See reverse side for additional information.

Interagency Report Control No 0180-00A-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. REGISTRATION NO

FORM APPROVED Caris OMB NO 0579-0036

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

California State University, Los Angeles 5151 State University Drive Los Angeles, CA 90032

REPORTING FACILITY (List all locations where animals were housed sheets if necessary.)	or used in actual research, testing, teaching, or experimentation, or held for these, purposes. Attach additional
	FACILITY LOCATIONS (Sites)
Biological Sciences	307A, 269, 253, 2A
Physical Sciences	19 - 25
REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH F	FACILITY (Altach additional sheets if necessary or use APHIS FORM 7023A.)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Altach additional sheets if necessary or use APHIS FORM 7023A.)					
Animals Covered By The Animal Wellare 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 leaching, 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					
5. Cats					
6. Guinea Pigs					
7. Harnsters			1		
8. Rabbits		15			15
9. Non-human Primates				·	
10. Sheep					
11. Piqs					
12. Other Farm Animals		<del>-</del>		·	
13. Other Animals					
squirrels		35	8		43
ASSURANCE STATEMENTS				U E B E I W B C	

Professionally acceptable standards governing the care, treatment, and use of animals, including approriate use of an and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility. **NOV** 26 **199**9

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 by specified and explained by the principal investigator and approved by the Institutional Annual Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual eport. In addition to identifying the IACUC approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and humber of annuals 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 annnal care and use.

(b)(b) (b)(7)(c)	(Chief Executiv	BY HEADQUARTES RESEARCH FACILITY OFFICIAL re Officer or Legally Responsible Institutional Official) The above is true, correct, and complete (7 U.S.C. Section 2143)
SIGNATURE OF C.E.O. OR INST	TUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

APHIS 1 (AUG 91) (Replaces VS FORM 18-23 (OCT 88), which is obsolete)

See reverse side for additional information. Interagency Report Control No. 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO

FORM APPROVED OMB NO. 0579-0036

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

California State University, Northridge 18111 Nordhoff Street Northridge, CA 91330

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ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

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.) California State University, Northridge

## FACILITY LOCATIONS (Siles)

Biology Vivarium, Science 2001

Psychology Vivarium, Sierra Hall 313

REPORT OF ANIMALS USED BY C			(Altach adiditional sheets if ne	cessary or use APHIS FORM 7023A.)	<del></del>
A	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, analgestic, 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 affached to this report).	TOTAL NO OF ANIMAL (Cols. C D + E)
4. Dogs					
5. Cats					
6. Guinea Pigs	5	5			5
Dwarf/Syrian 7. Hamsters	69	29			29
8. Rabbits	5	5			5
9. Non-human Primates					ļ
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals				•	
Deermice	2	2			2
				AO LEEMANANDAS	
ASSURANCE STATEMENTS				1 UV UVER SINGT TUS	$\mathbf{n}$

ialgesi¢, and tranquilizing drugs, prior

1) Professionally acceptable standards governing the care, freatment, and use of animals, including approriate use of anesthetic, or 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

regulations be specified and explainer 3). This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations under the Act, and it has required that exceptions is attached to this angual separation of all such exceptions is attached to this angual separation of all such exceptions is attached to this angual separation of the exceptions, as well as the species and number of animals affects the exceptions, as well as the species and number of animals affects the exceptions are species and number of animals affects the exceptions are species and number of animals affects the exceptions are species and number of animals affects the exceptions are species and number of animals affects the exceptions are species and number of animals affects the exceptions are species and number of animals affects the exceptions are species and number of animals affects the exceptions are species and number of animals affects the exception of the exceptions are species and number of animals affects the exception of t

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 o animal care and use.

## CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official) I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

TOTAL TIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL Type or Prints

DATE SIGNED

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11/29/99

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

(AUG 91)