

NOV 22 2002

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 for 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

1. REGISTRATION NO. CUSTOMER NO.  
63-F-0001 965

FORM APPROVED  
OMB NO. 0579-0035

**ANNUAL REPORT OF RESEARCH FACILITY  
(TYPE OR PRINT)**

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA,  
include Zip Code)  
OAK RIDGE NATIONAL LABORATORY  
P.O. BOX 2008  
OAK RIDGE, TN 37831

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)

See Attached Listing

Life Sciences Div. Bldgs. 9210 & 4500-S	Nuclear Science & Technology Div. Bldg. 4501
Enviromental Sciences Div. Bldgs. 1504 & 1505	

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 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)	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					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-Human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
* No Regulated Species					

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 the 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 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)

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

DATE SIGNED

11/19/02

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. CUSTOMER NO.  
63-F-0005 964

FORM APPROVED  
OMB NO. 0579-0036

**ANNUAL REPORT OF RESEARCH FACILITY  
(TYPE OR PRINT)**

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA,  
include Zip Code)  
ALVIN C. YORK MEDICAL CENTER  
3400 LEBANON RD.  
MURFREESBORO, TN 37129

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)

See Attached Listing

*No Animals listed*

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)**

A.	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 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)	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					<input type="checkbox"/>
5. Cats					<input type="checkbox"/>
6. Guinea Pigs					<input type="checkbox"/>
7. Hamsters					<input type="checkbox"/>
8. Rabbits					<input type="checkbox"/>
9. Non-Human Primates					<input type="checkbox"/>
10. Sheep					<input type="checkbox"/>
11. Pigs					<input type="checkbox"/>
12. Other Farm Animals					<input type="checkbox"/>
13. Other Animals					<input type="checkbox"/>

**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 the 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 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. OR INSTITUTIONAL OFFICIAL

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

DATE SIGNED

*11/19/02*

, which...

1 - HEADQUARTERS

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 63-R-0001  
CUSTOMER NUMBER: 29

FORM APPROVED  
OMB NO. 0579-0036

**ANNUAL REPORT OF RESEARCH FACILITY  
( TYPE OR PRINT )**

University Of Tennessee - Chattanooga  
College Of Medicine  
979 East Third St.  
P.O. Box 339  
Erlanger Medical Center  
Chattanooga, TN 37403

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

Univ. of TN College of Med-Chatt Unit Medical/Surgical Skills Lab  
FACILITY LOCATIONS ( Sites ) - See Attached Listing

**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 ye	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, a	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	F.  TOTAL NUMBER OF ANIMALS ( COLUMNS C + D + E )
4. Dogs	0	0	0	0	0
5. Cats	0	0	0	0	0
6. Guinea Pigs	0	0	0	0	0
7. Hamsters	0	0	0	0	0
8. Rabbits	0	0	0	0	0
9. Non-human Primate	0	0	0	0	0
10. Sheep	0	0	0	0	0
11. Pigs	0	0	186	0	186
12. Other Farm Animals	0	0	0	0	0
13. Other Animals					

**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

**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )**

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

DATE SIGNED

11/12/01

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 63-R-0002  
CUSTOMER NUMBER: 851

FORM APPROVED  
OMB NO. 0579-0038

**ANNUAL REPORT OF RESEARCH FACILITY  
( TYPE OR PRINT )**

Meharry Medical College  
Animal Care Facility  
1005 D.B. Todd Boulevard  
Animal Care Facility  
Nashville, TN 37208

Telephone: (615) -327-6070

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

**FACILITY LOCATIONS ( Sites ) - See Attached Listing**

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY | Attach additional sheets if necessary or use APHIS Form 7023A

## **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.
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**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL**  
**( Chief Executive Officer or Legally Responsible Institutional Official )**

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**NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL / Type or Print**

DATE SIGN

1100

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM APPROVED  
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY  
( TYPE OR PRINT )

