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)

43-R-0011

FORM APPROVED OMB NO. 0579-0036

DEC 9 1991 2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA include Zip Gaint Louis University

😿 221 N. Grand Blvd., DB 106

Attn:

St. Louis, MO 63103

. . .

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

....

FACILITY LOCATIONS (Siles)

School of Medicine

DEDOCT OF ANNUAL OFFICE

See Attached

Pediatric Research Institute

🗫 Anheuser Busch Institute ġ

Macelwane Hall

| REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach addultional sheets it necessary or use APHIS FORM 7023A)  A. B. Number of C. Number of D. |  |  |   |   |   |  |  |
|--|--|--|---|---|---|--|--|
| Animals Covered<br>By The Animal<br>Wellare Regulations  | animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. | enimals upon which leaching, research, experiments, or lests were conducted involving no pain, distress, or use of pain-relieving drugs. | O. Number of animals upon which experiments, leaching, research, surgery, or lests 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  (COIs. C + D + E) |  |  |
| 4. Dogs  |  | 23   |   |   | 23  |  |  |
| 5. Cats  |  |  | 2   |   | 2   |  |  |
| 6. Guinea Pigs   |  |  |   |   |   |  |  |
| 7. Hamsters  |  | 56   | 140   |   | 196   |  |  |
| 8. Rabbits   |  | 110  | 444   |   | 554   |  |  |
| 9. Non-human Primates  |  |  | 2   |   | 2   |  |  |
| 10. Sheep  |  |  |   | -   |   |  |  |
| 11. Piqs   |  |  | 72  |   | 72  |  |  |
| 12. Other Farm Animals   |  | . :  |   |   |   |  |  |
| 13. Other Animals  |  |  |   |   |   |  |  |
| ferret   |  |  | . 2   |   | 2   |  |  |
| muskrat  |  |  | 20  |   | 20  |  |  |
|  |  |  |   |   |   |  |  |

## ASSURANCE STATEMENTS

- 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, leaching, 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 principal investigator and approved by the manufacture common control 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

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 DEFICIAL

DATE SIGNED

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)

43-R-0012

FORM APPROVED OMB NO. 0579-0036

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

ov 2:9 1999

KIRKSVILLE COLL OSTEO MED

800 W JEFFERSON ST

ATTN: KIRKSVILLE, MO 63501

(b)(7)(C)

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 (Siles)

Timken-Burnett Research Building

See Attached

# **959** 

| 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 leaching, research, experiments, or tests were conducted involving nopain, distress, or use of pain-relieving drugs. | D. Number of animals upon which experiments, leaching, 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 allected 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  | 3   |   | 96   |   | 96   |  |  |
| 5. Cats  | 13  |   | 21   |   | 21   |  |  |
| 6. Guinea Pigs   | 0   |   |  |   | 0  |  |  |
| 7. Hamsters  | 0   |   |  |   | 0  |  |  |
| 8. Rabbits   | 11  | 3   |  |   | 3  |  |  |
| 9. Non-human Primates  | 0   |   |  |   | 0  |  |  |
| 10. Sheeo  | 0   |   |  |   | 0 .  |  |  |
| 11. Pigs   | 0   |   |  |   | 0  |  |  |
| 12. Other Farm Animals   | 0   |   |  |   | 0  |  |  |
| 13. Other Animals  |   |   |  |   |  |  |  |
| Shrews   | 515   |   | 1,149  |   | 1,149                                      |  |  |
| Hedge Hogs   | 0   | ·   | 8  |   | 8  |  |  |
| ASSURANCE STATEMENTS   |   |   |  |   |  |  |  |

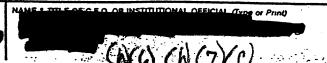
## **ASSURANCE STATEMENTS**

- 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).

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL



DATE SIGNED

11/23/99