it displays a valid OMB contro collection is estimated to aver	ol number. The valid OMB cor	ntrol number for this information	on collection is 0579-0036. The til	o respond to, a collection of information unless me required to complete this information ta sources, gathering and maintaining the data	OMB APPROVED 0579-0036 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.			ons can result in an order to cease	e and desist Interagency Report Control No. 0180-DOA-AN	Fiscal Year 2014	
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE				1. REGISTRATION NUMBER 32-R-0020		
				 HEADQUARTERS RESEARCH FACILITY (Name, address, and telephone number as registered with USDA, include ZIP Code) 		
ANNUAL REPORT OF RESEARCH FACILITY				BIOANALYTICAL SYSTEMS INC		
(TYPE OR PRINT)			10424 MIDI	10424 MIDDLE MT. VERNON RD		
			MOUNT VE	MOUNT VERNON, IN 47620		
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 of these animals and the reasons such drugs were not used must be attached to this report.	TOTAL NUMBER OF ANIMALS (Cols. C + D + E)	
4. Dogs	50	418	48	0	466	
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	101	0	0	101	
9. Non-human Primates	18	300	13	0	313	
10. Sheep	0	0	0	0	0	
11. Pigs	2	13	5	0	18	
12. Other Farm Animals						
13. Other Animals						
ASSUDANCE 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 exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected. 3.)

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 04-FEB-2015