1. CERTIFICATE NUMBER: 63-R-0005  
CUSTOMER NUMBER: 858

Vanderbilt University  
AA-6206 Medical Center North  
Nashville, TN 37232  
Telephone: (615) 322-2231

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

**MRB II, MCN I, & Psychology  
Animal Facilities**

FACILITY LOCATIONS ( Sites ) - See Attached Listing

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 ye	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, a	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	F.  TOTAL NUMBER OF ANIMALS  ( COLUMNS C + D + E )
4. Dogs			261 267	6	267
5. Cats			22		22
6. Guinea Pigs		3	100		103
7. Hamsters		178			178
8. Rabbits		21	329		350
9. Non-human Primate			156		156
10. Sheep			78		
11. Pigs			249		
12. Other Farm Animals					
13. Other Animals					
<b>Ferret</b>		4	12		16
<b>Galagos</b>	24		73		97
<b>Gerbil</b>			177		177

ASSURANCE STATEMENTS

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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

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

DATE SIGNED

11-5-02

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UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**1. REGISTRATION NO.**

FORM APPROVED  
OMB NO. 0579-0036

**CONTINUATION SHEET FOR ANNUAL REPORT  
OF RESEARCH FACILITY  
(TYPE OR PRINT)**

## **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.
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**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. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)	DATE SIGNED
		11-5-02

VANDERBILT UNIVERSITY



NASHVILLE, TENNESSEE 37232

TELEPHONE (615) 322-7311

*Division of Animal Care • School of Medicine • Direct phone 322-2231*

January 6, 2003

Dr. Elizabeth Goldentyer  
Regional Director: Animal Care  
Eastern Region APHIS  
920 Main Campus Drive  
Suite 200 Unit 3040  
Raleigh, NC 27606

Dear Dr. Goldentyer:

As requested, we are submitting a revised annual report to reflect that all dogs used in the past federal fiscal year were Category D animals. The previously submitted annual report dated 10/25/02 listed six dogs in Category E. The animals were purchased for a Category E study, but were actually used in a Category D protocol.

We regret any confusion regarding this matter. If you have any questions or concerns, please call me at the number listed above. Thank you.

Sincerely,

A large black rectangular redaction box covering the signature area.

CC: A small black rectangular redaction box.

DEC 09 2002

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 for 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

1. REGISTRATION NO. CUSTOMER NO.  
63-R-0006 852

FORM APPROVED  
OMB NO. 0579-0036

## ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

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

UNIVERSITY OF MEMPHIS  
LIFE SCIENCES BLDG. 101  
MEMPHIS, TN 38152

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)

See Attached Listing

Life Sciences Bldg.

Psychology Bldg.

### REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)

A.	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 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)	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 (Cois. C + D + E)
4. Dogs	0	0	0	0	0
5. Cats	0	0	0	0	0
6. Guinea Pigs	0	0	280		280
7. Hamsters	0	0	0	0	0
8. Rabbits	0	11	0	0	11
9. Non-Human Primates	0	0	0	0	0
10. Sheep	0	0	0	0	0
11. Pigs	0	0	0	0	0
12. Other Farm Animals	0	0	0	0	0
13. Other Animals					
Voles		300	20		320

### ASSURANCE STATEMENTS

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- 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. OR INSTITUTIONAL OFFICIAL

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

DATE SIGNED

12/3/02

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 63-R-CCCE CUSTOMER NO. 852

FORM APPROVED  
OMB NO. 0573-0036

ANNUAL REPORT OF RESEARCH FACILITY  
(TYPE OR PRINT)

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

DEC 09 2002 UNIVERSITY OF MEMPHIS  
LIFE SCIENCES BLDG. 101  
MEMPHIS, TN 38152

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)

See Attached Listing

Life Sciences Building

Psychology Building

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	0	441	0	441
7. Hamsters	0	0	0	0	0
8. Rabbits	0	11	0	0	11
9. Non-Human Primates	0	0	0	0	0
10. Sheep	0	0	0	0	0
11. Pigs	0	0	0	0	0
12. Other Farm Animals	0	0	0	0	0
13. Other Animals					
voles	35	412	0	0	412

