100-24-1999 14:27 USDA AFRIS ACTION RECORD IS INCLUDED AFRIS ACTION OF THE PROPERTY OF THE PRO

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F.01/02

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE I. REGISTRATION NO. 55-R-004-01 FORM APPROVED CM8 NO 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

Mary Ellen Jones Building

2. HEADQUARTERS RESEARCH FACILITY (Name and Autrinas, as registered with USDA incluiro Zia Codel

University of North Carolina at Chapel Hill Division of Laboratory Animal Medicine CB# 7115 - B12 Berryhill Hall Chapel Hill, NC 27599-7115

1. REPORTING FACILITY (List ail locations where animals were housed or used in actual research, feating, feaching, or experimentation, or held for these purposes. Attach additional Sheets if necessary.)

FACILITY LOCATIONS (Gilus)

(This was previously named the Faculty Laboratory Office Building) REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Affect additional streets in incressor of lise APMIS FORM 7073A) E. Number of animals upon which feaching, C Number of B. Number of O Number of animals upon experiments, research, surgery or lesis were animults Delng animals upon שלווכח פאספרווויפווול, conducted involving accumumnying pain or distress Animais Cuvered bred. שחוכת וששלויות). loaching, research to the animals and for which the use of appropriate TOTAL NO conditioned, or research. By The Anumai surgery. Or 10515 were anesthetic, analgesic, or transpoliting drugs would held for use in exportments, or OF ANIMALS Wellare Regulations conducted involving have adversity affected the procedures, results, or teaching, losting. accompanying pain or interpretation of the teaching, resourch, experiments. conducted distress to the uninub experiments, surgery, or tests. (An explanation of (Cats. C + D + E) research, or involving 110 and for which appropriate the procedures producing pain or distress in these surgery but not pain, distress, or anesthetic, analogsic, cr animais and lite reasons such drugs were not used yet used for such use of damtranquiliting drugs were must be affected to this reports purposes. reviewing drugs. used. 4 Occs Cats Guinea Pigs 7. Hamsters 15 15 8. Racous 9. Non-human Primates 10. Sheep 11. Pigs 12. Other Farm Animals 13. Otter Animals

## ASSURANCE STATEMENTS

- 1) Professionally accoptable standards governing the care, treatment, and use of animals, including approvide use of anesthetic, analysise, and tranquilizing drugs, prior to duffly. and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility
- 7) Euch principal investigator has considered atternatives to pumble procedures
- 3) This locility 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 Annual Cure 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 unimals affected.
- 4) The attending veterinarium for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of ammai care and use

CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official) (Certify that the spine is true, correct, and manipular (7 U.S.C. Santon 2143)					
SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)	date signed			

additional information

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UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

I. REGISTRATION NO.

FORM APPROVED CME NO 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

55-R-004-01

2. HEADQUARTERS RESEARCH FACILITY (Name and Autrinas, as registered with USDA inclumo Zip Cadel

University of North Carolina at Chapel Hill Division of Laboratory Animal Medicine CB# 7115 - B12 Berryhill Hall Chapel Hill, NC 27599-7115

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, leating, reaching, or experimentation, or held for these purposes. Attach additional Sheets if necessary.)

FACILITY LOCATIONS (Silus) Taylor Hall

Animais Covered By The Animai Wellare Regulations	8. Number of animals being bred, conditioned, or held for use in teaching, tosting, experiments, research, or surgery but not yet used for such purposes.	C Number of animals upon which teaching, research, appriments, or tests were conducted involving no pain, distress, or use of painterieving drugs.	D. Mumber of animals upon which experiments, loading, research surgery, or losts were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analysisic, or tranquilizing drugs were used.	Enstain or isso APHIS FORM 7073A)  E. Number of animals upon which feaching, experiments, research, surgery or fests were conducted involving accumpanying pain or distress to the animals and for which the use of appropriate anesthetic, analysis, or tranquilizing drugs would have adversity affected the procedures, results, or interpretation of the feaching, research, experiments, surgery, or tests. (An exprending of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be affected to this report.)	F.  TOTAL NO GF ANIMAL:  (Cols. C * D + E)
s Ocqs					
5 Cats					<u> </u>
S. Guinea Pigs					
7. Hamsters					1 60
3. Racois		23	46		69
G. Non-human Primates	·				
10. Sheep					ļ
ii. Pigs	<u> </u>				ļ
12. Other Farm Animals					
13. Otier Animals				1	
Bats		43	10	34	53

## ASSURANCE STATEMENTS

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CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL  (Chief Executive Officer or Legally Responsible Institutional Official)  (Control that the above is true, sometiment of USC Section 2140)						
SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)	DATE SIGNED				