UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

(TYPE OR PRINT)

1. REGISTRATION NOT 41 14R 014

FORM APPROVED OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA include Zip Code genics, L.L.C. ANNUAL REPORT OF RESEARCH FACILITY

34 Commerce Way

16 Divinity Ave not on recent maps

Woburn, MA 01801 Status: Active

767

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) See Attached

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach 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 leaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs.	D. 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 leaching, 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 affached to this report).	TOTAL NO OF ANIMALS  (Cols. C + D + E)		
4. Dogs							
5. Cats							
6. Guinea Pigs	3	64	2	0	66		
7. Hamsters							
8. Rabbits							
9. Non-human Primates					*.		
10. Sheep							
11. Pigs	<u>.</u>						
12. Other Farm Animals							
					1		
13. Other Animals							
	·						
ASSURANCE STATEMENTS							

- 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 annual care and use

(b)(b)(7)(c)	CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official)  1 certify that the above is true, correct, and complete (7 USC Section 2143)
SIGNATURE OF A F A A MARTINE	

TURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

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

DATE SIGNED 12.1.99

APHIS FORM 7023 (AUG 91)

(Replaces VS FORM 18-23 (OCT 88), which is obsolete)

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPENDING TO THE TOTAL TO THE TOTAL THE T

(TYPE OR PRINT) BY:

OCT 25 1999 ANNUAL REPORT OF RESEARCH FACILITY

REGISTRATION NO. 142 14R014

FORM APPROVED OMB NO 0579-0036

HEADOUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA notucione Zip Code)
Aquila Biopharmaceuticals

365 Plentation-Street

16 Divinity Ave

Horcester\_MA\_01605 Status: Active

175 Crossing Blud Frankshim, MA 61702

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)

See Attached 75 CROSSING BLUD, FRAMINGHAM, MA

	<i>/U \ ,</i> .							
REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Allach additional sheets if necessary or use APHIS FORM 7023A.)								
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4. Dogs								
5. Cats								
6. Guinea Pigs		0	144	0	145			
7. Hamsters								
8. Rabbits		<u> </u>						
9. Non-human Primates					, ,			
10. Sheep								
11. Pigs								
12. Other Farm Animals								
13. Other Animals								
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ASSURANCE STATEMENTS								

- 1) Professionally acceptable standards governing the care, freatment, and use of animals, including approxiate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, leaching, lesting, 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 aimnal care and use

CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL. (2/4) (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

HIS FORM 7023 (AUG 91)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIA

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