ASSURANCE STATEMENTS

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- 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 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. OR INSTITUTIONAL OFFICIAL

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

DATE SIGNED

11/20/01

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.  
63-R-0007

**FORM APPROVED**  
**OMB NO. 0579-0036**

**CONTINUATION SHEET FOR ANNUAL REPORT  
OF RESEARCH FACILITY  
( TYPE OR PRINT )**

**2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA,  
Institute of Crops)**

*Include Zip Code)*  
St. Jude Children's Research  
Animal Research Center  
332 N. Lauderdale  
Memphis, TN 38105

Ph (901)495-3385

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY** (Attach additional sheets if necessary or use this form.)

## **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.
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**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. OR INSTITUTIONAL OFFICIAL

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

**DATE SIGNED**

11/22/02

NOV 26 2002

See attached form for additional information

Interagency Report Control No.: *you*

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 63-R-0011  
CUSTOMER NUMBER: 853

FORM APPROVED  
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY  
( TYPE OR PRINT )

East Tennessee State University  
P.O. Box 70418  
Johnson City, TN 37614

Telephone: (615) 929-6292

*423-439-6292*

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

FACILITY LOCATIONS ( Sites ) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY / Attach additional sheets if necessary or use APHIS Form 7023A 1

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 ye	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, a	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	F.  TOTAL NUMBER OF ANIMALS ( COLUMNS C + D + E )
4. Dogs	12		43		43
5. Cats	0		6		6
6. Guinea Pigs	17	10	129		139
7. Hamsters	0		10		10
8. Rabbits	11		126		126
9. Non-human Primate	0		0		0
10. Sheep	0		0		0
11. Pigs	6		23		23
12. Other Farm Animals					
13. Other Animals					

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.

*RECEIVED*

NOV 15 '02

*SIGNATURES PROGRAMS*

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

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

DATE SIGNED

*11/15/02*

**APHIS Form 7023 Site List**

The following sites have been reported by the facility.

---

Registration Number: 63-R-0011  
Customer Number: 853  
Facility: EAST TENNESSEE STATE UNIVERSITY  
P.O. BOX 70418  
JOHNSON CITY, TN 37614  
**(615) 929-6292 423-439-6292**

---

BUILDING 119 VA CAMPUS  
BLDG 119 VA CAMPUS  
JOHNSON CITY, TN 37614

Building Brown Hall, ETSU Campus  
Bldg Brown Hall, ETSU Campus  
Johnson City, TN 37614

OCT 17 2002

See attached form for  
additional information

Interagency Report Control No. *Q9*

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 63-R-0014  
CUSTOMER NUMBER: 846

FORM APPROVED  
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY  
( TYPE OR PRINT )

Columbia State Community College  
Po Box 1315  
Columbia, TN 38402

Telephone: (931) -540-2743

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

FACILITY LOCATIONS ( Sites ) - See Attached Listing

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 ye	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, a	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	F.  TOTAL NUMBER OF ANIMALS ( COLUMNS C + D + E )
4. Dogs	0	0	17	0	17
5. Cats	0	0	11	0	11
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primate					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
Horses	0	0	4	0	4
13. Other Animals					
	/				
	/				

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

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

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

DATE SIGNED

10-14-02

OCT 17 2002

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**CONTINUATION SHEET FOR ANNUAL REPORT  
OF RESEARCH FACILITY  
( TYPE OR PRINT)**

**1. REGISTRATION NO.**

63-R-0014

FORM APPROVED  
OMB NO. 0579-003

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

Columbia State Community College  
P.O. Box 1315  
Columbia, TN 38402

931-540-2743

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY** (Attach additional sheets if necessary or use this form.)

