

51F 0019

License/Registration Number: 51-F-0019

Site No.: 01 Name/Department: F
Address: (b)(4), (b)(6) &
Building: (b)(7)(C)
Floor/Room: _____
Contact Person: _____

Site No.: _____ Name/Department: _____ **N/A**

Address: _____

Building: _____

Floor/Room: _____

Contact Person: _____ Phone No.: _____

Site No.: _____ Name/Department: _____ N/A

Address: _____

Building: _____

Floor/Room: _____

Contact Person: _____ Phone No.: _____

NOV 29 1999

This report is required by law (7 USC 2143). Failure to report according to the regulations can result in an order to cease and desist and to be subject to penalties as provided in Section 2150.

See reverse side for
Additional Information.

Interagency Report Control No.
0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE FY '99 ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)	1. REGISTRATION NO. 51-F-016 SI F0016	FORM APPROVED OMB NO. 0549-0036
	2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include zip code) NIH/NIAD	

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 (Sites)	

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 teaching, 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 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 (Cols. C + D + E)
4. Dogs	0	0	0	0	0
5. Cats	0	0	0	0	0
6. Guinea Pigs	0	301	18	30	349
7. Hamsters	3	1487	0	0	1487
8. Rabbits	0	150	0	0	150
9. Non-human Primates	298	319	0	0	319
10. Sheep	0	0	0	0	0
11. Pigs	0	0	0	0	0
12. Other Farm Animals	--	--	--	--	--
Goat	0	1	0	0	1
Chickens	0	2080	0	0	2080
13. Other Animals	--	--	--	--	--
Mice	--	--	--	--	120197
Rats	--	--	--	--	70
Gerbils	0	62	0	0	62

ASSURANCE STATEMENTS

- Professionally acceptable standards governing the care, treatment and use of animals, including appropriate use of anesthetic and tranquilizing drugs prior to, during and following actual research, teaching, testing, surgery or experimentation were followed by this research facility.
- Each principal investigator has considered alternatives to painful procedures.
- 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.
- 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 HEADQUARTERS 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.	NAME AND TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or print)	DATE SIGNED
		11/2/99

APHIS FORM 7023 (Replaces VS FORM 18-23 (OCT 88) which is obsolete)
(AUG 91)

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)