

FORM 2-PR-70 (REV. 12-1-69)  
OMB NO. 0714-0075

14-K-0036

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

University of Massachusetts at Amherst  
Animal Care Office, Grad. Sch.  
512 Goodell Building  
Amherst, MA 01003  
Status: Active

[illegible]

**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.

I certify that the above is true, correct, and complete (7 U.S.C. Section 214j)

DATE SIGNED

12/1/99

APHIS FORM 7023A

**PART I HEADQUARTERS**

14R0036

## Optional Column E Explanation Form

This form is intended as an aid to completing the Column E explanation. It is not an official form and its use is voluntary. Names, addresses, protocols, veterinary care programs, and the like, are not required as part of an explanation. A Column E explanation must be written so as to be understood by lay persons as well as scientists.

1. Registration Number: 14-R-0036
2. Number \_\_\_\_\_ of animals used in this study.
3. Species (common name) \_\_\_\_\_ of animals used in this study.
4. Explain the procedure producing pain and/or distress.

Please refer to attached sheet.

5. Provide scientific justification why pain and/or distress could not be relieved. State methods or means used to determine that pain and/or distress relief would interfere with test results. (For Federally mandated testing, see question 6 below)

Please refer to attached sheet.

6. What, if any, federal regulations require this procedure? Cite the agency, the Code of Federal Regulations (CFR) title number and the specific section number (e.g., APHIS, 9 CFR 113.102):

Agency \_\_\_\_\_ CFR \_\_\_\_\_

Please refer to attached sheet.