## **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.

**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. OR INSTITUTIONAL OFFICIAL

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

**DATE SIGNED**

8/14/07

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE	1. CERTIFICATE NUMBER: 63-R-0017 CUSTOMER NUMBER: 8212	FORM APPROVED OMB NO. 0579-0036
<b>ANNUAL REPORT OF RESEARCH FACILITY</b> ( TYPE OR PRINT )		
Rhodes College 2000 N. Parkway Memphis, TN 38112 <b>OCT 11 2002</b> Telephone: (901) -843-3795		

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

Biology Department

Frazier-Jelke Science Building

**FACILITY LOCATIONS ( Sites ) - See Attached Listing**

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

## **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

**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL**  
**( Chief Executive Officer or Legally Responsible Institutional Official )**

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

DATE SIGNED  
10/4/02

DEC 09 2002

See attached form for additional information

Interagency Report Control No.: *[Signature]*

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 63-R-0019  
CUSTOMER NUMBER: 847

FORM APPROVED  
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY  
( TYPE OR PRINT )

Lincoln Memorial University  
Cumberland Gap Pkwy  
Harrogate, TN 37752

Telephone: (423) -869-3611

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

FACILITY LOCATIONS ( Sites ) - See Attached Listing

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 ye	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, a	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	F.  TOTAL NUMBER OF ANIMALS ( COLUMNS C + D + E )
4. Dogs	0	11	17	0	28
5. Cats	0	6	2	0	8
6. Guinea Pigs	0	0	0	0	0
7. Hamsters	0	0	0	0	0
8. Rabbits	0	0	0	0	0
9. Non-human Primate	0	0	0	0	0
10. Sheep	0	0	0	0	0
11. Pigs	0	0	0	0	0
12. Other Farm Animals	0	0	0	0	0
13. Other Animals					

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

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

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

Obsolete.

DATE SIGNED

11-27-02

DEC 12 2002

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**1. CERTIFICATE NUMBER:** 63-R-0102  
**CUSTOMER NUMBER:** 877

FORM APPROVED  
OMB NO. 0579-0036

**ANNUAL REPORT OF RESEARCH FACILITY  
(TYPE OR PRINT)**

Medical Training Center  
2222 State St. Suite A  
Nashville, TN 37203

Telephone: (615) -321-3500

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

**FACILITY LOCATIONS ( Sites ) - See Attached Listing**

*same as* 2222 State St.  
Suite A  
Nashville, TN 37203

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )**

## **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

**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL**  
**( Chief Executive Officer or Legally Responsible Institutional Official )**

**SIGNATURE OF C.F.O. OR INSTITUTIONAL OFFICIAL**

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

DATE SIGNED  
12-1-02

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE	1. CERTIFICATE NUMBER: 63-R-0106  CUSTOMER NUMBER: 838	FORM APPROVED OMB NO. 0579-0036  <i>CR</i>
<b>ANNUAL REPORT OF RESEARCH FACILITY</b> ( TYPE OR PRINT )		
Univ. Of Tennessee Knoxville Medical Ctr 1924 Alcoa Hwy. Knoxville, TN 37920		
Telephone: (865) -544-9290		
<i>DEC 19 2002</i>		
University of Tennessee Medical Center, Knoxville		

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

**FACILITY LOCATIONS ( Sites ) - See Attached Listing**

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

## **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.
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**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL**  
**( Chief Executive Officer or Legally Responsible Institutional Official )**

**NAME & TITLE OF CEO AND INSTITUTIONAL OFFICIAL / Type or Print**

| DATE SIGNED

12/17/02

ANNUAL REPORT OF RESEARCH FACILITY  
(TYPE OR PRINT)University Of Tennessee - Memphis  
956 Court Street  
Box 17  
Memphis, TN 38163

