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 19904 63 ROI 04

FORM APPROVED OMB NO. 0579-0036

2. HEADOUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA include Zip Rashville Fertility Center

2400 Patterson Street

Suite 319

Nashville, TN 37203

Status: Active

849

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 it necessary.)

FACILITY LOCATIONS (Sites)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach admitted a sheets if necessary or use APHIS FORM 7023A.) E. Number of animals upon which teaching, B. Number of C Number of D. Number of animals upon animals being experiments, research, surgery or tests were animals upon which experiments, conducted involving accompanying pain or distress Animals Covered bred. which leaching, leaching, research. to the animals and for which the use of appropriate research, By The Animal conditioned, or TOTAL NO. surgery, or tests were conducted involving anesthetic, analgesic, or tranquilizing drugs would held for use in experiments, or Welfare Regulations OF ANIMALS teaching, testing, lests were have adversely affected the procedures, results, or accompanying pain or interpretation of the teaching, research, experiments. conducted distress to the animals research, or experiments, surgery, or tests. (An explanation of (Cols. C + D + E) involving no and for which appropriate surgery but not pain, distress, or the procedures producing pain or distress in these anesthetic, analgesic, or animals and the reasons such drugs were not used yet used for such use of paintranquilizing drugs were must be attached to this report). purposes. relieving drugs. 4. Dogs Cats Guinea Pigs 651 651 *5*2 Hamsters Rabbits Non-human Primates 10. Sheep 11. Pigs 12. Other Farm Animals 13. Other Animals

- 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 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)

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

DATE SIGNED

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

ASSURANCE STATEMENTS

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO 105 63 ROIOS

FORM APPROVED OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA include Zip Code) University of Tennessee-Knoxville

Office of Research 404 Andy Holt Tower Knoxville, TN 37996

Status: Active

NOV 2 9 1999

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

843

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CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional Official)

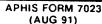
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

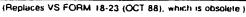
SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

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

DATE SIGNED

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