According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information 0579-0036 Exp. 10/31/2018 needed, and completing and reviewing the collection of information.							
This report is required by law (7 U. and to be subject to penalties as p	ons can result in an order to ceas	e and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2013			
UNITED STATE ANIMAL AND P		1. REGISTRATION NUMBER 22-R-0025					
		2. HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code)					
ANNUAL REPO		RUTGERS STATE UNIVERSITY OF N J					
	604 ALLISO	604 ALLISON RD					
				PISCATAWAY, NJ 08854			
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)							
(b)(7)(F)							
NELSON 3559 BUSCH CAMP							
REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets, if necessary, or use APHIS FORM 7023A.)							
A. B. Animals Covered By The Animal	Number of animals being bred, conditioned, or held for use in teaching,	Number of animals upon which teaching, research, experiments, or	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or	experime conducte distress t appropria	of animals upon which teaching, nts, research, surgery, or tests were d involving accompanying pain or o the animals and for which the use te anesthetic, analgesic, or ng drugs would have adversely		
Welfare Regulations	testing, experiments, research, or surgery but not yet used for such purposes.	tests were conducted involving no pain, distress, or use of pain-relieving drugs.	distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	affected t interpreta experime of the pro these ani	he procedures, results, or tion of the teaching, research, nts, surgery, or tests. (An explanatic cedures producing pain or distress mals and the reasons such drugs used must be attached to this report	(Cols. C + D + E) on	
4. Dogs	0	0	0	0		0	
5. Cats	0	0	0	0		0	
6. Guinea Pigs	2	12	76	0		88	
7. Hamsters	0	0	0	0		0	
8. Rabbits	1	14	16	0		30	
9. Non-human Primates	0	0	10	0		10	
10. Sheep	0	0	0	0		0	
11. Pigs	0	0	0	0		0	
12. Other Farm Animals							
			×				
13. Other Animals			9				
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.

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 3.) 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 provisions 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 (C.E.O.) or Legally Responsible Institutional Official (I.O.)) I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

SIGNATURE OF C.E.O. OR I.O.

(6), (b)(7)(c)

NAME AND TITLE OF C.E.O. OR I.O. (Type or Print)

DATE SIGNED 10-DEC-2013

JUL 2013