Telephone: (901) -448-5500

NOV 14 2002

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

## FACILITY LOCATIONS (Sites) - See Attached Listing

## 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 Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet	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 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	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	F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E)
Dogs		6	14	0	20
Cats					
Guinea Pigs		257	160	0	417
Hamsters		43	6	0	49
Rabbits		162	142	0	304
Non-human Primate		17	9	0	26
Sheep					
Pigs		496	214	0	710
Other Farm Animals					
Goat		9	0	0	9
Other Animals					
Gerbil		35	20	0	55

## INSURANCE 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.
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- 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

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
(Chief Executive Officer or Legally Responsible Institutional Official)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME &amp; TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL / Type or Print

DATE SIGNED

11/14/02

## **FACILITY LOCATIONS**

**Certificate Number: 63-R-0107**  
**Customer Number: 841**

**Coleman College of Medicine**

**Molecular Sciences Building**

**Wittenborg Anatomy Building**

**Nash Annex**

NOV 18 2002

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 63-R-0113  
CUSTOMER NUMBER: 1009

FORM APPROVED  
OMB NO. 0579-0036

**ANNUAL REPORT OF RESEARCH FACILITY  
( TYPE OR PRINT )**

Medical Education & Research Institute  
44 S. Cleveland  
Memphis, TN 38104

Telephone: (901) -722-8001

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

**FACILITY LOCATIONS ( Sites ) - See Attached Listing**

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )**

## **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.
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**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL**  
**( Chief Executive Officer or Legally Responsible Institutional Official )**

**SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL**

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

**DATE SIGNED**

11/15/02

NOV 18 2002

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 63-R-0113  
CUSTOMER NUMBER: 1009

FORM APPROVED  
OMB NO. 0579-0036

# **ANNUAL REPORT OF RESEARCH FACILITY**

**(TYPE OR PRINT)**

Medical Education & Research Institute  
44 S. Cleveland  
Memphis, TN 38104

Telephone: (901) -722-8001

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

**FACILITY LOCATIONS ( Sites ) - See Attached Listing**

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )**

## **ASSURANCE STATEMENTS**

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**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL**  
**( Chief Executive Officer or Legally Responsible Institutional Official )**

**SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL**

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

**| DATE SIGNED**

11/15/02

), which is obsolete

NOV 29 2002 See attached form for  
additional information

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 63-R-0114

FORM APPROVED  
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY  
( TYPE OR PRINT )

University Of The South  
735 University Ave.  
Sewanee, TN 37383

Telephone: (931) -598-1447

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

FACILITY LOCATIONS ( Sites ) - See Attached Listing

J. Albert Woods laboratory - BIOLOGY DEPT. + PSYCHOLOGY DEPT.

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

A.	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet <i>tweaked</i> .	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, a	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	F. TOTAL NUMBER OF ANIMALS ( COLUMNS C + D + E )
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits		3			3
9. Non-human Primate					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
<i>Merbils</i>		8			8

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.
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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

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

S

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

DATE SIGNED

11-21-02

AI

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 63-R-0115  
CUSTOMER NUMBER: 7457

FORM APPROVED  
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY  
( TYPE OR PRINT )

Nashville Zoo  
3777 Nolensville Road  
Nashville, TN 37211

Telephone: (615) -833-1534

NOV 26 2002

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

FACILITY LOCATIONS ( Sites ) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

A.	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet	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 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 )	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 NUMBER OF ANIMALS ( COLUMNS C + D + E )
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primate	O	O	I	O	I
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					
N. AM. OTTER	O	4	O	O	4
GIANT ANTEATER	O	O	I	O	1
AFR. ELEPHANT	3	O	O	O	3

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

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL  
( Chief Executive Officer or Legally Responsible Institutional Official )

NAME & TITLE OF CEO OR INSTITUTIONAL OFFICIAL / Type or Print

DATE SIGNED

11/16/02

Form 88, which is obsolete.

