animals 0

0

0

## ASSURANCE STATEMENTS

13. Other Animals

**Ferrets** 

- 1). Professionally acceptable standards governing the care, treatment, and use of animals, including approxiate 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.

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- 3). This locility 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 This recently is soluting to the statistical 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 vetermarian for this research facility has appropriate authority to ensure the provision of adequate vetermary care and to oversee the adequacy of other aspects of

CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL. (Chief Executive Officer or Legally Responsible Institutional ()fficial) Ecertify that the above is true, correct, and complete (7 U.S.C. Section 2143) SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

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NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED 10/31/85

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**APHIS FORM 7023** (AUG 91)

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