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 USA control number for the time for reviewing instructions, searching existing data sources, gathering and maintaining the data Exp.: 10/31/2018							
This report is required by law (7 U.S.C. 2143). Failure to report according to the regulations can result and to be subject to penalties as provided for in Section 2150.				er to cease and desi	ist Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2014	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				GISTRATION NUMB 3-R-0166	ER		
			2. HEA	 HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) 			
ANNUAL REPORT OF RESEARCH FACILITY				WILKES UNIVERSITY			
(TYPE OR PRINT)				84 WEST SOUTH STREET			
				WILKES BARRE, PA 18766			
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)							
	ED BY OR UNDER CONTROL		-		,	' -	
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 anima which experimer teaching, resear surgery, or tests conducted involv accompanying p distress to the an and for which appropriate anes analgesic, or tranquilizing drug used.	tts, exp ch, cor were dist iring app ain or tran- himals affe inte sthetic, exp of t gs were the	mber of animals upon which teaching, beriments, research, surgery, or tests were ducted involving accompanying pain or tress to the animals and for which the use of propriate anesthetic, analgesic, or nquilizing drugs would have adversely eacted the procedures, results, or erpretation of the teaching, research, beriments, surgery, or tests. (An explanation the procedures producing pain or distress or use animals and the reasons such drugs re not used must be attached to this report.)	TOTAL NUMBER 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	0		0	0	
7. Hamsters	0	0	0		0	0	
8. Rabbits	0	0	0		0	0	
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							
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 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).					

DATE SIGNED 03-DEC-2014