Attachment to Annual Report of Research Facility, USEPA, NHEERL

Facility Registration Number: 55-F-0001

Laboratory Animal Project Review (LAPR) explanations for Column E entrees.

LAPR# 98-01-002, "Exposure of Guinea Pigs To Oxidants". Anesthetics, analgesics or tranquilizers could change the breathing patterns of the animals, which would compromise the "Nose Only exposure inhalation studies. Instead, animals will be acclimated by placing them in the exposure tubes for 30-60 minutes on the previous day to familiarize them with the tubes. The IACUC has observed and approved these procedures. Sixty six (66) animals have been used thus far.



See reverse side for additional information.

Interagency Report Control No 0180-DOA-AN

955

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. REGISTRATION NO.

55 Food 55F-007

FORM APPROVED OMB NO. 0579-0036

NOV 1 9 19912. HEADOUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zin Code) include Zip Code)

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

Joint Special Operations Medical Training Center USAJFKSWCS, FT BRAGG NC 28310-5200

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.)

Joint Special Operations Medical Training Center, Fort Bragg NC 28310-5200 FACILITY LOCATIONS (Siles)

Fort Bragg NC 28310-5200

Buildings 5-3845 and 5-3743

Animals Covered By The Animal Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, lesting, 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, teaching, 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 feaching, 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 (Cols. C + D + E)
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primates					
10. Sheep					
11. Pigs	NÓNE	NONE	18	NONE	18
12. Other Farm Animals					
13. Other Animals					
GOATS	NONE	NONE	1560	NONE	1560
					ļ

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

APHIS FORM 7023 (AUG 91)

(Replaces VS FORM 18-23 (OCT 88), which is obsolete)