

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.  
16-R-0035

16R0035

FORM APPRC  
OMB NO 057

ANNUAL REPORT OF RESEARCH FACILITY  
(TYPE OR PRINT)

58

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered w include Zip Code)  
Protein Sciences Corporation  
1000 Research Parkway  
P.O. Box 368  
Meriden, CT 06450  
Status: Cancelled

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 sheets if necessary.)

FACILITY LOCATIONS (Sites)

See Attached  
Protein Sciences Corporation

1000 Research Parkway, Meriden, CT 06450

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)

| A. 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, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests 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 attached to this report.) |
|--|---|---|---|---|
| 4. Dogs  | N/A   | N/A   | N/A   | N/A   |
| 5. Cats  | N/A   | N/A   | N/A   | N/A   |
| 6. Guinea Pigs                                       | 0   | 0   | 0   | 0   |
| 7. Hamsters  | N/A   | N/A   | N/A   | N/A   |
| 8. Rabbits   | 0   | 0   | 0   | 0   |
| 9. Non-human Primates                                | N/A   | N/A   | N/A   | N/A   |
| 10. Sheep  | N/A   | N/A   | N/A   | N/A   |
| 11. Pigs   | N/A   | N/A   | N/A   | N/A   |
| 12. Other Farm Animals                               | N/A   | N/A   | N/A   | N/A   |
| 13. Other Animals                                    |   |   |   |   |
| **** Mice ****                                       | 0   | 0   | 0   | 0   |

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, 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.
- 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 animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL

(Chief Executive Officer or Legally Responsible Institutional Official)

I certify that the above is true, correct, and complete (7 USC Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

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

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 16R0037

FORM APPROVED  
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY  
(TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include):  
Future Promise Research Center  
163 Old New London Road  
P.O. Box 2008  
Salem, CT 06420  
DEC 01 1999

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 (Sites)

Future Promise Research Center  
163 Old New London Rd  
Salem CT, 06420

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)

| A. 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, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests 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 attached to this report). | F. TOTAL NO OF ANIMALS (Cols. C + D + E) |
|--|---|---|---|---|--|
| 4. Dogs  |   |   |   |   | 0  |
| 5. Cats  |   |   |   |   | 0  |
| 6. Guinea Pigs                                       |   |   |   |   | 0  |
| 7. Hamsters  |   |   |   |   | 0  |
| 8. Rabbits   |   |   |   |   | 0  |
| 9. Non-human Primates                                |   |   |   |   | 0  |
| 10. Sheep  |   |   |   |   | 0  |
| 11. Pigs   |   |   |   |   | 0  |
| 12. Other Farm Animals                               |   |   |   |   | 0  |
| 13. Other Animals                                    |   |   |   |   |  |
| Servals  | 0   | 4   | 0   | 0   | 4  |
| Clouded leopards                                     | 0   | 2   | 0   | 0   | 2  |

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate 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 HEADQUARTERS RESEARCH FACILITY OFFICIAL

(Chief Executive Officer or Legally Responsible Institutional Official)

I certify that the above is true, correct, and complete (7 USC Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

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

DATE SIGNED