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**1 REGISTRATION NO.**

FORM APPROVED  
OMB NO. 0579-0036

**CONTINUATION SHEET FOR ANNUAL REPORT  
OF RESEARCH FACILITY  
( TYPE OR PRINT)**

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

NASHVILLE ZOO  
3777 NOLENSVILLE RD  
NASHVILLE TN 37211  
615-833-1534

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY** (Attach additional sheets if necessary or use this form.)

## **ASSURANCE STATEMENTS**

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**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL**  
**(Chief Executive Officer or Legally Responsible Institutional Official)**

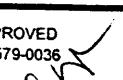
I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

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

**DATE SIGNED**

11/18/02

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE	1. CERTIFICATE NUMBER: 63-R-0116 CUSTOMER NUMBER: 17184	FORM APPROVED OMB NO. 0579-0036 
<b>ANNUAL REPORT OF RESEARCH FACILITY</b> ( TYPE OR PRINT )		
Neotech, Llc. 10061 Hwy 22 Dresden, TN 38225  Telephone: (731) -364-5856		

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

**FACILITY LOCATIONS ( Sites ) - See Attached Listing**

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )**

## **ASSURANCE STATEMENTS**

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**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL**  
**( Chief Executive Officer or Legally Responsible Institutional Official )**

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

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

DATE SIGNED

11-1378

**Annual Report of Research Facility  
NEOTECH, LLC  
Certificate Number: 63-R-0116  
Customer Number: 17184**

**3. Reporting Facility**

**Building Number 3  
9840 Highway 22  
Dresden, TN 38225**

NOV 19 2002

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE	1. CERTIFICATE NUMBER: 63-R-0116 CUSTOMER NUMBER: 17184	FORM APPROVED OMB NO. 0579-0036
<b>ANNUAL REPORT OF RESEARCH FACILITY</b> ( TYPE OR PRINT )		
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**FACILITY LOCATIONS ( Sites ) - See Attached Listing**

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY ( Attach additional sheets if necessary or use APHIS Form 7023A )

## **ASSURANCE STATEMENTS**

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**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL**  
**( Chief Executive Officer or Legally Responsible Institutional Official )**

**SIGNATURE OF CEO OR INSTITUTIONAL OFFICIAL**

**NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL / Type or Print**

| DATE SIGNED

11-130.

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**1. REGISTRATION NO.**

FORM APPROVED  
OMB NO. 0579-0036

**CONTINUATION SHEET FOR ANNUAL REPORT  
OF RESEARCH FACILITY  
( TYPE OR PRINT)**

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY** (Attach additional sheets if necessary or use this form.)

## **ASSURANCE STATEMENTS**

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**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. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)	DATE SIGNED
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**Annual Report of Research Facility  
NEOTECH, LLC  
Certificate Number: 63-R-0116  
Customer Number: 17184**

**3. Reporting Facility**

**Building Number 3  
9840 Highway 22  
Dresden, TN 38225**

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 2002

41-R-0038 600

FORM APPROVED  
OMB NO 0579-0036ANNUAL REPORT OF RESEARCH FACILITY  
(TYPE OR PRINT)2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA.  
Include Zip Code)DOANE PET CARE  
210 WESTWOOD PL. SOUTH  
SUITE 300  
BRENTWOOD, TN 37027  
(615) 309-1031

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 (Site)

Nelsen Kennels, St Peter, MN

## REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)

A.	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 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).	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		10			10
5. Cats		20			20
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primates					
10. Sheep					
11. Pigs					
12. Other Farm Animals					
13. Other Animals					

## ASSURANCE STATEMENTS

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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. OR INSTITUTIONAL OFFICIAL

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

DATE SIGNED

12/20/02

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

**APHIS Form 7023 Site List**

The following sites have been reported by the facility.

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Registration Number: 41-R-0038  
Customer Number: 600  
Facility: DOANE PET CARE  
210 WESTWOOD PL. SOUTH  
SUITE 300  
BRENTWOOD, TN 37027  
(615) 309-3011

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NELSON KENNELS  
ROUTE 3, BOX 173  
ST PETER, MN 56082