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 collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.						OMB APPROVED 0579-0036 Exp. 10/31/2018	
	ons can result in an order to cease	e and desist	Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2013			
UNITED ST ANIMAL AN		1. REGISTRATION NUMBER 31-R-0068					
				 HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) 			
ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)				NORTH AMERICAN SCIENCE ASSOCIATES INC 6750 WALES RD			
			NORTHWO	NORTHWOOD, OH 43619			
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)							
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.	experimen conducted distress to appropriat tranquilizin affected th interpretati experimen of the proc these anim	animals upon which teaching, is, research, surgery, or tests were involving accompanying pain or the animals and for which the use of a anesthetic, analgesic, or g drugs would have adversely e procedures, results, or on of the teaching, research, is, surgery, or tests. (An explanation edures producing pain or distress on als and the reasons such drugs sed must be attached to this report.)	F. TOTAL NUMBER OF ANIMALS (Cols. C + D + E)	
4. Dogs	0	0	98		0	98	
5. Cats	0	0	0		0	0	
6. Guinea Pigs	646	24993	0		0	24993	
7. Hamsters	11	89	0		0	89	
8. Rabbits	297	4984	1694		0	6678	
9. Non-human Primates	0	0	0		0	0	
10. Sheep	0	0	58		0	58	
11. Pigs	2	0	202		0	202	
12. Other Farm Animals							
12. Other Animala	· · · · ·						
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).

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 03-FEB-2014

JUL 2013